

**SEMINOLE COUNTY GOVERNMENT  
BOARD OF ADJUSTMENT  
AGENDA MEMORANDUM**

**SUBJECT:** 1407 Allison Avenue – Samuel & Florence Stabile, applicant; Request for a rear yard setback variance from 30 feet to 18 feet for a replacement screen room in R-1AA (Single Family Dwelling District).

**DEPARTMENT:** Planning & Development      **DIVISION:** Planning

**AUTHORIZED BY:** Kathy Fall      **CONTACT:** Denny Gibbs      **EXT.** 7387

**Agenda Date** 1/28/08    **Regular**     **Consent**     **Public Hearing – 6:00**

**MOTION/RECOMMENDATION:**

1. **Deny** the request for a rear yard setback variance from 30 feet to 18 feet for a replacement screen room in R-1AA (Single Family Dwelling District); or
2. **Approve** the request for a rear yard setback variance from 30 feet to 18 feet for a replacement screen room in R-1AA (Single Family Dwelling District); or
3. **Continue** the request to a time and date certain.

<p><b>GENERAL INFORMATION</b></p>	<p>Applicant: Samuel &amp; Florence Stabile, applicant          Location: 1407 Allison Avenue          Zoning: R-1AA (Single Family Dwelling District)          Subdivision: Sanlando the Suburb Beautiful Argyle Section</p>
<p><b>BACKGROUND / REQUEST</b></p>	<ul style="list-style-type: none"> <li>• The applicant proposes to replace an existing screen enclosure which was built in 1968 and is nonconforming for the rear setback.</li> <li>• A building permit for this replacement is under review: BP07-13111.</li> <li>• There are currently no code enforcement or building violations for this property.</li> <li>• In 1987, a variance was granted for the pool screen enclosure.</li> </ul>

<b>STAFF FINDINGS</b>	<p>The applicant has not satisfied the criteria for the grant of a variance. Staff has determined that:</p> <ul style="list-style-type: none"><li>• No special conditions or circumstances exist, which are peculiar to the land, structure, or building involved and which are not applicable to other lands, structures or building in the same zoning district.</li><li>• Special conditions and circumstances result from the actions of the applicant.</li><li>• The granting of the variance requested would confer on the applicant special privileges that are denied by Chapter 30 to other lands, buildings, or structures in the same zoning district.</li><li>• The literal interpretation of the provisions of Chapter 30 would not deprive the applicant of rights commonly enjoyed by other properties in the same zoning classification.</li><li>• The variance requested is not the minimum variance that will make possible reasonable use of the land, building or structure.</li><li>• The applicant would still retain reasonable use of the land, building or structure without the granting of the variance.</li><li>• The grant of the variance would not be in harmony with the general intent of Chapter 30.</li></ul>
<b>STAFF RECOMMENDATION</b>	<p>Based on the stated findings, staff recommends denial of the request, unless the applicants can demonstrate a hardship. If the Board should decide to grant a variance, staff recommends the following conditions of approval:</p> <ul style="list-style-type: none"><li>• Any variance granted shall apply only to the screen room as depicted on the attached site plan; and</li><li>• Any additional condition(s) deemed appropriate by the Board, based on information presented at the public hearing.</li></ul>

**INDEX OF ATTACHMENTS**

*Items that are checked are included in the packet*

- Staff Report
- Application
- Applicant statement of request
- Proposed Site Plan
- Location map
- Property Appraiser data sheet
- PUD Commitment Card, *if applicable*

**Support information:**

- Proposed elevation drawings, renderings, floor plans, etc
- Aerials, *if warranted*
- Plat, *if warranted*
- Code Enforcement information
- Building Permit information
- Correspondence
- Authorization letter
- Applicant Authorization Form
- Supporting documentation
- Letters of support
- HOA approval letter
- Pictures provided by applicant
- Other miscellaneous documents
  
- Proposed Development Order



**VARIANCE APPLICATION**  
**SEMINOLE COUNTY PLANNING DIVISION**  
 1101 East First Street Sanford FL 32771 (407) 665-7444

PROPERTY OWNER / APPLICANT (If you are not the owner please provide a letter of authorization from the owner)

Name: SAMUEL J. STABILE & FLORENCE M. STABILE  
 Address: 1407 ALLISON AVE. ALTA MONTE SPRINGS City: ALTA MONTE SPRINGS Zip code: 32701  
 Project Address: 1407 ALLISON AVE ALTA MONTE SPRINGS City: ALTA MONTE SPRINGS Zip code: 32701  
 Contact number(s): Poreen Thompson (407) 977-0602  
 Email address: FLOSAMI407@CS.COM

Is the property available for inspection without an appointment?

Yes  No If gated please provide a gate code to staff.

What type of structure is this request for?		RECEIVED DEC 21 2007	
<input type="checkbox"/> Shed	Please describe:		
<input type="checkbox"/> Fence	Please describe:		
<input type="checkbox"/> Pool	Please describe:		
<input type="checkbox"/> Pool screen enclosure	Please describe:		
<input checked="" type="checkbox"/> Covered screen room	Please describe: <u>20x29 Replacement (8' high)</u>		
<input type="checkbox"/> Addition	Please describe:		
<input type="checkbox"/> New Single Family Home	Please describe:		
<input type="checkbox"/> Other	Please describe:		
<input checked="" type="checkbox"/> This request is for a structure that has already been built. <u>1968</u>			

What type of variance is this request?			
<input checked="" type="checkbox"/> Minimum lot size	Required lot size:		Actual lot size:
<input type="checkbox"/> Width at the building line	Required lot width:		Actual lot width:
<input type="checkbox"/> Front yard setback	Required setback:		Proposed setback:
<input checked="" type="checkbox"/> Rear yard setback	Required setback:	<u>30</u>	Proposed setback: <u>18</u>
<input type="checkbox"/> Side yard setback	Required setback:		Proposed setback:
<input type="checkbox"/> Side street setback	Required setback:		Proposed setback:
<input type="checkbox"/> Fence height	Required height:		Proposed height:
<input type="checkbox"/> Building height	Required height:		Proposed height:
Use below for additional yard setback variance requests:			
<input type="checkbox"/> _____ yard setback	Required setback:		Proposed setback:
<input type="checkbox"/> _____ yard setback	Required setback:		Proposed setback:
<input type="checkbox"/> Total number of variances requested <u>1</u>			

NO APPLICATION WILL BE ACCEPTED AND/OR SCHEDULED unless all of the information in the Variance application and submittal checklist are provided to the planning division.

Signed: Samuel J. Stabile

**FOR OFFICE USE ONLY**

Date Submitted: 12-21-07 Reviewed By: Joy Williams  
 Tax parcel number: 12-21-29-501-0000-0240 Zoning/FLU R-1AA / LOR  
 Legally created parcel (1971 tax roll, 5-acre dev, lot split)  
 Platted Lot (check easements as shown on lots, in notes or in dedication)  
 Lot size \_\_\_\_\_  Meets minimum size and width  
 Application and checklist complete  
 Notes: \_\_\_\_\_  
 \_\_\_\_\_

**VARIANCE SUBMITTAL CHECKLIST**

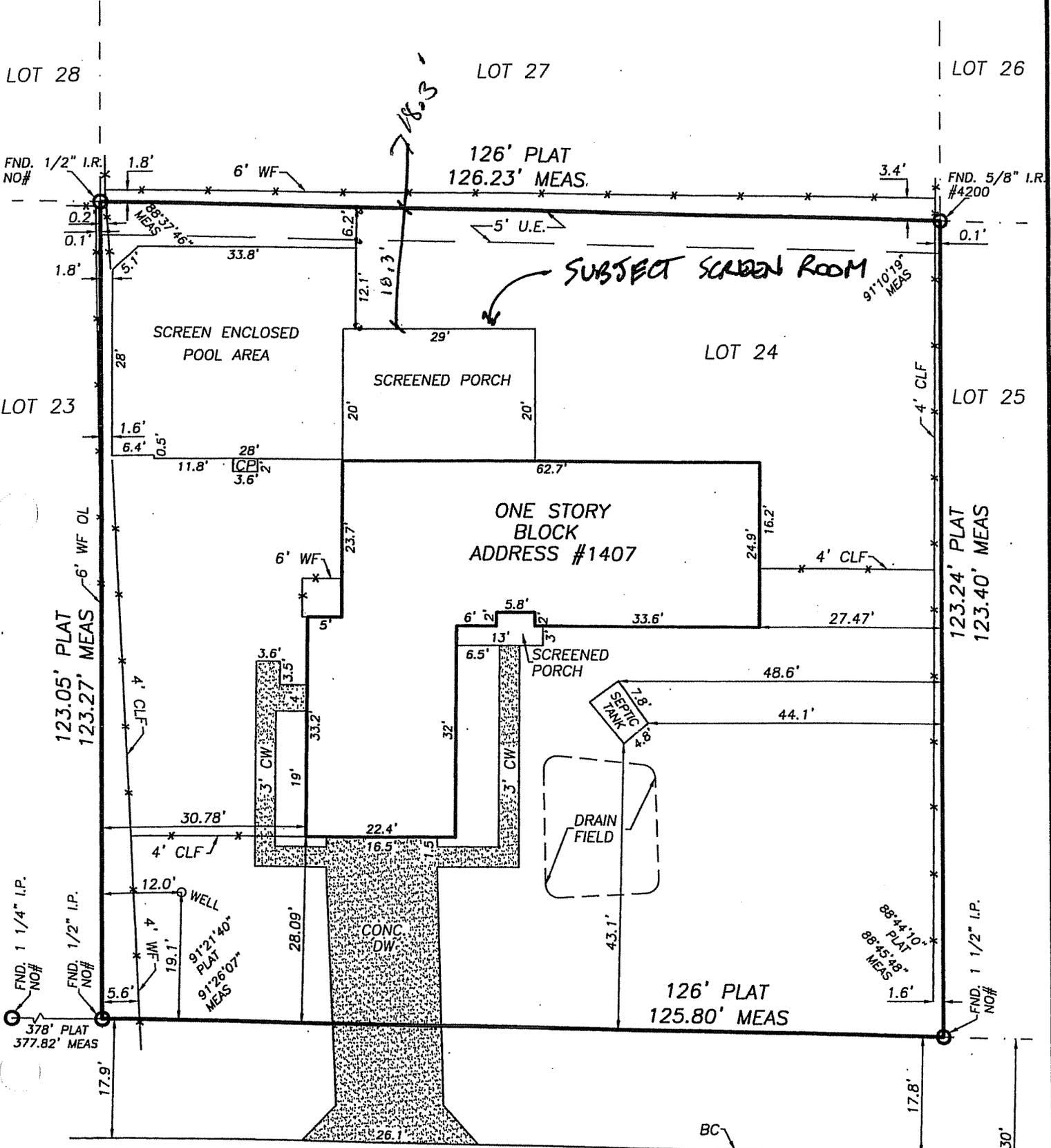
*Please return this checklist with your application!*

<p>After the application is reviewed by staff for completeness, any items required that were not provided at the time of the application will be check marked below. These must be provided prior to scheduling of the Board of Adjustment hearing.</p>	
	1. Completed application.
	2. Owner's authorization letter (if needed). This form can be obtained at <a href="http://www.seminolecountyfl.gov/pd/planning/forms.asp">http://www.seminolecountyfl.gov/pd/planning/forms.asp</a>
	3. Provide a legible 8 1/2 x 11 inch site plan with the following information: <b>NOTE: Please use your property survey for your site plan, if available.</b> <b>View a site plan online as an example of the information needed; please draw to scale and note the scale used on the plan.</b>
	<input type="checkbox"/> Please start with a clean survey (ex: white out old approval stamps)
	<input type="checkbox"/> Size and dimension of the parcel
	<input type="checkbox"/> Location and name of all abutting streets
	<input type="checkbox"/> Location of driveways
	<input type="checkbox"/> Location, size and type of any septic systems, drainfield and wells
	<input type="checkbox"/> Location of all easements
	<input type="checkbox"/> Existing or proposed house or addition (Label existing, label proposed, and include square footage and dimensions of each)
	<input type="checkbox"/> Existing and/or proposed buildings, structures and improvements (Label existing, label proposed, and include square footage and dimension of each)
	<input type="checkbox"/> Building height
	<input type="checkbox"/> Setbacks from each building to the property lines
	<input type="checkbox"/> Location of proposed fence(s)
	<input type="checkbox"/> Identification of available utilities (ex: water, sewer, well or septic)
	4. Attach additional information and supporting documents such as letters of support from adjacent property owners or Home Owners Association DRB approvals, as desired.

# MAP OF SURVEY

## DESCRIPTION

LOT 24, SANLANDO, THE SUBURB BEAUTIFUL, ARGYLE SECTION, AS RECORDED IN PLAT BOOK 10, PAGE 6, PUBLIC RECORDS OF SEMINOLE COUNTY, FLORIDA.



ALLISON AVENUE (60' R/W)

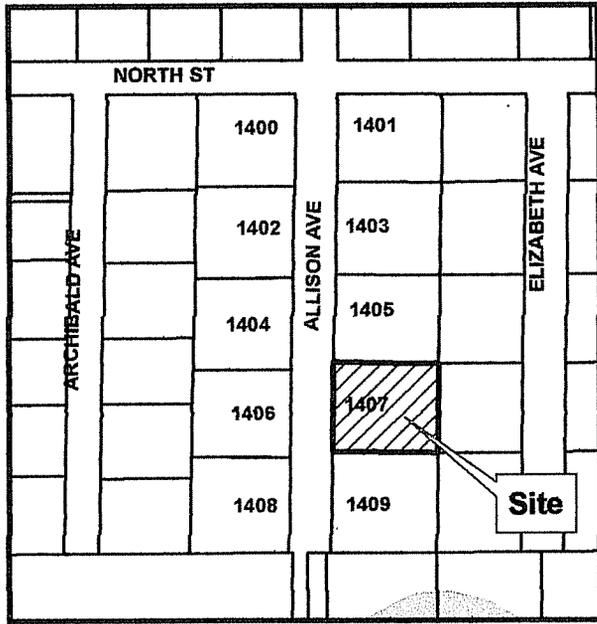
Samuel & Florence Stabile  
 1407 Allison Avenue  
 Altamonte Springs, Florida 32701



Seminole County Board of Adjustment  
 January 28, 2008  
 Case: BV2007-165 (Map 3156, Grid A4)  
 Parcel No: 12-21-29-501-0000-0240

**Zoning**

-  BV2007-165
-  R-1AA
-  R-3A

<p><b>PARCEL DETAIL</b></p> <p>DAVID JOHNSON, CFA, ASA  <b>PROPERTY APPRAISER</b>                  SEMINOLE COUNTY FL                  1101 E. FIRST ST                  SANFORD, FL 32771-1468                  407-665-7508</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;">12.A</td> <td style="width:5%;">12</td> <td style="width:5%;">19</td> <td style="width:5%;">22</td> <td style="width:5%;">29</td> <td style="width:5%;">32</td> <td style="width:5%;">39</td> </tr> <tr> <td>12.0</td> <td>13</td> <td>18</td> <td>23</td> <td>28</td> <td>33</td> <td>38</td> </tr> <tr> <td>14.0</td> <td>14</td> <td></td> <td>24</td> <td>27</td> <td>34</td> <td>37</td> </tr> <tr> <td>14.A</td> <td>17</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>15</td> <td>16</td> <td></td> <td>25</td> <td>26</td> <td>35</td> <td>38</td> </tr> <tr> <td>15.0</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>1.0</td> <td>1.A</td> <td>1.C</td> <td></td> </tr> </table>	12.A	12	19	22	29	32	39	12.0	13	18	23	28	33	38	14.0	14		24	27	34	37	14.A	17						15	16		25	26	35	38	15.0										1.0	1.A	1.C		
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<p style="text-align: center;"><b>GENERAL</b></p> <p>Parcel Id: 12-21-29-501-0000-0240                  Owner: STABILE SAMUEL J &amp; FLORENCE M                  Own/Addr: LIFE EST (STABILE S J &amp; F TRS)                  Mailing Address: 1407 ALLISON AVE                  City,State,ZipCode: ALTAMONTE SPRINGS FL 32701                  Property Address: 1407 ALLISON AVE ALTAMONTE SPRINGS 32701                  Subdivision Name: SANLANDO ARGYLE SECTION                  Tax District: 01-COUNTY-TX DIST 1                  Exemptions: 00-HOMESTEAD (1994)                  Dor: 01-SINGLE FAMILY</p>		<p><b>2008 WORKING VALUE SUMMARY</b></p> <p>Value Method: Market                  Number of Buildings: 1                  Depreciated Bldg Value: \$139,574                  Depreciated EXFT Value: \$7,508                  Land Value (Market): \$63,756                  Land Value Ag: \$0                  Just/Market Value: \$210,838                  Assessed Value (SOH): \$118,624                  Exempt Value: \$25,000                  Taxable Value: \$93,624</p> <p style="text-align: center;"><u>Tax Estimator</u>  <u>Tax Reform Calculator</u></p>																																																	
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<p><b>NOTE:</b> Assessed values shown are NOT certified values and therefore are subject to change before being finalized for ad valorem tax purposes.                  *** If you recently purchased a homesteaded property your next year's property tax will be based on Just/Market value.</p>																																																			

**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 Samuel Stabile, the fee simple owner of the following  
(Owner's Name)

described property (Provide Legal Description or Tax Parcel ID Number(s) 12-21-29-501-0000-0240

Sanlando Argyle Section  
1407 Allison Ave

hereby petition Seminole County to amend the Comprehensive Plan, Future Land Use Map, Official Zoning Map  
(circle one or more) from 30 to 18 and affirm that

Doreen Thompson 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.

SAMUEL J. STABILE

Samuel J. Stabile  
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.

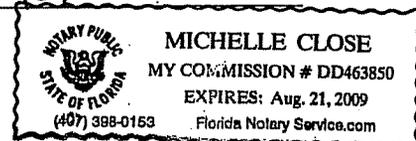
SWORN TO AND SUBSCRIBED before me this 21 day of Dec, 2007.

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to  
take acknowledgments, personally appeared Samuel Stabile, who is personally known to me or  
who has produced FIDL has 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 21 day of  
Dec, 2007

Michelle Close  
Notary Public in and for the County and State  
Aforementioned

My Commission Expires: 8/21/07



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: SAMUEL J. STABILE Name: \_\_\_\_\_  
Address: 1407 ALLISON AVE. ALTAMONTE Address: \_\_\_\_\_  
Phone #: 907-830-6145 SPRINGS, FL 32701 Phone #: \_\_\_\_\_

Name: FLORENCE M. STABILE Name: \_\_\_\_\_  
Address: 1407 ALLISON AVE, ALTAMONTE Address: \_\_\_\_\_  
Phone #: 407-830-6145 SPRINGS, FL 32701 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: THE STABILE FAMILY TRUST, DATED MAY 23, 1997  
Trustees: SAMUEL J. STABILE, FLORENCE M. STABILE Beneficiaries: CAROLE LIBELO  
Address: 1407 ALLISON AVE. ALTAMONTE SPRINGS, FL. 32701 Address: 2309 SPRINGBROOK CT. WALDORF, MD 20601

(Use additional sheets for more space.)

TERESA STABILE  
470 MOFFAT LOOP  
OVIDO, FL. 32765  
DONALD STABILE  
1014 TURTLE CREEK DRIVE  
OVIDO, FL. 32765

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: Samuel J Stabile

Name of Partnership: Florence M. Stabile

Principal: \_\_\_\_\_

Principal: \_\_\_\_\_

Address: 1407 Allison Ave Altamonte Springs FL

Address: 1407 Allison Ave Altamonte Springs FL

(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:

Contract Vendee:

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

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

12/2/07

Owner, Agent, Applicant Signature

Samuel J Stabile

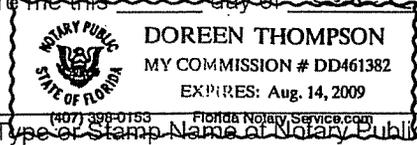
STATE OF FLORIDA

COUNTY OF Seminole

Sworn to (or affirmed) and subscribed before me this 21 day of Dec, 2007 by Samuel

Stabile

Signature of Notary Public



Print, Type or Stamp Name of Notary Public

Personally Known            OR Produced Identification           

Type of Identification Produced           

**For Use by Planning & Development Staff**

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

Application Number: \_\_\_\_\_

Form #  
Date

COUNTY OF SEMINOLE



FLORIDA

LAND MANAGEMENT OFFICE  
PHONE: (904) 321-1130 EXT. 443

COUNTY SERVICES BUILDING  
1101 E. 1st STREET  
SANFORD, FLORIDA 32771

July 21, 1987

Neal A. Harper, Jr.  
1407 Allison Avenue  
Altamonte Springs, Florida 32701

RE: File #BA87-7-88V

Dear Mr. Harper:

At their meeting of July 20, 1987, the Seminole County Board of Adjustment approved your request for a side yard setback variance from 10 ft. to 1 ft. for a pool screen enclosure in a R-1AA Residential Zone on the following described property:

Lot 24, Sanlando The Suburb Beautiful  
Argyle Section, PB 10, Pg 6, Section  
12-21-29, E side of Allison Avenue,  
600 ft. S of North Street and 1/4 mile  
E of Palm Springs Drive. (DIST 4)

Sincerely,

A handwritten signature in cursive script that reads "Ginny Markley".

Ginny Markley  
Zoning Coordinator

GM/tb

**SEMINOLE COUNTY APPROVAL DEVELOPMENT ORDER**

On January 28, 2008 Seminole County issued this Development Order relating to and touching and concerning the following described property:

LEG LOT 24 SANLANDO THE SUBURB BEAUTIFUL ARGYLE SECTION PB 10 PG 6

(The aforescribed legal description has been provided to Seminole County by the owner of the aforescribed property.)

**FINDINGS OF FACT**

**Property Owner:** STABILE SAMUEL J & FLORENCE M LIFE EST (STABILE S J & F TRS)  
1407 ALLISON AVE  
ALTAMONTE SPRINGS FL 32701

**Project Name:** ALLISON AVE (1407)

**Requested Development Approval:**

Request for a rear yard setback variance from 30 feet to 18 feet for a replacement screen room in R-1AA (Single Family Dwelling District).

The Development Approval sought is consistent with the Seminole County Comprehensive Plan and will be developed consistent with and in compliance to applicable land development regulations and all other applicable regulations and ordinances.

The owner of the property has expressly agreed to be bound by and subject to the development conditions and commitments stated below and has covenanted and agreed to have such conditions and commitments run with, follow and perpetually burden the aforescribed property.

Prepared by: Denny Gibbs, Senior Planner  
1101 East First Street  
Sanford, Florida 32771

### Order

#### **NOW, THEREFORE, IT IS ORDERED AND AGREED THAT:**

- (1) The aforementioned application for development approval is **GRANTED**.
- (2) All development shall fully comply with all of the codes and ordinances in effect in Seminole County at the time of issuance of permits including all impact fee ordinances.
- (3) The conditions upon this development approval and the commitments made as to this development approval, all of which have been accepted by and agreed to by the owner of the property are as follows:
  1. The variance granted will apply only to the screen room as depicted on the attached site plan.
- (4) This Development Order touches and concerns the aforescribed property and the conditions, commitments and provisions of this Development Order shall perpetually burden, run with and follow the said property and be a servitude upon and binding upon said property unless released in whole or part by action of Seminole County by virtue of a document of equal dignity herewith. The owner of the said property has expressly covenanted and agreed to this provision and all other terms and provisions of this Development Order.
- (5) The terms and provisions of this Order are not severable and in the event any portion of this Order shall be found to be invalid or illegal then the entire order shall be null and void.

**Done and Ordered on the date first written above.**

By: \_\_\_\_\_  
Allison C. Stettner  
Planning Manager

**STATE OF FLORIDA     )  
COUNTY OF SEMINOLE )**

**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.

**WITNESS** my hand and official seal in the County and State last aforesaid this \_\_\_\_\_ day of \_\_\_\_\_, 2008.

\_\_\_\_\_  
Notary Public, in and for the County and State  
Aforementioned

My Commission Expires: