



CHECKLIST FOR PRELIMINARY SUBDIVISION PLAN (PSP) REVIEW

SEMINOLE COUNTY GOVERNMENT
 DEVELOPMENT REVIEW DIVISION
 1101 EAST FIRST STREET
 SANFORD FL 32771-1468
 (407) 665-7331

<i>Applicant's Initial</i>	APPLICATION SUBMITTAL CHECKLIST	<i>Staff's Initial</i>
	Transmittal Letter	
	Completed Application	
	Fee-Check#	Amount:
	Concurrency Application	
	Fee-Check#	Amount:
	Arbor Application (Fees can be deferred until Final Engineering)	
	Fee-Check#	Amount:
	Health Department Fees (if applicable)	
	Fee-Check#	Amount:
	Complete sets of Subdivision Plan (12 folded copies) 2 reduced copies	
	Soils Report (2 copies) (if applicable) <i>(information needed on plans, separate report not needed)</i>	
	Draft HOA Documents (1 copy)	
	Staff's Signature:	
	Date:	
FOR OFFICIAL USE		
	PROJECT#:	PLANNER:



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APPLICANT INFORMATION

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

CONSULTANT INFORMATION

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

OWNER INFORMATION

OWNER'S AUTHORIZATION ATTACHED: YES NO

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

SUBDIVISION INFORMATION

<http://www.seminolecountyfl.gov/pd/devrev/subdivsummary.asp>

PARCEL ID #:	
PROJECT NAME:	
DESCRIPTION OF PROJECT:	
LOCATION:	
NUMBER OF LOTS:	TOTAL ACREAGE:
ZONING:	FUTURE LAND USE:

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"/>

FEEShttp://www.seminolecountyfl.gov/pd/planreview_calc.asp

- DEVELOPMENT PLAN --- \$250.00 + \$5.00 PER LOT
- PRELIMINARY PLAN --- \$1,000.00 + \$15.00 PER LOT (\$2,270.00 MAXIMUM FEE WITH 1ST SUBMITTAL)
- FINAL ENGINEERING PLAN --- \$3,500.00 + \$25.00 PER LOT (\$5,300.00 MAXIMUM FEE WITH 1ST SUBMITTAL)
- FINAL PLAT --- (FEE SHOULD BE PAID WITH FINAL ENGINEERING), IF NO ENGINEERING NEEDED \$1,750.00 + \$25.00 PER LOT (NOTE: IF FINAL ENGINEERING IS ALREADY PAID, \$200.00 EACH SUBMITTAL)
- MINOR PLAT ---- \$1,000.00 + \$75.00 PER LOT (MAXIMUM 4 LOTS/RESIDENTIAL – MAXIMUM 2 LOTS/COMMERCIAL)

CONCURRENCY REVIEW MANAGEMENT SYSTEM: (Please check one.)<http://www.seminolecountyfl.gov/pd/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 subdivision plan review must include all required submittals as specified in Chapter 35, 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:



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

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OWNER'S AUTHORIZATION ATTACHED: YES NO

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SEMINOLE COUNTY
APPLICATION & AFFIDAVIT

Ownership Disclosure Form

Please provide the information as requested below in accordance with Ordinance No. 07- _____:

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: _____	Name: _____
Address: _____	Address: _____
Phone #: _____	Phone #: _____

Name: _____	Name: _____
Address: _____	Address: _____
Phone #: _____	Phone #: _____

(Use additional sheets for more space.)

2. For each corporate owner, list the name, address, and title of each officer of the corporation, the name and address of each director of the corporation, and the name and address of each shareholder who owns 2% or more of the stock of the corporation. Shareholders need not be disclosed as to corporations whose shares of stock are traded publicly on any national or regional stock exchange.

Name of Corporation: _____	Name of Corporation: _____
Officers: _____	Officers: _____
Address: _____	Address: _____
Directors: _____	Directors: _____
Address: _____	Address: _____
Shareholders: _____	Shareholders: _____
Address: _____	Address: _____

(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.

Name of Trust: _____	Beneficiaries: _____
Trustees: _____	Address: _____
Address: _____	_____

(Use additional sheets for more space.)

**SEMINOLE COUNTY
APPLICATION AND AFFIDAVIT**

4. For partnerships, including limited partnerships, list the name and address of each principal in the partnership, including general or limited partners.

Name of Partnership: _____	Name of Partnership: _____
Principal: _____	Principal: _____
Address: _____	Address: _____

(Use additional sheets for more space.)

5. In the circumstances of a contract for purchase, list the name of each contract vendee, with their names and addresses, the same as required for corporations, trust, or partnerships. In addition, the date of the contract for purchase shall be specified along with any contingency clause relating to the outcome of the consideration of this petition.

Contract Vendee: Name: _____	Contract Vendee: Name: _____
Address: _____	Address: _____

(Use additional sheets for more space.)

6. 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.
7. 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 _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 200__ by _____
_____.

_____ Signature of Notary Public	_____ Print, Type or Stamp Name of Notary Public
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Personally Known _____ OR Produced Identification _____
Type of Identification Produced _____

For Use by Planning & Development Staff	
Date: _____	Application Number: _____