

Application fee: \$35.00



**SEMINOLE COUNTY PLANNING & DEVELOPMENT
DEPARTMENT
PLANNING DIVISION
1101 EAST FIRST STREET
SANFORD, FL 32771
(407) 665-7371 PHONE (407) 665-7385 FAX APPL.NO. _____**

APPLICATION FOR A NOISE ORDINANCE EXEMPTION PERMIT

Applications for a Noise Ordinance Exemption Permit shall include all applicable items listed in the Application Checklist. No application will be reviewed until a complete application (including all information requested below) has been received by the Planning & Development Department, Planning Division.

	PROPERTY OWNER	AUTHORIZED AGENT *
NAME		
ADDRESS		
PHONE 1		
PHONE 2		
E-MAIL		

*Applicant Authorization Form required

PROJECT INFORMATION	
PROJECT NAME	
SITE ADDRESS	
CURRENT USE	
GENERAL LOCATION	
PROPERTY ID NUMBER(S)	
SIZE OF PROPERTY	acres
DATE OF EVENT	
DESCRIPTION OF EVENT	
HOURS OF EVENT	
NUMBER OF ATTENDEES	

By my signature hereto, I do hereby certify that the information contained in this application is true and correct to the best of my knowledge, and understand that deliberate misrepresentation of such information will be grounds for denial or reversal of this application and / or revocation of any approval based upon this application. I also represent that I have the lawful right and authority to file this application.

SIGNATURE OF AUTHORIZED APPLICANT* _____ **DATE** _____

* Proof of owner's authorization is required with submittal if signed by agent.

**SEMINOLE COUNTY APPLICANT AUTHORIZATION FORM
(ORIGINAL ONLY)**

An authorized applicant is defined as:

- The property owner of record: or
- An agent of said property owner (power of attorney to represent and bind the property owner must be submitted with the application); or
- Contract purchaser (a copy of a fully executed sales contract must be submitted with the application containing a clause or clauses allowing an application to be filed).

I _____, the fee simple owner of the following
(Owner's Name)
described property (Provide Legal Description or Tax Parcel ID Number(s) _____

hereby petition Seminole County for a Special Event Permit and affirm that _____
_____ is hereby designated to act as my / our authorized agent and to file the attached
application for the stated amendment and make binding statements and commitments regarding the
amendment request.

Owner's Signature

I certify that I have examined the application and that all statements and diagrams submitted are true and accurate to the best of my knowledge. Further, I understand that this application, attachments and fees become part of the Official Records of Seminole County, Florida and are not returnable.

SWORN TO AND SUBSCRIBED before me this _____ day of _____, 20____.

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared _____, who is personally known to me or who has produced _____ has identification and who executed the foregoing instrument and sworn an oath.

WITNESS my hand and official seal in the County and State last aforesaid this ____day of _____, 200__.

Notary Public in and for the County and State
Aforementioned

My Commission Expires: _____