



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

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

BM #: \_\_\_\_\_

MEETING: \_\_\_\_\_

**MOBILE HOME SPECIAL EXCEPTION**

**APPLICATION WILL NOT BE ACCEPTED UNLESS ALL REQUIRED DOCUMENTS ARE SUBMITTED**

**APPLICATION TYPE/FEE (SELECT ONE)**

<b>SPECIAL EXCEPTION</b> \$500.00	<input type="checkbox"/> NEW/REPLACEMENT MOBILE HOME IN A-1 <input type="checkbox"/> RENEWAL OF EXPIRED EXISTING MOBILE HOME IN A-1
<b>LIMITED USE PERMIT</b> \$300.00	<input type="checkbox"/> TEMPORARY MOBILE HOME OR RV WHILE HOME IS UNDER CONSTRUCTION IN A-1, A-3, A-5 OR A-10 <input type="checkbox"/> TEMPORARY MOBILE HOME OR RV FOR ILL RELATIVE/NURSE IN A-1, A-3, A-5 OR A-10 <input type="checkbox"/> TEMPORARY MOBILE HOME OR RV FOR NIGHT WATCHMAN (NON RES.) IN A-1, A-3, A-5 OR A-10 <input type="checkbox"/> TEMPORARY MOBILE HOME OR RV FOR RELATIVE W/ HARDSHIP IN A-1, A-3, A-5 OR A-10

**PROPERTY**

PARCEL ID #:	
ADDRESS:	
TOTAL ACREAGE:	BCC DISTRICT:
WATER PROVIDER:	SEWER PROVIDER:
ZONING:	FUTURE LAND USE:
YEAR OF MOBILE HOME/RV:	SIZE OF MOBILE HOME/RV:

**OWNER**

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

**APPLICANT/CONSULTANT**

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

\_\_\_\_\_  
 SIGNATURE OF OWNER/AUTHORIZED AGENT

\_\_\_\_\_  
 DATE

## ATTACHMENT CHECKLIST

- APPLICATION
- APPLICATION FEE
- OWNERSHIP DISCLOSURE FORM (ADD'L DOCUMENTATION REQUIRED IF OWNER IS A TRUST OR CORPORATION)
- OWNER'S AUTHORIZATION FORM, IF APPLICABLE (ADD'L DOCUMENTATION REQUIRED IF OWNER IS A TRUST OR CORPORATION)
- MOBILE HOME SPECIFICATIONS (FLOOR PLAN, ROOF, SIDING, SKIRTING, SCREENING, ETC.)
- FLOOD PRONE MAP (CAN BE OBTAINED FROM THE BUILDING DEPARTMENT)
- SURVEY/SITE PLAN (SEE SAMPLE SITE PLAN FOR MOBILE HOME SHEET FOR DETAILS)
- CONCURRENCY APPLICATION OR DEFERRAL AFFIDAVIT AND FEE, IF APPLICABLE (SEE COUNTY WEBSITE FOR MORE INFO)
- SCHOOL IMPACT ANALYSIS, IF APPLICABLE (CONTACT SCHOOL BOARD FOR APPLICATION)  
-CONTACT RICHARD LEBLANC AT (407) 320-0560 OR LEBANRZ@SCPS.K12.FL.US
- HARDSHIP DOCUMENTATION, IF APPLICABLE

**SEMINOLE COUNTY  
APPLICATION & AFFIDAVIT**

**Ownership Disclosure Form**

The owner of the real property associated with this application is a/an (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 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)

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. For each **limited liability company**, list the name, address, and title of each manager or managing member; and the name and address of each additional member with two percent (2%) or more membership interest. If any member with two percent (2%) or more membership interest, manager, or managing member is a corporation, trust or partnership, please provide the information required in paragraphs 2, 3 and/or 4 above.

**Name of LLC:** \_\_\_\_\_

NAME	TITLE	ADDRESS	% OF INTEREST

(Use additional sheets for more space)

6. In the circumstances of a **contract for purchase**, list the name and address of each contract purchaser. If the purchaser is a corporation, trust, partnership, or LLC, provide the information required for those entities in paragraphs 2, 3, 4 and/or 5 above.

**Name of Purchaser:** \_\_\_\_\_

NAME	ADDRESS	% OF INTEREST

(Use additional sheets for more space)

**Date of Contract:** \_\_\_\_\_

**Specify any contingency clause related to the outcome for consideration of the application:** \_\_\_\_\_

7. 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.
8. 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 SEMINOLE**

Sworn to and subscribed before me by means of  physical presence or  online notarization, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, who is  personally known to me, or  has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Print, Type or Stamp Name of Notary Public

# 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