

**APPLICATION FOR RIGHT-OF-WAY PLANS REVIEW
SEMINOLE COUNTY
DEVELOPMENT REVIEW DIVISION**

DIRECTIONS: Legibly complete and sign the application.
Email: Plandesk@seminolecountyfl.gov Telephone: (407)665-7371

APPLICANT INFORMATION:

Applicant: _____ Contact: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: () - Ext. FAX: () - email: _____

CONSULTANT INFORMATION:

Engineer / Surveyor: _____ Contact: _____
Address: _____
City: _____ State: _____ Zip : _____
Phone: () - Ext. FAX: () - email: _____

OWNER INFORMATION:

Owner: _____ Contact: _____
Address: _____
City: _____ State: _____ Zip : _____
Phone: () - Ext. FAX: () - email: _____

SITE INFORMATION

TAX PARCEL I.D. NO.: _____
County Road _____ Ditch Name: _____
Project Name: _____
Address/Location: _____
Proposed Work: Paving / Driveway Drainage Utility Line
Intended Use of Property: _____
Source of water and sewer: _____
(Name of utility company or onsite well or septic)

I understand that the application for right-of-way use permitting must include all required submittals as specified in Chapter 75, and the Transportation Standards (Appendix A) of the Seminole County Land Development Code. Submission of incomplete plans may create delays in review and plan approval.

Applicant's Signature _____

Printed Name _____

Date _____

FOR OFFICE USE ONLY

DATE IN: _____

PROJECT NO.: _____

PROJECT MANAGER: _____