



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

MINOR PLAT PRE-EVALUATION

REQUIREMENTS

Pursuant to Section 35.122 of the Seminole County Land Development Code, a parcel of record as of August 22, 2000 can obtain a minor plat one time if each of the following criteria are met:

- The parcel abuts and each created lot will abut existing dedicated public right of way that conforms to the County's standards for width;
- Each created lot shall have a minimum lot frontage of 20 feet;
- The development of the parcel would require no additional facility improvements to potable water, sanitary sewer, drainage facilities or roads;
- The parcel would be subdivided into no more than 4 agricultural or residential lots or 2 non-residential or non-agricultural lots;
- If septic tanks are to be utilized for sewage disposal, each lot must conform to the standards set forth in section 35.64; and
- The subdivision of the parcel would meet all requirements of Part 4 of this Chapter which requirements may be waived by the Development Review Manager if he or she finds and determines that the general intent of this Chapter is met and the subdivision otherwise complies with State law.

REQUIRED ATTACHMENTS

- Application
- Application fee (\$110.00)
- Survey or sketch of existing property showing all structures
- Sketch of the proposed plat showing all structures to remain and lot configurations

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, 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
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PROJ. #: _____

MINOR PLAT PRE EVALUATION

APPLICATION FEE

MINOR PLAT PRE-EVALUATION \$110.00 (DEDUCTED FROM MINOR PLAT FEE IF APPLIED FOR W/IN 1 YEAR)

PROJECT

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

OWNER

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

APPLICANT/CONSULTANT

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

STAFF USE ONLY

PM:	REC'D DATE:	COMMENTS DUE:
ZONING:	WATER:	LOCATION:
FLU:	SEWER:	
BCC:	ACREAGE:	