



SEMINOLE COUNTY GROWTH MANAGEMENT  
 PLANNING & DEVELOPMENT DIVISION  
 1101 EAST FIRST STREET ROOM 2028  
 SANFORD, FL 32771  
 (407) 665-7441 PHONE (407) 665-7385 FAX

**CHECKLIST FOR SITE PLAN REVIEW**

*Applicant's Initial*      **APPLICATION SUBMITTAL CHECKLIST**      *Staff's Initial*

\_\_\_\_\_ Dated copy of School Impact Analysis submitted to the School Board  
 (Residential Projects Only) \_\_\_\_\_

\_\_\_\_\_ Transmittal Letter \_\_\_\_\_

\_\_\_\_\_ Completed Application \_\_\_\_\_

\_\_\_\_\_ Fee-Check# \_\_\_\_\_ Amount: \_\_\_\_\_

\_\_\_\_\_ Concurrency Application \_\_\_\_\_

\_\_\_\_\_ Fee-Check# \_\_\_\_\_ Amount: \_\_\_\_\_

\_\_\_\_\_ Arbor Application \_\_\_\_\_

\_\_\_\_\_ Fee-Check# \_\_\_\_\_ Amount: \_\_\_\_\_

\_\_\_\_\_ Health Department Fees \_\_\_\_\_

\_\_\_\_\_ Fee-Check# \_\_\_\_\_ Amount: \_\_\_\_\_

\_\_\_\_\_ Complete sets of Site Plan (12 folded copies) \_\_\_\_\_

\_\_\_\_\_ Landscape plans  attached \_\_\_\_\_

\_\_\_\_\_ Lighting plans  attached, (if applicable) \_\_\_\_\_

\_\_\_\_\_ Irrigation plans  attached \_\_\_\_\_

\_\_\_\_\_ Stormwater Calculations (2 copies) \_\_\_\_\_

\_\_\_\_\_ Soils Report (2 copies) (if applicable) \_\_\_\_\_

\_\_\_\_\_ Lift Station Calculations (2 copies) (if applicable) \_\_\_\_\_

\_\_\_\_\_ Traffic and Engineering Report (2 copies) \_\_\_\_\_

Staff's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**FOR OFFICIAL USE**

**PROJECT#:** \_\_\_\_\_

**PLANNER:** \_\_\_\_\_



**SEMINOLE COUNTY GROWTH MANAGEMENT  
 PLANNING & DEVELOPMENT DIVISION  
 1101 EAST FIRST STREET ROOM 2028  
 SANFORD, FL 32771  
 (407) 665-7441 PHONE (407) 665-7385 FAX  
 www.seminolecountyfl.gov/gm**

SMALL SITE PLAN LESS THAN 2,500 SF: YES  NO

DREDGE & FILL: YES  NO

**APPLICANT INFORMATION**

APPLICANT:		CONTACT:	
ADDRESS:			
CITY:	STATE:	ZIP:	
PHONE:	FAX:	EMAIL:	

**CONSULTANT INFORMATION**

ENGINEER:		CONTACT:	
ADDRESS:			
CITY:	STATE:	ZIP:	
PHONE:	FAX:	EMAIL:	

**OWNER INFORMATION**

Is Owner's Authorization Attached? YES  NO

OWNER:		CONTACT:	
ADDRESS:			
CITY:	STATE:	ZIP:	
PHONE:	FAX:	EMAIL:	

**SITE INFORMATION**

PARCEL ID #:			
PROJECT NAME:			
DESCRIPTION OF PROJECT:			
INTENDED USE OF PROPERTY:			
LOCATION:			
ZONING:	FUTURE LAND USE:	TOTAL ACREAGE:	BCC DISTRICT:

**UTILITIES**

WATER PROVIDER:		SEWER PROVIDER:	
IS PROPERTY SERVED BY WELL?	YES <input type="checkbox"/> NO <input type="checkbox"/>		
IS PROPERTY SERVED BY SEPTIC?	YES <input type="checkbox"/> NO <input type="checkbox"/>	FEE ATTACHED:	YES <input type="checkbox"/> NO <input type="checkbox"/>

**ARBOR**

ARE ANY TREES BEING REMOVED?	YES <input type="checkbox"/> NO <input type="checkbox"/>		
ARBOR PERMIT APPLICATION ATTACHED:	YES <input type="checkbox"/> NO <input type="checkbox"/>	FEE ATTACHED:	YES <input type="checkbox"/> NO <input type="checkbox"/>

**ADDITIONAL SITE INFORMATION**

IMPERVIOUS SURFACE AREA :					
BUILDING AREA:		EXISTING:		NEW:	
PAVEMENT AREA:		EXISTING:		NEW:	
IF DREDGE & FILL, HOW MANY CUBIC YARDS OF FILL IS PROPOSED?					

**FEES**

SMALL SITE PLAN OR FILL:	\$200.00				
DREDGE & FILL:	\$650.00				
REGULAR SITE PLAN : <i>Sq. ft. of all NEW Impervious Surfaces (rounded to 2 decimal points)</i>					
To calculate regular site plan application fee, please use the formula below or the fee calculator <a href="http://www.seminolecountyfl.gov/gm/pd_calc.asp">http://www.seminolecountyfl.gov/gm/pd_calc.asp</a>			Fee Amount:	\$	
$\Sigma$	\$1000+	$\left[ \frac{\text{New Impervious}}{1000} \right]$	X \$20	= Fee Amount	

**CONCURRENCY REVIEW MANAGEMENT SYSTEM: (Please check one.)**

<http://www.seminolecountyfl.gov/gm/devrev/concurrency.asp>

I elect to defer the Concurrency Review determination for the above listed property until a point as late as Final Engineering Submittal. (Minor Plat and Final Engineering require Concurrency Test Review.) 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.

I hereby declare and assert that the aforementioned proposal and property described are covered by a valid previously issued and unexpired Certificate of Vesting or prior Concurrency determination as identified below: (Please attach a copy of the Certificate of Vesting or Prior Test/Concurrency Notice.) Vesting Certificate/Test Notice Number: \_\_\_\_\_ Date issued: \_\_\_\_\_

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

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.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICIAL USE	
PROJECT #:	PLANNER ASSIGNED: