



**SEMINOLE COUNTY PLANNING & DEVELOPMENT DIVISION**  
**1101 EAST FIRST STREET, SANFORD, FLORIDA 32771**  
**(407) 665-7371 PLANDESK@SEMINOLECOUNTYFL.GOV**  
*www.seminolecountyfl.gov*

### **REQUIRED ATTACHMENTS**

- Application
- Application fee (\$75)
- Description of event (type of performances, recording and/or sound amplification equipment, signs or other devices for attracting attention, etc.)
- Notice of activity that may generate noise form
- Survey/site plan showing the location(s) of all permanent and/or temporary structures, music, fireworks or other noise source(s), and landscape or other buffer between noise and surrounding residential areas.
- Applicant Authorization Form, if applicable

### **INFORMATIONAL**

Events that propose barricading any street(s) will require a permit from the Public Works Division. They can be reached at (407) 665-5678.

### **DELIVERY METHODS**

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

- **E-mail:** [plandesk@seminolecountyfl.gov](mailto: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 DIVISION  
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PROJ. #: \_\_\_\_\_

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**MUST SUBMIT COMPLETED APPLICATION, FEE AND OTHER REQUIRED DOCUMENTS  
 NO LESS THAN THIRTY (30) DAYS PRIOR TO THE EVENT.**

**APPLICATION FEE**

<input type="checkbox"/> NOISE ORDINANCE EXEMPTION PERMIT	\$75.00
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**EVENT INFORMATION**

EVENT NAME:	
EVENT ADDRESS:	
EVENT PARCEL ID #:	
DATE(S) & TIME(S):	
ACREAGE OF PROPERTY:	ZONING:

**PROPERTY OWNER**

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

**AUTHORIZED AGENT**

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 APPLICANT**  
 (Proof of owner's authorization is required with submittal if signed by 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 [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

