

## SEMINOLE COUNTY PLANNING & DEVELOPMENT DIVISION

1101 EAST FIRST STREET, ROOM 2028 SANFORD, FLORIDA 32771 TELEPHONE: (407) 665-7371 PLANDESK@SEMINOLECOUNTYFL.GOV

| PROJ. #: |  |  |  |
|----------|--|--|--|
|          |  |  |  |

## **ADMINISTRATIVE ADJUSTMENT**

| APPLICATION TYPE  | :/FFF                            |                           |                  |         |
|---|----------------------------------|---------------------------|------------------|---------|
|   | djustment <u>NOT</u> Requiring B | CC Amount (Issaathau 450) | diverture and \  | ¢200.00 |
|   | \$300.00                         |                           |                  |         |
| Administrative Adjustment Requiring BCC Approval (greater than 15% Adjustment) \$500.00 |                                  |                           |                  |         |
|   |                                  |                           |                  |         |
| PROJECT   |                                  |                           |                  |         |
| PROJECT NAME:   |                                  |                           |                  |         |
| PARCEL ID #(S):   |                                  |                           |                  |         |
| SUMMARY OF ADJUS  | TMENT:                           |                           |                  |         |
|   |                                  |                           |                  |         |
|   |                                  |                           |                  |         |
| ZONING:   | FUTURE LAND USE:                 | TOTAL ACREAGE:            | BCC DISTRIC      | CT:     |
|   |                                  |                           |                  |         |
| APPLICANT   |                                  | EPLAN PRIVILEGES:         | VIEW ONLY UPLOA  | D NONE  |
| NAME:   |                                  | COMPANY:                  |                  |         |
| ADDRESS:  |                                  |                           |                  |         |
| CITY:   |                                  | STATE:                    | ZIP:             |         |
| PHONE:  |                                  | EMAIL:                    |                  |         |
| CONSULTANT  |                                  | EPLAN PRIVILEGES: V       | VIEW ONLY UPLOAD | NONE    |
| NAME:   |                                  | COMPANY:                  |                  |         |
| ADDRESS:  |                                  |                           |                  |         |
| CITY:   |                                  | STATE:                    | ZIP:             |         |
| PHONE:  |                                  | EMAIL:                    |                  |         |
|   |                                  |                           |                  |         |
|   |                                  |                           |                  |         |
| SIGNATURE OF OWNER/AUTHORIZED AGENT   |                                  |                           | DATF             |         |

| ATTA | CHMENT CHECKLIST  |
|------|---|
|      | OCOPY SUBMITTAL  APPLICATION  |
|      | ] APPLICATION FEE   |
|      | AN UPLOAD ] WRITTEN JUSTIFICATION STATEMENT ADDRESSING REVIEW CRITERIA FOR LDCSC 5.19(d)(1)-(6)         |
|      | ] A TABLE SHOWING EACH ADJUSTMENT W/ THE LDC SECTIONS, REQUIRED & REQUESTED DIMENSIONS AND ERCENTAGE(S) |
|      | ] SITE PLAN SHOWING AREA(S) ADJUSTED (FOR SIGNAGE COPY AREA ADJUSTMENTS, INCLUDE DIMENSIONED ENDERINGS) |