



SEMINOLE COUNTY
PLANNING & DEVELOPMENT
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PROJECT #: _____

CONSTRUCTION REVISION APPLICATION

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

PROJECT

PROJECT NAME:
PROJECT #:
PARCEL ID #(S):

APPLICANT

NAME:		
ADDRESS:		
CITY:	STATE:	ZIP:
PHONE:	E-MAIL:	

CONSULTANT

NAME:		
ADDRESS:		
CITY:	STATE:	ZIP:
PHONE:	E-MAIL:	

REVISIONS (SELECT ALL THAT APPLY)

<input type="checkbox"/> BUILDING	<input type="checkbox"/> LANDSCAPE/IRRIGATION	<input type="checkbox"/> UTILITIES
<input type="checkbox"/> PARKING	<input type="checkbox"/> DRAINAGE	<input type="checkbox"/> OTHER _____

