



PLANNING & DEVELOPMENT

1101 EAST FIRST STREET, SANFORD, FLORIDA 32771
 (407) 665-7371 PLANDESK@SEMINOLECOUNTYFL.GOV
 www.seminolecountyfl.gov

LIMITED USE PERMIT

USES	ZONING DISTRICTS
Community residential home (1-6 unrelated persons)	A-1, A-3, A-5, A-10, RC-1, R-1, R-1A, R-1AA, R-1AAA, R-1AAAA, R-1B, R-1BB, R-2, R-3, R-AH, MM, RM-1, RM-2, RM-3
Community residential home (7-14 unrelated persons)	R-3A, R-3, R-4, R-AH, MM, MUCD
Multiple family dwelling	R-AH, MM
Two-family or duplex dwelling	MM
Single family dwelling	MM
Accessory dwelling unit for employee	RM-3
Live-work unit	MM
Transient parking of recreational vehicles, campers, etc	A-1, A-3, A-5, A-10
Civic assembly, neighborhood	A-1, RP, M-1A
Civic assembly, community	C-1, C-2, M-1A, M-1, M-2
Civic assembly, regional	C-3
Retail pharmacy	M-1A
Convenience store	RM-3*
Billboards	C-2, C-3
Outdoor recreation and amusement uses	RM-3*
Retail, light	M-1A*
Retail, general	M-1A
Communication tower, general	C-3*, M-1A*, M-1*, M-2*
Plant nursery, on-site produce only	A-1, A-3, A-5, A-10

*Additional documentation may be required after review of the application

REQUIRED ATTACHMENTS

- Application
- Site plan
- Owner Authorization form (if applicant is not the property owner)

DELIVERY METHODS

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

- **E-mail:** plandesk@seminolecountyfl.gov
- **Hand delivery:** Seminole County Planning & Development Division, West Wing, Second 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
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 SANFORD, FLORIDA 32771
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PROJ. #: _____

LIMITED USE PERMIT

APPLICATION FEE

<input type="checkbox"/> LIMITED USE PERMIT	\$150.00
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PROPERTY INFORMATION

ADDRESS:	
PARCEL ID #:	
ZONING:	FUTURE LAND USE:
CURRENT USE:	REQUESTED USE:

APPLICANT

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

PROPERTY OWNER(S) (INCLUDE NOTARIZED OWNER'S AUTHORIZATION FORM IF APPLICANT IS NOT THE OWNER)

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 understand that conditions of approval may be placed that must be adhered to. I represent that I have the lawful right and authority to file this application.

SIGNATURE OF OWNER/AUTHORIZED APPLICANT

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