

**SEMINOLE COUNTY PLANNING & DEVELOPMENT DEPARTMENT**



**PLANNING DIVISION**  
 1101 EAST FIRST STREET,  
 SUITE 2201  
 SANFORD, FL 32771  
 (407) 665-7450 PHONE  
 (407) 665-7385 FAX

APPL NO. \_\_\_\_\_  
 PROJ NO. \_\_\_\_\_  
 FLUA NO. \_\_\_\_\_

**APPLICATION TO THE SEMINOLE COUNTY  
 PLANNING & ZONING COMMISSION / LOCAL PLANNING AGENCY AND BOARD OF COMMISSIONERS**

Applications to the Seminole County Planning & Zoning Commission / Local Planning Agency and Board of County Commissioners shall include **all applicable items listed in the Application Submittal Checklist**. No application will be scheduled for Development Review Committee (DRC) consideration until a complete application (including all information requested below) has been received by the Planning & Development Department, Planning Division.

<b><u>APPLICATION SUBMITTAL CHECKLIST:</u></b>	<b><u>**THIS BOX FOR STAFF USE ONLY**</u></b>
<input type="checkbox"/> COPY OF PRE-APPLICATION REVIEW INFORMATION, IF APPLICABLE	
<input type="checkbox"/> PROPERTY OWNER PRINTOUT FROM PROPERTY APPRAISER'S WEBSITE	
<input type="checkbox"/> PROPERTY OWNER'S AUTHORIZATION FORM (ADDITIONAL DOCUMENTATION REQUIRED IF OWNER IS A TRUST OR CORPORATION)	
<input type="checkbox"/> OWNERSHIP DISCLOSURE FORM	
<input type="checkbox"/> SCHOOL IMPACT ANALYSIS (CONTACT SCHOOL BOARD FOR APPLICATION)	
<input type="checkbox"/> CONCURRENCY APPLICATION/DEFERRAL AFFIDAVIT AND FEE IF REQUIRED \$ _____	
<input type="checkbox"/> BOUNDARY SURVEY (2 COPIES)	
<input type="checkbox"/> ELECTRONIC LEGAL DESCRIPTION IN DIGITAL WORD FORMAT (COMPACT DISK OR EMAIL ONLY)	
<input type="checkbox"/> PUD/PCD FINAL MASTER/SITE PLAN REQUIRES A DRAFT DCA IN DIGITAL WORD FORMAT (COMPACT DISK OR EMAIL ONLY)	
<input type="checkbox"/> REZONING TO PUD, PCD, OP, RP, RM-2, RM-3, R-3, R-3A, R-4 AND MYRTLE STREET CONSERVATION VILLAGE REQUIRES <u>16</u> FULL-SIZE SETS OF SITE PLANS OR MASTER PLANS AND AN <u>11" X 17" PDF FILE</u> (COMPACT DISK OR EMAIL ONLY)	
<input type="checkbox"/> APPLICATION FEE \$ _____	
<b>SIGNATURE OF STAFF PROJECT MANAGER CERTIFYING THAT THE APPLICATION IS SUFFICIENT</b>	

**APPLICATION TYPE – PLEASE CHECK ALL THAT APPLY**

- LARGE SCALE FUTURE LAND USE AMENDMENT (LSFLUA) FROM: \_\_\_\_\_ TO: \_\_\_\_\_
- SMALL SCALE FUTURE LAND USE AMENDMENT (SSFLUA) FROM: \_\_\_\_\_ TO: \_\_\_\_\_
- PLANNED DEVELOPMENT AMENDMENT TO EXISTING PD (LS/SSFLUA) FROM: \_\_\_\_\_ TO: \_\_\_\_\_

**[NOTE: ATTACHMENT "A" AND ALL SUPPORT MATERIALS MUST BE SUBMITTED FOR LAND USE AMENDMENTS ABOVE]**

- REZONING (WITHOUT SITE PLAN) FROM: \_\_\_\_\_ TO: \_\_\_\_\_
- REZONING TO PUD, PCD, OP, RP, RM-2, RM-3, R-3, R-3A, or R-4 FROM: \_\_\_\_\_ TO: \_\_\_\_\_
- PUD/PCD MAJOR AMENDMENT
- PUD/PCD MINOR AMENDMENT
- PUD FINAL MASTER PLAN
- DEVELOPMENT OF REGIONAL IMPACT NOPC
- MYRTLE STREET CONSERVATION VILLAGE

**PROPERTY OWNER / AUTHORIZED AGENT INFORMATION**

	PROPERTY OWNER	AUTHORIZED AGENT *
NAME		
IF THE OWNER IS A CORPORATION OR TRUST, GIVE THE NAME AND TITLE OF THE PERSON WHO CAN LEGALLY SIGN ON BEHALF OF THE CORPORATION AND PROVIDE DOCUMENTATION THAT THEY HAVE LEGAL AUTHORITY :		
ADDRESS		
PHONE 1		
PHONE 2		
FAX		
E-MAIL		
If you have a consultant that is not listed on the application and you would like us to contact them directly and give them the DRC comments, provide their contact information on a separate sheet, otherwise any questions and/or comments will be directed to the property owner or authorized agent listed above.		

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

NAME AND PHONE NUMBER OF PERSON WHO WILL POST PLACARD \_\_\_\_\_

**PROJECT INFORMATION**

PROJECT NAME	
SITE ADDRESS	
BCC DISTRICT	
EXISTING USE(S)	
PROPOSED USE(S)	
PROPERTY ID NUMBER(S)	
SIZE OF PROPERTY	acres
GENERAL LOCATION	
SOURCE OF WATER	
SOURCE OF SEWER	
RECLAIM PROVIDER	

**CONCURRENCY REVIEW MANAGEMENT SYSTEM (PLEASE CHECK ONE)**

I elect to defer the Concurrency Review that is required by Chapter 163, Florida Statutes, per Seminole County's Comprehensive Plan for the above listed property until a point as late as Site Plan and/or Final Engineering submittals for this proposed development plan. I further specifically acknowledge that any proposed development on the subject property will be required to undergo Concurrency Review and meet all Concurrency requirements in the future. PCD Final Site Plan/PCD Final Site Plan Amendment may not defer.

I hereby declare and assert that the aforementioned proposal and property described are covered by a valid previously issued Certificate of Vesting or a prior Concurrency determination (Test Notice issued within the past (two years) as identified below: (Please attach a copy of the Certificate of Vesting or Test Notice.)

<b><u>TYPE OF CERTIFICATE:</u></b>	<b><u>CERTIFICATE NUMBER:</u></b>	<b><u>DATE ISSUED:</u></b>
<b>VESTING:</b>	<b>CV-</b> _____	_____
<b>TEST NOTICE:</b>	_____	_____

Concurrency Application and appropriate fee are attached. I wish to encumber capacity at an early point in the development process and understand that only upon approval of the development order and the full payment of applicable facility reservation fees is a Certificate of Concurrency issued and entered into the Concurrency Management monitoring system.

**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 may be grounds for denial or reversal of this application and / or revocation of any approval based upon this application.**

I hereby authorize County staff to enter upon the subject property at any reasonable time for the purposes of investigating and reviewing this request. I also hereby agree to place a public notice sign (placard) on the subject property at a location(s) to be determined by County staff.

**I further acknowledge** that Seminole County may not defend any challenge to my proposed future land use amendment / rezoning and related development approvals, and that it may be my sole obligation to defend any and all actions and approvals, which authorize the use or development of the subject property. Submission of this form initiates a process and does not imply approval by Seminole County or any of its boards, commissions or staff.

**I further acknowledge** that I have read the information contained in this application form pertaining to proposed amendments to the official zoning map, official Future Land Use map, and / or comprehensive plan and have had sufficient opportunity to inquire with regard to matters set forth therein and, accordingly, fully understand all applicable procedures and matters relating to this application.

I hereby represent that I have the lawful right and authority to file this application.

\_\_\_\_\_  
**SIGNATURE OF AUTHORIZED APPLICANT\*** **DATE**

\* Proof of property owner's authorization is required with submittal if signed by someone other than the property owner.

\_\_\_\_\_  
**PRINT OR TYPE NAME**

**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 to amend the Comprehensive Plan, Future Land Use Map, Official Zoning Map (circle one or more) from \_\_\_\_\_ to \_\_\_\_\_ 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 Name

\_\_\_\_\_  
Owner's Name

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
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: \_\_\_\_\_

SEMINOLE COUNTY  
**APPLICATION & AFFIDAVIT**

**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.)

**SEMINOLE COUNTY  
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: _____

## APPLICATION FEE SCHEDULE

<b>Rezoning Application Fees</b>	
<b>REZONING FEES (Excluding PUD / PCD)</b>	
Single-Family / Duplex / Agriculture	\$1,500.00 + \$50.00 / Acre up to \$3,000.00
All Other Classifications (Excluding PD's)	\$2,000.00 + \$70.00 / Acre up to \$3,800.00
<b>REZONING FEES (PUD / PCD)</b>	
Residential Rezoning & Preliminary Master Plan / Site Plan/Myrtle Street Conservation Village	\$2,000 + \$10.00 / DU up to \$5,300.00
Nonresidential Rezoning & Preliminary Master Plan / Site Plan	\$2,000 + \$25.00 / Acre up to \$5,300.00
Final Master Plan Review	\$2,300.00
Final Master Plan Filing Extension	\$135.00
Major Revisions to PUD / PCD Master Plan	\$2,000.00
Minor Revisions to PUD / PCD Master Plan	\$600.00
Concurrent Rezoning & FLU Amendment or DRI	50% of the Regular Rezoning Fee
<b>MISCELLANEOUS FEES</b>	
Non-Substantial Change of Site Plan / Use in RP District	\$450.00
Substantial Change of Site Plan / Use in RP District	Same as Rezoning Fee
Myrtle Street Conservation Village	Same as PUD Rezoning Fee
<b>Future Land Use Amendment Fees</b>	
Residential Large Scale Amendment (> 10 Acres)	\$200.00 / Acre up to \$3,500.00
Residential Small Scale Amendment (< 10 Acres)	\$2,000.00
Non-Residential Large Scale Amendment (> 10 Acres)	\$350.00 / Acre up to \$7,500.00
Non-Residential Small Scale Amendment (< 3 Acres)	\$2,000.00
Non-Residential Small Scale Amendment (3 – 10 Acres)	\$3,500.00
<b>DRI Fees</b>	
DRI with Plan Amendment	\$10,000.00
DRI without Plan Amendment	\$7,000.00
Application for Determination of Substantial Deviation to DRI	\$2,800.00