



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

SPECIAL EXCEPTION

REQUIRED ATTACHMENTS

INTAKE SUBMITTAL

- Application
- Application fee
- Ownership Disclosure form (Add'l documentation required if the property owner is a trust or corporation)
- Owner Authorization Form (Required if the applicant and/or consultant is not the property owner)

E-PLAN UPLOAD

- Detailed Conceptual Site Plan (Include: Size and dimension of the parcel, existing and/or proposed structures. Fences, and improvements, structure height(s), setbacks from each structure to the property lines, identification of available utilities, locations of wetlands, flood lines, abutting streets/right of ways, driveways, septic systems, drain fields, wells, easements, buffers, parking spaces, outdoor lighting, signage, fire lanes, etc.)
- Statement of Request (Include: Summary of business operation, square footage, hours of operation, seating capacity, number of clients/students and staff, employee shifts, site concerns that may impact adjacent properties, etc.)

DELIVERY METHODS

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

- **E-mail:** Eplandesk@seminolecountyfl.gov
- **Hand delivery:** Seminole County Planning & Development Division, West Wing, 2nd 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
 1101 EAST FIRST STREET, ROOM 2028
 SANFORD, FLORIDA 32771
 TELEPHONE: (407) 665-7371
 PLANDESK@SEMINOLECOUNTYFL.GOV

PROJ #: _____

BS #: _____

MEETING: _____

SPECIAL EXCEPTION

APPLICATION WON'T BE ACCEPTED UNTIL A PRE-APP HAS BEEN REVIEWED & ALL REQUIRED DOCUMENTS ARE SUBMITTED

APPLICATION TYPE/FEE

SPECIAL EXCEPTION \$1,350.00	<input type="checkbox"/> CHURCH	<input type="checkbox"/> RIDING STABLE
	<input type="checkbox"/> DAYCARE	<input type="checkbox"/> ASSISTED LIVING FACILITY (ALF)
	<input type="checkbox"/> SCHOOL	<input type="checkbox"/> ALCOHOLIC BEVERAGE ESTABLISHMENT
	<input type="checkbox"/> GROUP HOME	<input type="checkbox"/> COMMUNICATION TOWER
	<input type="checkbox"/> KENNEL	<input type="checkbox"/> OTHER: _____

PROPERTY

PARCEL ID #:	
ADDRESS:	
TOTAL ACREAGE:	CURRENT USE OF PROPERTY:
WATER PROVIDER:	SEWER PROVIDER:
ZONING:	FUTURE LAND USE:
IS THE PROPERTY AVAILABLE FOR INSPECTION WITHOUT AN APPOINTMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	

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

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

**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