



SEMINOLE COUNTY PLANNING & DEVELOPMENT DIVISION
1101 EAST FIRST STREET, SANFORD, FLORIDA 32771
(407) 665-7371 EPLANDESK@SEMINOLECOUNTYFL.GOV
www.seminolecountyfl.gov

SUBDIVISION

REQUIRED ATTACHMENTS

INTAKE SUBMITTAL

- Application
- Application fee
- Concurrency fee (Concurrency is required if traffic and/or impervious are increased)

ONLINE SUBMISSION

- Concurrency application, if applicable (Click [here](#))

E-PLAN UPLOAD

- Signed and sealed drawings 24" x 36" (PSP and Final Engineering only)
- Arbor application, if applicable (Final Engineering only)
- Drainage report (Final Engineering only)
- Environmental Assessment report (Final Engineering only)
- Fire Flow report (Final Engineering only)
- Soils report (Final Engineering only)
- School Capacity Availability Letter of Determination - SCALD (Final Engineering only)
- Signed and sealed boundary survey (Plat only)
- Plat 20" x 24" (Plat only)
- HOA documents/Articles of incorporation, if required (Plat only)
- Title opinion (Plat only)

DELIVERY METHODS

Completed forms and all the above required attachments may be sent via:

- **E-mail:** Eplandesk@seminolecountyfl.gov
- **Hand delivery:** Seminole County Planning & Development Division, West Wing, 2nd floor, Room 2028, 1101 East First Street, Sanford, Florida 32771
- **Mail:** Seminole County Planning & Development Division, 1101 East First Street, Sanford, Florida 32771



SEMINOLE COUNTY
 PLANNING & DEVELOPMENT DIVISION
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 SANFORD, FLORIDA 32771
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PROJ. #: _____

SUBDIVISION

ALL INFORMATION MUST BE PROVIDED FOR APPLICATION TO BE CONSIDERED COMPLETE

APPLICATION TYPES/FEEES

- | | |
|---|---|
| <input type="checkbox"/> PRELIMINARY SUBDIVISION PLAN (PSP) | \$1,500.00 + \$15.00 PER LOT (\$3,500 MAX. FEE) |
| <input type="checkbox"/> FINAL ENGINEERING PLAN (FE) | \$4,000.00 + \$25.00 PER LOT (\$6,500 MAX. FEE) |
| <input type="checkbox"/> FINAL PLAT (FP) | \$1,500.00 |
| <input type="checkbox"/> MINOR PLAT (RESIDENTIAL: MAX 4 LOTS – COMMERCIAL: MAX 2 LOTS) | \$1,500.00 + \$75.00 PER LOT (CREDIT OF \$110 GIVEN IF PRE-EVAL APPROVED WITHIN 1 YEAR) |

PROPERTY

SUBDIVISION NAME:

PARCEL ID #(S):

NUMBER OF LOTS: _____ SINGLE FAMILY TOWNHOMES COMMERCIAL INDUSTRIAL OTHER

ARE ANY TREES BEING REMOVED? YES NO (IF YES, ATTACH COMPLETED ARBOR APPLICATION)

WATER PROVIDER:

SEWER PROVIDER:

ZONING:

FUTURE LAND USE:

TOTAL ACREAGE:

BCC DISTRICT:

APPLICANT

EPLAN PRIVILEGES: VIEW ONLY UPLOAD NONE

NAME:

COMPANY:

ADDRESS:

CITY:

STATE:

ZIP:

PHONE:

EMAIL:

CONSULTANTEPLAN PRIVILEGES: VIEW ONLY UPLOAD NONE

NAME:

COMPANY:

ADDRESS:

CITY:

STATE:

ZIP:

PHONE:

EMAIL:

OWNER(S)

NAME(S):

ADDRESS:

CITY:

STATE:

ZIP:

PHONE:

EMAIL:

CONCURRENCY REVIEW MANAGEMENT SYSTEM (SELECT ONE)

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

Vesting Certificate/Test Notice Number: _____ Date Issued: _____

- 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.

- I elect to defer the Concurrency Review determination for the above listed property until a point as late as Final Engineering submittal. **(Minor Plat and Final Engineering require Concurrency Test Review)**. 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.

SIGNATURE OF OWNER/AUTHORIZED AGENT

(PROOF OF PROPERTY OWNER'S AUTHORIZATION IS REQUIRED
IF SIGNED BY SOMEONE OTHER THAN THE PROPERTY OWNER)

DATE

OWNER AUTHORIZATION FORM

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 purchase (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 owner of record for the following described property [Parcel ID Number(s)] _____ hereby designates _____ to act as my authorized agent for the filing of the attached application(s) for:

<input type="checkbox"/> Alcohol License	<input type="checkbox"/> Arbor Permit	<input type="checkbox"/> Construction Revision	<input type="checkbox"/> Final Engineering
<input type="checkbox"/> Final Plat	<input type="checkbox"/> Future Land Use Amendment	<input type="checkbox"/> Lot Split/Reconfiguration	<input type="checkbox"/> Minor Plat
<input type="checkbox"/> Preliminary Subdivision Plan	<input type="checkbox"/> Rezone	<input type="checkbox"/> Site Plan	<input type="checkbox"/> Special Event
<input type="checkbox"/> Special Exception	<input type="checkbox"/> Temporary Use Permit	<input type="checkbox"/> Vacate	<input type="checkbox"/> Variance

OTHER: _____

and make binding statements and commitments regarding the request(s). I certify that I have examined the attached application(s) 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.

Date

Property Owner's Signature

Property Owner's Printed Name

STATE OF FLORIDA
COUNTY OF _____

SWORN TO AND SUBSCRIBED before me, an officer duly authorized in the State of Florida to take acknowledgements, appeared _____ (*property owner*),
 by means of physical presence or online notarization; and who is personally known to me or who has produced _____ as identification, and who executed the foregoing instrument and sworn an oath on this _____ day of _____, 20____.

Notary Public