



**SEMINOLE COUNTY**  
**PLANNING & DEVELOPMENT DIVISION**  
1101 EAST FIRST STREET, ROOM 2028  
SANFORD, FLORIDA 32771  
TELEPHONE: (407) 665-7371  
PLANDESK@SEMINOLECOUNTYFL.GOV

PROJ. #: \_\_\_\_\_

## SUBDIVISION

**ALL INFORMATION MUST BE PROVIDED FOR APPLICATION TO BE CONSIDERED COMPLETE**

### APPLICATION TYPES/FEEES

<input type="checkbox"/> <b>PRELIMINARY SUBDIVISION PLAN (PSP)</b>	\$1,500.00 + \$15.00 PER LOT (\$3,500 MAX. FEE)
<input type="checkbox"/> <b>FINAL ENGINEERING PLAN (FE)</b>	\$4,000.00 + \$25.00 PER LOT (\$6,500 MAX. FEE)
<input type="checkbox"/> <b>FINAL PLAT (FP)</b>	\$1,500.00
<input type="checkbox"/> <b>MINOR PLAT</b> (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: _____	<input type="checkbox"/> SINGLE FAMILY	<input type="checkbox"/> TOWNHOMES	<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> OTHER
ARE ANY TREES BEING REMOVED? <input type="checkbox"/> YES <input type="checkbox"/> 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:		

### CONSULTANT

**EPLAN PRIVILEGES:** VIEW ONLY ☐ UPLOAD ☐ NONE ☐

NAME:		COMPANY:	
ADDRESS:			
CITY:	STATE:	ZIP:	
PHONE:	EMAIL:		

**OWNER(S)**

NAME(S):

ADDRESS:

CITY:

STATE:

ZIP:

PHONE:

EMAIL:

**ATTACHMENT CHECKLIST****HARDCOPY SUBMITTAL**

- ☐ APPLICATION
- ☐ APPLICATION FEE
- ☐ CONCURRENCY APPLICATION AND FEE, IF APPLICABLE
- ☐ ARBOR APPLICATION (FINAL ENGINEERING ONLY)
- ☐ PLAT 20" x 24" (FINAL/MINOR PLAT ONLY)
- ☐ BOUNDARY SURVEY – SIGNED AND SEALED (FINAL/MINOR PLAT ONLY)
- ☐ TITLE OPINION - ORIGINAL (FINAL/MINOR PLAT ONLY)

**E-PLAN UPLOAD**

- ☐ DRAWINGS 24" x 36" (AS REQUIRED BY CHAPTER 35, PART 4 OF THE SCLDC)
- ☐ BOUNDARY SURVEY
- ☐ SCALD - SCHOOL CAPACITY AVAILABILITY LETTER OF DETERMINATION (FINAL ENGINEERING ONLY)
- ☐ DRAINAGE REPORT (FINAL ENGINEERING ONLY)
- ☐ FIRE FLOW REPORT (FINAL ENGINEERING ONLY)
- ☐ SOILS REPORT (FINAL ENGINEERING ONLY)
- ☐ ENVIRONMENTAL ASSESSMENT REPORT (FINAL ENGINEERING ONLY)
- ☐ TITLE OPINION (FINAL/MINOR PLAT ONLY)
- ☐ PLAT 20" x 24" (FINAL/MINOR PLAT ONLY)
- ☐ HOA DOCUMENTS/ARTICLES OF INCORPORATION (FINAL/MINOR PLAT ONLY)

**CONCURRENCY REVIEW MANAGEMENT SYSTEM (SELECT ONE)**

- ☐ I hereby declare and assert that the aforementioned proposal and property described are covered by a valid previously issues 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\_\_\_\_\_  
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 (*Tax/Parcel ID Number*) \_\_\_\_\_ hereby designates \_\_\_\_\_ to act as my authorized agent for the filing of the attached application(s) for:

<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	<input type="checkbox"/> Lot Split/Reconfiguration	<input type="checkbox"/> Minor Plat	<input type="checkbox"/> Special Event
<input type="checkbox"/> Preliminary Sub. Plan	<input type="checkbox"/> Site Plan	<input type="checkbox"/> Special Exception	<input type="checkbox"/> Rezone
<input type="checkbox"/> Vacate	<input type="checkbox"/> Variance	<input type="checkbox"/> Temporary Use	<input type="checkbox"/> Other (please list):

**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