



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

PROJ. #: _____

BILLBOARD/OUTDOOR ADVERTISING SIGN

APPLICATION FEE

| | |
|---|---------|
| <input type="checkbox"/> OUTDOOR ADVERTISING SIGN AGREEMENT | \$2,500 |
|---|---------|

PROJECT

| | |
|----------------|------------------|
| PROJECT NAME: | |
| PARCEL ID #: | |
| ADDRESS: | |
| CURRENT USE: | |
| TOTAL ACREAGE: | BCC DISTRICT: |
| ZONING: | FUTURE LAND USE: |

PROPERTY OWNER

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

AUTHORIZED AGENT (ATTACH COMPLETED OWNER AUTHORIZATION FORM)

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

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 OWNER/AUTHORIZED AGENT*

DATE

ATTACHMENT CHECKLIST

- APPLICATION
- APPLICATION FEE
- DRAFT OUTDOOR ADVERTISING SIGN AGREEMENT IN DIGITAL MICROSOFT WORD FORMAT (EXAMPLES AVAILABLE UPON REQUEST) MUST INCLUDE WRITTEN WAIVER AND RELEASE BY THE SIGN OWNER, THE PROPERTY OWNER AND ANY SIGN LESSEES PER SCLDC SECTION 30.1253.
- SITE PLAN SHOWING THE LOCATION OF THE PROPOSED SIGN, INCLUDING ITS RELATION TO ADJACENT ROADWAYS, ZONING AND FUTURE LAND USE DESIGNATIONS, SETBACKS AND ANY PROPOSED BUFFERS IN 11" X 17" FORMAT.
- STATEMENT THAT THE PROPOSED SIGN COMPLIES WITH THE FUTURE LAND USE DESIGNATION AND ZONING DISTRICT, OR A JUSTIFICATION STATEMENT FOR WHY THE PROPOSED LOCATION IS IN THE PUBLIC INTEREST PER SCLDC SECTION 30.1253.
- STATEMENT THAT THE PROPOSED SIGN COMPLIES WITH ALL APPLICABLE SETBACKS REQUIRED BY SCLDC PART 65, OR A JUSTIFICATION STATEMENT FOR WHY THE PROPOSED LOCATION IS IN THE PUBLIC INTEREST PER SCLDC SECTION 30.1253.
- RENDERING AND SPECIFICATIONS OF THE PROPOSED SIGN, INCLUDING DIMENSIONS.
- THE NUMBER, LOCATION AND SPECIFICATIONS OF THE OUTDOOR ADVERTISING SIGNS TO BE REMOVED, INCLUDING IF THEY ARE NON-CONFORMING.
- A DESCRIPTION OF ANY NON-CONFORMING STRUCTURES THAT WOULD BE CREATED BY THE PROPOSED AGREEMENT.

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