

Fee: \$185.00

Application # \_\_\_\_\_  
Meeting Date \_\_\_\_\_



# MOBILE HOME APPLICATION

SEMINOLE COUNTY PLANNING DIVISION ROOM 2201  
1101 East First Street Sanford FL 32771 (407) 665-7444

PROPERTY OWNER / APPLICANT *(If you are not the owner please provide a letter of authorization from the owner)*

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Project Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Contact number(s): \_\_\_\_\_  
Email address: \_\_\_\_\_

**What is this request for?**

- [ ] New mobile home or replacement mobile home in A-1
- [ ] Renewal of an expired existing mobile home in A-1
- [ ] Temporary mobile home or recreational vehicle while a house is under construction in A-1, A-3, A-5, A-10 in the Rural area.
- [ ] Placement of a mobile home for a medical hardship.
- [ ] Night watchman mobile home

Is the property available for inspection without an appointment?  Yes  No

What is year of the mobile home? \_\_\_\_\_ \* What is the size of the mobile home? \_\_\_\_\_

*\* New or re-sited mobile homes must meet the requirements of the State of Florida Division of Motor Vehicles at time of permitting though the Seminole County Building Division..*

How long do you need it?  Permanent placement  Limited placement for \_\_\_\_ years

NO APPLICATION WILL BE ACCEPTED AND/OR SCHEDULED unless all of the information in the Mobile Home application and submittal checklist are provided to the Planning Division.

Signed: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date Submitted: _____	Reviewed By: _____
Tax parcel number: _____	Zoning/FLU _____
[ ] Medical hardship: Recent doctor letter submitted: <input type="checkbox"/> Yes <input type="checkbox"/> No	
[ ] Legally created parcel (1971 tax roll, 5-acre dev, lot split) [ ] Platted Lot (check easements on lots / in dedication/notes)	
[ ] Lot size _____	[ ] Meets minimum size and width
[ ] Past approval # _____	[ ] Application and checklist complete
Notes: _____	
_____	

## MOBILE HOME SUBMITTAL CHECKLIST

Please return this checklist with your application!

<p>After the application is reviewed by staff for completeness, any items required that were not provided at the time of the application will be check marked below. These must be provided prior to scheduling of the Board of Adjustment hearing.</p>	
	1. Completed application.
	2. Ownership Disclosure Form (Seminole County Application & Affidavit).
	3. Owner's authorization letter (if needed). This form can be obtained at <a href="http://www.seminolecountyfl.gov/pd/planning/forms.asp">http://www.seminolecountyfl.gov/pd/planning/forms.asp</a>
	4. Flood Prone Map: <i>The flood map for your property may be obtained from the Seminole County Building Department.</i>
	5. Provide a legible 8 ½ x 11 inch site plan with the following information  <i>NOTE: Please use your property survey for your site plan, if available.</i>  <b>See the attached site plan as an example of the information needed; please draw to scale and note the scale used on the plan.</b>
	<ul style="list-style-type: none"> <li>○ Please start with a clean survey (<i>ex: white out old approval stamps</i>)</li> </ul>
	<ul style="list-style-type: none"> <li>○ Size and dimensions of the parcel</li> </ul>
	<ul style="list-style-type: none"> <li>○ Location of flood plain line, if applicable</li> </ul>
	<ul style="list-style-type: none"> <li>○ Location and names of all abutting streets</li> </ul>
	<ul style="list-style-type: none"> <li>○ Location of driveways</li> </ul>
	<ul style="list-style-type: none"> <li>○ Location, size and type of any septic systems, drainfield and wells</li> </ul>
	<ul style="list-style-type: none"> <li>○ Location of all easements</li> </ul>
	<ul style="list-style-type: none"> <li>○ Existing and/or proposed buildings, structures and improvements <i>(Label existing, label proposed, and include square footage and dimension of each)</i></li> </ul>
	<ul style="list-style-type: none"> <li>○ Setbacks from each building to the property lines</li> </ul>
	<ul style="list-style-type: none"> <li>○ Proposed fences</li> </ul>
	<ul style="list-style-type: none"> <li>○ Identification of available utilities <i>(ex: water, sewer, well or septic)</i></li> </ul>
	6. Mobile Home Specifications
	<ul style="list-style-type: none"> <li>○ Detailed specifications of the proposed mobile home including floor plan <i>(show type of roof, siding, skirting, screening, etc)</i></li> </ul>
	7. Required submittal for medical hardship
	<ul style="list-style-type: none"> <li>○ Current letter from a doctor substantiating illnesses for the medical hardship</li> </ul>

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**Ownership Disclosure Form**

The owner of the real property associated with this application is a (check one)

- Individual                       Corporation                       Land Trust  
 Limited Liability Company    Partnership  
 Other (describe): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

1. List all **natural persons** who have an ownership interest in the property, which is the subject matter of this petition, by name and address.

NAME	ADDRESS	PHONE NUMBER

(Use additional sheets for more space.)

2. For each **corporation**, list the name, address, and title of each officer; the name and address of each director of the corporation; and the name and address of each shareholder who owns two percent 2% or more of the stock of the corporation. Shareholders need not be disclosed if a corporation's stock are not traded publicly on any national stock exchange.

NAME	TITLE OR OFFICE	ADDRESS	% OF INTEREST

(Use additional sheets for more space.)

3. In the case of a **trust**, list the name and address of each trustee and the name and address of the beneficiaries of the trust and the percentage of interest of each beneficiary. If any trustee or beneficiary of a trust is a corporation, please provide the information required in paragraph 2 above.

Trust Name: \_\_\_\_\_

NAME	TRUSTEE OR BENEFICIARY	ADDRESS	% OF INTEREST

(Use additional sheets for more space.)

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**APPLICATION & AFFIDAVIT**

4. For **partnerships**, including limited partnerships, list the name and address of each principal in the partnership, including general or limited partners. If any partner is a corporation, please provide the information required in paragraph 2 above.

NAME	ADDRESS	% OF INTEREST

(Use additional sheets for more space.)

5. In the circumstances of a **contract for purchase**, list the name and address of each contract purchaser. If the purchaser is a corporation, trust, or partnership, provide the information required for those entities in paragraphs 2, 3, and/or 4 above.

Name of Purchaser: \_\_\_\_\_

NAME	ADDRESS	% OF INTEREST

Date of Contract: \_\_\_\_\_

Please specify any contingency clause related to the outcome of the consideration of the application.

6. As to any type of owner referred to above, a change of ownership occurring subsequent to this application, shall be disclosed in writing to the Planning and Development Director prior to the date of the public hearing on the application.
7. I affirm that the above representations are true and are based upon my personal knowledge and belief after all reasonable inquiry. I understand that any failure to make mandated disclosures is grounds for the subject rezone, future land use amendment, special exception, or variance involved with this Application to become void. I certify that I am legally authorized to execute this Application and Affidavit and to bind the Applicant to the disclosures herein.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner, Agent, Applicant Signature

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_ by \_\_\_\_\_  
\_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Print, Type or Stamp Name of Notary Public

Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_

<b>For Use by Planning &amp; Development Staff</b>	
Date: _____	Application Number: _____

