

Application fee: \$35.00

APPL. NO.: _____



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

APPLICATION FOR A NOISE ORDINANCE EXEMPTION PERMIT

Applications for a Noise Ordinance Exemption Permit shall include all applicable items listed. No application will be reviewed until a complete application (including all information requested below) has been received by the Planning & Development Division.

| | PROPERTY OWNER | AUTHORIZED AGENT * |
|---------|----------------|--------------------|
| NAME | | |
| ADDRESS | | |
| PHONE 1 | | |
| PHONE 2 | | |
| E-MAIL | | |

*Applicant Authorization Form required

| PROJECT INFORMATION | |
|-----------------------|-------|
| PROJECT NAME | |
| SITE ADDRESS | |
| CURRENT USE | |
| GENERAL LOCATION | |
| PROPERTY ID NUMBER(S) | |
| SIZE OF PROPERTY | acres |
| DATE OF EVENT | |
| DESCRIPTION OF EVENT | |
| HOURS OF EVENT | |
| NUMBER OF ATTENDEES | |

By my signature hereto, I do hereby certify that the information contained in this application is true and correct to the best of my knowledge, and understand that deliberate misrepresentation of such information will be grounds for denial or reversal of this application and / or revocation of any approval based upon this application. I also represent that I have the lawful right and authority to file this application.

SIGNATURE OF AUTHORIZED APPLICANT*

DATE

* Proof of owner's authorization is required with submittal if signed by agent.

**SEMINOLE COUNTY APPLICANT AUTHORIZATION FORM
(ORIGINAL ONLY)**

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 purchaser (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 fee simple owner of the following
(Owner's Name)
described property (Provide Legal Description or Tax Parcel ID Number(s) _____

hereby petition Seminole County for a Special Event Permit and affirm that _____
_____ is hereby designated to act as my / our authorized agent and to file the attached
application for the stated amendment and make binding statements and commitments regarding the
amendment request.

Owner's Signature

I certify that I have examined the application 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.

SWORN TO AND SUBSCRIBED before me this _____ day of _____, 20____.

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared _____, who is personally known to me or who has produced _____ as identification and who executed the foregoing instrument and sworn an oath.

WITNESS my hand and official seal in the County and State last aforesaid this ____day of _____, 20____.

Notary Public in and for the County and State
Aforementioned

My Commission Expires: _____