SEMINOLE COUNTY FLORIDAS NATURAL CHOICE SEMINOLE COUNTY PLANNING & DEVELOPMENT DIVISION 1101 EAST FIRST STREET ROOM 2028 SANFORD, FL 32771 (407) 665-7441 PHONE (407) 665-7385 FAX

APPLICATION FOR MOBILE HOME SPECIAL EXCEPTION

PROPERTY OWNER / APPLICANT (If you are not the owner please provide a letter of authorization from the owner)

Name:			
Address:	City:	Zip code:	
Project Address:	City:	Zip code:	
Contact number(s):			
Email address:			

What is this request for?

- [] New mobile home or replacement mobile home in A-1 zoning
- [] Renewal of an expired existing mobile home in A-1 zoning
- [] Temporary mobile home or recreational vehicle while a house is under construction in A-1, A-3, A-5, A-10 zoning districts in the Rural Area
- [] Placement of a mobile home for a medical hardship
- [] Night watchman mobile home

Is the property available for inspection without an appointment? Yes No	
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What is year of the mobile home? _____* What is the size of the mobile home? _____

* New or re-sited mobile homes must meet the requirements of the State of Florida Division of Motor Vehicles at time of permitting though the Seminole County Building Division..

How long do you need it?
Permanent placement

Limited placement for _____ years

Application #

Meeting Date

NO APPLICATION WILL BE ACCEPTED AND/OR SCHEDULED unless all of the information in the Mobile Home application and submittal checklist are provided to the Planning & Development Division.

Signed: _____

CONCURRENCY REVIEW MANAGEMENT SYSTEM: (Please check one.)

Concurrency Application can be found at: <u>http://www.seminolecountyfl.gov/gm/devrev/concurrency.asp</u>

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.

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 is 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 full payment of applicable facility reservation fees is a Certificate of Concurrency issued and entered into the Concurrency Management Monitoring System.

FOR OFFICE USE ONLY

Date Submitted:	Reviewe	ed By:
Tax Parcel Number:		Zoning/FLU
[] Medical hardship: Recent doctor letter submitted: Yes No		
[] Legally created parcel (1971 tax roll, 5-acre dev, lot split) [] Platted Lot (check easements on lots / in dedication/notes)		
[] Past approval #	[] Lot size	[] Meets minimum size and width
Notes:		

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MOBILE HOME SUBMITTAL CHECKLIST

Please return this checklist with your application!

After the application is reviewed by staff for completeness, any items required that were not provided at the time of the application will be check marked below. These must be provided prior to scheduling of the Board of Adjustment hearing.
provided prior to concluding of the Board of Adjustment noutring.
1. Completed application.
2. Ownership Disclosure Form (Seminole County Application & Affidavit).
3. Owner's authorization letter (if needed). This form can be obtained at http://www.seminolecountyfl.gov/pd/planning/forms.asp
4. Flood Prone Map: The flood map for your property may be obtained from the Seminole County Building Department.
5. Provide a legible 8 $\frac{1}{2}$ x 11 inch site plan with the following information
NOTE: Please use your property survey for your site plan, if available.
See the attached site plan as an example of the information needed; please draw to scale and note the scale used on the plan.
• Please start with a clean survey (ex: white out old approval stamps)
 Size and dimensions of the parcel
 Location of flood plain line, if applicable
 Location and names of all abutting streets
 Location of driveways
 Location, size and type of any septic systems, drainfield and wells
Location of all easements
 Existing and/or proposed buildings, structures and improvements (Label existing, label proposed, and include square footage and dimension of each)
 Setbacks from each building to the property lines
 Proposed fences
 Identification of available utilities (ex: water, sewer, well or septic)
6. Mobile Home Specifications
 Detailed specifications of the proposed mobile home including floor plan (show type of roof, siding, skirting, screening, etc)
7. Required submittal for medical hardship
 Current letter from a doctor substantiating illnesses for the medical hardship