Application for Subdivision Approval

Department of Planning & Development Services
300 North Park Avenue, Sanford, Florida 32771
Phone: 407.688.5140 **Fax:** 407.688.5141
www.sanfordfl.gov

1. Legal description of property:
   Tax Parcel No: ☐☐ ☐☐ ☐☐ ☐☐☐ ☐☐☐☐ ☐☐☐☐
   (Attach a computer print-out from the Seminole County Property Appraiser)
2. Address of property: _____
3. Land area: _____ Sq. ft. Acres: _____
4. Current zoning district classification: _____

Check One or More as Applicable

☐ Preliminary Subdivision Plan ☐ Subdivision Improvement Plan
☐ Minor Subdivision ☐ Final Plat

Does this project require a Future Land Use Map Amendment? ☐ Yes ☐ No

Does this project require a Rezone? ☐ Yes ☐ No

Proposed Development ☐ Single Use ☐ Mixed Use

☐ Residential Number of Lots: _____ Density: _____

☐ Commercial _____ Lots Floor Area Ratio (FAR): _____

☐ Industrial _____ Lots Floor Area Ratio (FAR): _____

I hereby understand and agree to pay all city fees related to this application as required by the city's adopted Fee Resolution.

Signature: _____ Date: _____

This application is submitted by:

Applicant/Agent:

Signature: _____ Print Name: _____
Address: _____
Phone: _____ Fax: _____ Email: _____ Date: _____

Note: applicant authorization form must be completed

Property Owner:

Signature: _____ Print Name: _____
Address: _____
Phone: _____ Fax: _____ Email: _____ Date: _____

Official Use Only

Application No: _____ Fee: _____ Date: _____

☐ Approved ☐ Approved with conditions ☐ Denied

_____ Date: _____
Chairman, Planning and Zoning Commission or Administrative Official