



**CITY OF WINTER SPRINGS  
COMMUNITY DEVELOPMENT DEPARTMENT**

1126 East State Road 434  
Winter Springs, Florida 32708  
[customerservice@winterspringsfl.org](mailto:customerservice@winterspringsfl.org)  
**Application – Site Plan Review**

The Community Development Director reserves the right to determine whether this application is complete and accurate. An incomplete application will not be processed and will be returned to the applicant. The application shall be reviewed per [Florida Statue 419.001](#). Applications shall be reviewed for sufficiency (completeness) within thirty (30) calendar days per [FL Statue 166.033](#). By submitting this application, you hereby grant temporary right of entry for City officials to enter upon the subject property for purposes of evaluating this application.

**Site Plan Type**

Type of Development: \_\_\_ Residential \_\_\_ Non-Residential  
\_\_\_ Preliminary Review \_\_\_ Final Review \_\_\_ Combined Preliminary/Final \_\_\_ Resubmittal \_\_\_ Recorded Plat

Project Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Applicant/Agent Information**

Applicant(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Person Who Will Upload Plans:** \_\_\_\_\_

Email: \_\_\_\_\_ Phone#: \_\_\_\_\_

**Property Owner(s) Name (If Applicant is not the Property Owner)**

Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Site Information**

Project Address: \_\_\_\_\_

Parcel ID(s): \_\_\_\_\_

Parcel Size: \_\_\_\_\_

Existing Use: \_\_\_\_\_

Proposed Use: \_\_\_\_\_

Zoning District: \_\_\_\_\_

Future Land Use: \_\_\_\_\_



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Is the property located in the [Town Center District](#)? \_\_\_\_ Yes \_\_\_\_ No

Is the property within the [S.R. 434 Corridor Overlay District](#)? \_\_\_\_ Yes \_\_\_\_ No

Is the property located in the [Greenway Interchange Zoning District](#)? \_\_\_\_ Yes \_\_\_\_ No

The Planning and Zoning Board/Local Planning Agency shall review Site Plan Applications and make a written recommendation to the City Commission. The City Commission shall render all final decisions regarding Preliminary and Final Engineering Plans and may impose reasonable conditions on any approved plans to the extent deemed necessary and relevant to ensure compliance with applicable criteria and other applicable provisions of the City Code and Comprehensive Plan. All formal decisions shall be based upon the applicable criteria as set forth in the City's Code of Ordinances Chapter 9, Land Development and Chapter 20, Zoning.

Applicants are advised, that if they decide to appeal any decisions made at the meetings or hearings, with respect to any matter considered at the meetings or hearings, they will need a record of the proceedings and, for such purposes, they will need to ensure that a verbatim record of the proceedings is made, at their cost, which includes the testimony and evidence upon which the appeal is to be based, per 286.0105, Florida Statutes.

**Application Fees**

Fees are as reflected on the Fee Schedule plus actual costs incurred for advertising or notification, and reimbursement for technical, and/or professional services which may be required in connection with the review, inspection, or approval of any development (based on accounting submitted by the City Consultant), payable prior to approval of the pertinent stage of development.



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**THIS APPLICATION MUST BE SIGNED IN THE PRESENCE OF A NOTARY**

This is to certify that I am the owner in simple fee of the subject property as described in this application for Site Plan Review.

Property Owner(s) Name (Print): \_\_\_\_\_

Property Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Property Owner(s) Name (Print): \_\_\_\_\_

Property Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ who is personally known to me or who has produced \_\_\_\_\_ as identification and who did/did not take an oath.

\_\_\_\_\_ Date: \_\_\_\_\_ (seal):

Notary Public Signature: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

**Note: If the applicant is not the property owner the Property Owner shall sign and have their signature notarized below, authorizing the applicant and/or agent permission to submit the Site Plan Review application.**

Property Owner's Name (Print): \_\_\_\_\_

Property Owner Signature: \_\_\_\_\_ Date \_\_\_\_\_

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ who is personally known to me or who has produced \_\_\_\_\_ as identification and who did/did not take an oath.

\_\_\_\_\_ Date: \_\_\_\_\_ (seal):

Notary Public Signature: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_