

**APPLICATION FOR RIGHT-OF-WAY PLANS REVIEW**  
**SEMINOLE COUNTY**  
**DEVELOPMENT REVIEW DIVISION**

**APPLICANT INFORMATION:**

Applicant: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: ( ) - Ext. FAX: ( ) - email: \_\_\_\_\_

**CONSULTANT INFORMATION:**

Engineer / Surveyor: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip : \_\_\_\_\_  
Phone: ( ) - Ext. FAX: ( ) - email: \_\_\_\_\_

**OWNER INFORMATION:**

Owner: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip : \_\_\_\_\_  
Phone: ( ) - Ext. FAX: ( ) - email: \_\_\_\_\_

**SITE INFORMATION**

TAX PARCEL I.D. NO.: \_\_\_\_\_  
County Road \_\_\_\_\_ Ditch Name: \_\_\_\_\_  
Project Name: \_\_\_\_\_  
Address/Location: \_\_\_\_\_  
Proposed Work:  Paving / Driveway  Drainage  Utility Line  
Intended Use of Property: \_\_\_\_\_  
Source of water and sewer: \_\_\_\_\_  
*(Name of utility company or onsite well or septic)*

I understand that the application for right-of-way use permitting must include all required submittals as specified in Chapter 75, and the Transportation Standards (Appendix A) of the Seminole County Land Development Code. Submission of incomplete plans may create delays in review and plan approval.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

DATE IN: \_\_\_\_\_

PROJECT NO. \_\_\_\_\_

PROJECT MANAGER: \_\_\_\_\_