



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

SITE PLAN/DREDGE & FILL

REQUIRED ATTACHMENTS

INTAKE SUBMITTAL

- Application
- Application fee
- Concurrency fee (Concurrency is required if traffic and/or impervious are increased)
- 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)

ONLINE SUBMISSION

- Concurrency application, if applicable (Click [here](#))

E-PLAN UPLOAD

- Arbor application, if applicable
- Signed and sealed boundary survey
- Signed and sealed drawings (24" x 36") (Small Site Plans do not need to be signed and sealed)

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
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PROJ. #: _____

SITE PLAN/DREDGE & FILL

ALL INFORMATION MUST BE PROVIDED FOR APPLICATION TO BE CONSIDERED COMPLETE

APPLICATION TYPES/FEEES

<input type="checkbox"/> SMALL SITE PLAN (<2,500 SQUARE FEET IMPERVIOUS SURFACE AREA SUBJECT FOR REVIEW)	\$500.00
<input type="checkbox"/> RESTRIPING AND RESURFACING (WITH NO CHANGES TO THE EXISTING LAYOUT)	
<input type="checkbox"/> FILL (≥100 CUBIC YARDS OF FILL AND/OR IN FLOOD PLAIN OR WETLAND PER SEC. 40.2)	\$500.00
<input type="checkbox"/> DREDGE AND FILL	\$750.00
<input type="checkbox"/> SITE PLAN (>2,500 SQUARE FEET IMPERVIOUS SURFACE AREA SUBJECT FOR REVIEW)	CALCULATED BELOW MAXIMUM \$9,000

NEW BUILDING SQUARE FOOTAGE: _____ **+ NEW PAVEMENT SQUARE FOOTAGE:** _____ =
TOTAL SQUARE FEET OF NEW IMPERVIOUS SURFACE AREA (ISA) SUBJECT FOR REVIEW: _____

(TOTAL NEW ISA _____/1,000 = _____)* x \$25 + \$2,500 = **FEE DUE:** _____

EXAMPLE: 40,578 SF OF NEW ISA SUBJECT FOR REVIEW = 40,578/1,000 = 40.58* x \$25 = \$1,014.50 + \$2,500 = \$3,514.50

*ROUNDED TO 2 DECIMAL POINTS

PROJECT

PROJECT NAME:			
PARCEL ID #(S):			
DESCRIPTION OF PROJECT:			
EXISTING USE(S):		PROPOSED USE(S):	
ZONING:	FUTURE LAND USE:	TOTAL ACREAGE:	BCC DISTRICT:
WATER PROVIDER:		SEWER PROVIDER:	
ARE ANY TREES BEING REMOVED? YES <input type="checkbox"/> NO <input type="checkbox"/> (IF YES, ATTACH COMPLETED ARBOR APPLICATION)			
IF DREDGE & FILL OR FILL PERMIT, CUBIC YARDS OF FILL PROPOSED:			

APPLICANT		EPLAN PRIVILEGES: VIEW ONLY <input type="checkbox"/> UPLOAD <input type="checkbox"/> NONE <input type="checkbox"/>
NAME:	COMPANY:	
ADDRESS:		
CITY:	STATE:	ZIP:
PHONE:	EMAIL:	
CONSULTANT		EPLAN PRIVILEGES: VIEW ONLY <input type="checkbox"/> UPLOAD <input type="checkbox"/> NONE <input type="checkbox"/>
NAME:	COMPANY:	
ADDRESS:		
CITY:	STATE:	ZIP:
PHONE:	EMAIL:	
OWNER(S) (INCLUDE NOTARIZED OWNER'S AUTHORIZATION FORM)		
NAME(S):		
ADDRESS:		
CITY:	STATE:	ZIP:
PHONE:	EMAIL:	
CONCURRENCY REVIEW MANAGEMENT SYSTEM (SELECT ONE)		
<input type="checkbox"/> 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.)		
<u>TYPE OF CERTIFICATE</u>	<u>CERTIFICATE NUMBER</u>	<u>DATE ISSUED</u>
VESTING:	_____	_____
TEST NOTICE:	_____	_____
<input type="checkbox"/> 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.		
<input type="checkbox"/> Not applicable		

I understand that the application for site plan review must include all required submittals as specified in Chapter 40, Part 4, of the Seminole County Land Development Code. Submission of incomplete plans may create delays in review and plan approval. **The review fee provides for two plan reviews. Additional reviews will require an additional fee.**

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

SIGNATURE OF 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