



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

PROJ. #: _____

Z #: _____

LUA #: _____

REZONE/FUTURE LAND USE AMENDMENT

ALL INFORMATION MUST BE PROVIDED FOR APPLICATION TO BE CONSIDERED COMPLETE

APPLICATION TYPES/FEEES

<input type="checkbox"/> LARGE SCALE FUTURE LAND USE AMENDMENT (>50 ACRES)	\$400/ACRE* (\$10,000 MAX. FEE)
<input type="checkbox"/> LARGE SCALE FLU AMENDMENT <u>AND</u> REZONE (>50 ACRES)	\$400/ACRE* (\$10,000 MAX. FEE) + 50% OF REZONE FEE (AS CALCULATED BELOW)
CONCURRENT REVIEW FEE CALCULATION: LSFLUA FEE (\$400/ACRE) _____ + 50% OF REZONE FEE _____ = _____ LSFLUA AND REZONE FEE	
<input type="checkbox"/> SMALL SCALE FUTURE LAND USE AMENDMENT (≤50 ACRES)	\$3,500
<input type="checkbox"/> SMALL SCALE FLU AMENDMENT AND REZONE (≤50 ACRES)	\$3,500 + 50% OF REZONE FEE (AS CALCULATED BELOW)
CONCURRENT REVIEW FEE CALCULATION: SSFLUA FEE \$3,500 + 50% OF REZONE FEE _____ = _____ SSFLUA AND REZONE FEE	
<input type="checkbox"/> REZONE (NON-PD)**	\$2,500 + \$75/ACRE* (\$6,500 MAX. FEE)
<input type="checkbox"/> REZONE (PD)**	
<input type="checkbox"/> REZONE AND MASTER DEVELOPMENT PLAN	\$4,000 + \$75/ACRE* (\$10,000 MAX. FEE)
<input type="checkbox"/> FINAL DEVELOPMENT PLAN	\$1,000
<input type="checkbox"/> FINAL DEVELOPMENT PLAN AS AN ENGINEERED SITE PLAN (INCLUDES 2 RESUBMITTALS. ADDITIONAL RESUBMITTALS ARE SUBJECT TO ADDITIONAL FEES.)	AS CALCULATED BELOW (\$8,500 MAX. FEE)
(TOTAL SF OF NEW IMPERVIOUS SURFACE AREA (ISA) SUBJECT FOR REVIEW/1,000)* X \$25.00 + \$2,500.00 = FEE DUE (TOTAL SF OF NEW ISA _____ / 1,000 = _____)* x \$25 + \$2,500 = FEE DUE: _____	
EXAMPLE: 40,578 SQ FT OF NEW ISA FOR REVIEW = 40,578/1,000 = 40.58 X \$25 = \$1,014.50 + \$2,500 = \$3,514.50 *ROUNDED TO 2 DECIMAL POINTS	
<input type="checkbox"/> PD MAJOR AMENDMENT	\$4,000 + \$75/ACRE*^ (\$10,000 MAX. FEE)
<input type="checkbox"/> PD MINOR AMENDMENT	\$1,000
<input type="checkbox"/> DEVELOPMENT OF REGIONAL IMPACT (DRI)	
<input type="checkbox"/> DETERMINATION OF SUBSTANTIAL DEVIATION (OR OTHER CHANGE)	\$3,500.00

* ALL PER ACRE FEES ARE ROUNDED UP TO THE NEAREST FULL ACRE
 ** 50% OF REZONE FEE IF REZONE IS CONCURRENT WITH A LAND USE AMENDMENT
 ^ ACREAGE IS CALCULATED FOR THE AFFECTED AREA ONLY

PROJECT

PROJECT NAME:	
PARCEL ID #(S):	
LOCATION:	
EXISTING USE(S):	PROPOSED USE(S):
TOTAL ACREAGE:	BCC DISTRICT:
WATER PROVIDER:	SEWER PROVIDER:
CURRENT ZONING:	PROPOSED ZONING:
CURRENT FUTURE LAND USE:	PROPOSED FUTURE LAND USE:

APPLICANTEPLAN PRIVILEGES: VIEW ONLY UPLOAD NONE

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

CONSULTANTEPLAN PRIVILEGES: VIEW ONLY UPLOAD NONE

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

OWNER(S)

(INCLUDE NOTARIZED OWNER'S AUTHORIZATION FORM)

NAME(S):		
ADDRESS:		
CITY:	STATE:	ZIP:
PHONE:	EMAIL:	

ATTACHMENT CHECKLIST

HARDCOPY SUBMITTAL

- APPLICATION
- APPLICATION FEE
- PROPERTY APPRAISER'S PROPERTY CARD PRINTOUT
- 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)
- CONCURRENCY APPLICATION OR DEFERRAL AFFIDAVIT AND FEE, IF APPLICABLE
- NARRATIVE OF AMENDMENT (PD MAJOR/MINOR AMENDMENT ONLY)
- ARBOR APPLICATION (PD FINAL DEVELOPMENT PLAN AS AN ENGINEERED SITE PLAN ONLY)

E-PLAN UPLOAD

- BOUNDARY SURVEY
- SCHOOL IMPACT ANALYSIS (CONTACT SCHOOL BOARD FOR APPLICATION)
-CONTACT RICHARD LEBLANC AT (407) 320-0560 OR LEBANRZ@SCPS.K12.FL.US
- LEGAL DESCRIPTION IN MS WORD FORMAT
- APPROVED TRAFFIC METHADODOLOGY LETTER FROM PUBLIC WORKS ENGINEERING DIVISION, IF APPLICABLE ATTACHMENT
- "A" AND ALL SUPPORTING DOCUMENTS (FUTURE LAND USE AMENDMENTS ONLY)
- TRAFFIC IMPACT ANALYSIS (PROJECTS GENERATING 50 OR MORE PEAK HOUR TRIPS)
- DRAFT DEVELOPER'S COMMITMENT AGREEMENT IN MS WORD FORMAT (PD FINAL DEVELOPMENT PLAN ONLY)
- DRAFT DEVELOPMENT ORDER IN MS WORD FORMAT (REZONE TO PD, OP, RP, RM-2, RM-3, R-3, R-3A, R-4 AND MYRTLE ST ONLY)
- MASTER DEVELOPMENT PLAN INCLUDING A PUBLIC FACILITIES AND SERVICES ANALYSIS SUMMARY SHOWN ON THE PLAN IN A TABLE WITH SUPPORTING DATA PROVIDED SEPARATELY (PD REZONE & MASTER DEVELOPMENT PLAN ONLY)

CONCURRENCY REVIEW MANAGEMENT SYSTEM (SELECT ONE)

I elect to defer the Concurrency Review that is required by Chapter 163, Florida Statutes, per Seminole County's Comprehensive Plan for the above listed property until a point as late as Site Plan and/or Final Engineering submittals for this proposed development plan. 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. PD Final Development Plan may not defer.

I hereby declare and assert that the aforementioned proposal and property described are covered by a valid previously issued Certificate of Vesting or a prior Concurrency determination (Test Notice issued within the past two years as identified below. (Please attach a copy of the Certificate of Vesting or Test Notice.)

TYPE OF CERTIFICATE

CERTIFICATE NUMBER

DATE ISSUED

VESTING: _____

TEST NOTICE: _____

Concurrency Application and appropriate fee are 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 the full payment of applicable facility reservation fees is a Certificate of Concurrency issued and entered into the Concurrency Management monitoring system.

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 may be grounds for denial or reversal of the application and/or revocation of any approval based upon this application.

I hereby authorize County staff to enter upon the subject property at any reasonable time for the purposes of investigating and reviewing this request. I also hereby agree to place a public notice sign (placard), if required, on the subject property at a location(s) to be determined by County staff.

I further acknowledge that Seminole County may not defend any challenge to my proposed Future Land Use Amendment/Rezoning and related development approvals, and that it may be my sole obligation to defend any and all actions and approvals, which authorize the use or development of the subject property. Submission of this form initiates a process and does not imply approval by Seminole County or any of its boards, commissions or staff.

I further acknowledge that I have read the information contained in this application pertaining to proposed amendments to the official Zoning map, official Future Land Use map and/or Comprehensive Plan and have had sufficient opportunity to inquire with regard to matters set forth therein and, accordingly, understand all applicable procedures and matters relating to this application.

I hereby represent that I have the lawful right and authority to file this application.

SIGNATURE OF AUTHORIZED APPLICANT
(PROOF OF PROPERTY OWNER'S AUTHORIZATION IS REQUIRED WITH SUBMITTAL IF SIGNED BY SOMEONE OTHER THAN THE PROPERTY OWNER)

DATE

**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