

SEMINOLE COUNTY GOVERNMENT
BOARD OF ADJUSTMENT
AGENDA MEMORANDUM

SUBJECT: The Springs – Robert Shaker, applicant; Request for a subdivision wall height variance from 6 ½ feet to 8 feet along the perimeter of The Springs neighborhood abutting SR 434 and Wekiva Springs Road.

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

AUTHORIZED BY: Kathy Fall **CONTACT:** Kathy Fall **EXT.** 7389

Agenda Date 12/01/08 **Regular** **Consent** **Public Hearing – 6:00**

MOTION/RECOMMENDATION:

1. **Deny** the request for a subdivision wall height variance from 6 ½ feet to 8 feet along the perimeter of The Springs neighborhood abutting SR 434 and Wekiva Springs Road; or
1. **Approve** the request for a subdivision wall height variance from 6 ½ feet to 8 feet along the perimeter of The Springs neighborhood abutting SR 434 and Wekiva Springs Road; or
2. **Continue** the request to a time and date certain.

GENERAL INFORMATION	Applicant: Robert Shaker Owner: The Springs Community Association Location: 400 Woodbridge Road Zoning: PUD Subdivision: The Springs
BACKGROUND / REQUEST	<ul style="list-style-type: none"> • The Springs Community Association is proposing to replace an existing wood fence with an 8' masonry wall with a stucco finish. • There are currently no code enforcement or building violations for this property. • There is no record of prior variances for this property.
STAFF FINDINGS	The applicant has not satisfied the criteria for the grant of a variance. Staff has determined that:

Reviewed by: _____
Co Atty: MC
Pln Mgr: AS

	<ul style="list-style-type: none">• 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.• Special conditions and circumstances result from the actions of the applicant.• 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.• 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.• The variance requested is not the minimum variance that will make possible reasonable use of the land, building or structure.• The applicant would still retain reasonable use of the land, building or structure without the granting of the variance.• The grant of the variance would not be in harmony with the general intent of Chapter 30.
STAFF RECOMMENDATION	<p>Based on the stated findings, staff recommends denial of the request, unless the applicants can demonstrate that all six criteria under the Land Development Code for granting a variance have been satisfied. If the Board should decide to grant a variance, staff recommends the following conditions of approval:</p> <ul style="list-style-type: none">• Any variance granted shall apply only to the subdivision wall as depicted on the attached site plan; and• Any additional condition(s) deemed appropriate by the Board, based on information presented at the public hearing.

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

Fee: \$150.00 plus \$50.00 for each additional variance

Application # BV 2008-114
Meeting Date 12-1-08



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: ROBERT SHAKAR
Address: 125 RED CEDAR DR City: LONGWOOD Zip code: 32779
Project Address: 400 WOODBRIDGE Rd City: LONGWOOD Zip code: 32779
Tax Parcel number: 0321295290000000, 0321295260000000, 0221295780000000
Contact number(s): 407-862-0827 or 352-267-9822
Email address: BLSHAKAR@AOL.COM

Is the property available for inspection without an appointment? 0321295220000000
0321295310000000
 Yes No If gated please provide a gate code to staff.

What type of structure is this request for?	
<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 type="checkbox"/> Covered screen room	Please describe:
<input type="checkbox"/> Addition	Please describe:
<input type="checkbox"/> New Single Family Home	Please describe:
<input type="checkbox"/> Other	Please describe:
<input type="checkbox"/> This request is for a structure that has already been built.	

What type of variance is this request?			
<input 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 type="checkbox"/> Rear yard setback	Required setback:	Proposed setback:	
<input type="checkbox"/> Side yard setback	Required setback:	Proposed setback:	
<input type="checkbox"/> Side street setback	Required setback:	Proposed setback:	
<input checked="" type="checkbox"/> Fence height	Required height:	6 FT	Proposed height: 8 FT
<input type="checkbox"/> Building height	Required height:		Proposed height: COLUMNS 9 FT

Use below for additional yard setback variance requests:

<input type="checkbox"/> _____ yard setback	Required setback:	Proposed setback:	4 FT
<input type="checkbox"/> _____ yard setback	Required setback:	Proposed setback:	FROM PROP. LINE
<input checked="" type="checkbox"/> Total number of variances requested <u>2</u>			

Signed: Robert Shakar Date: Nov. 5, 2008

FOR OFFICE USE ONLY

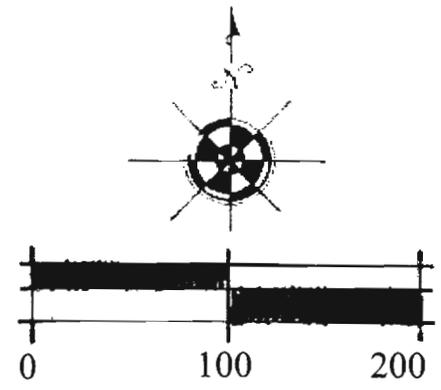
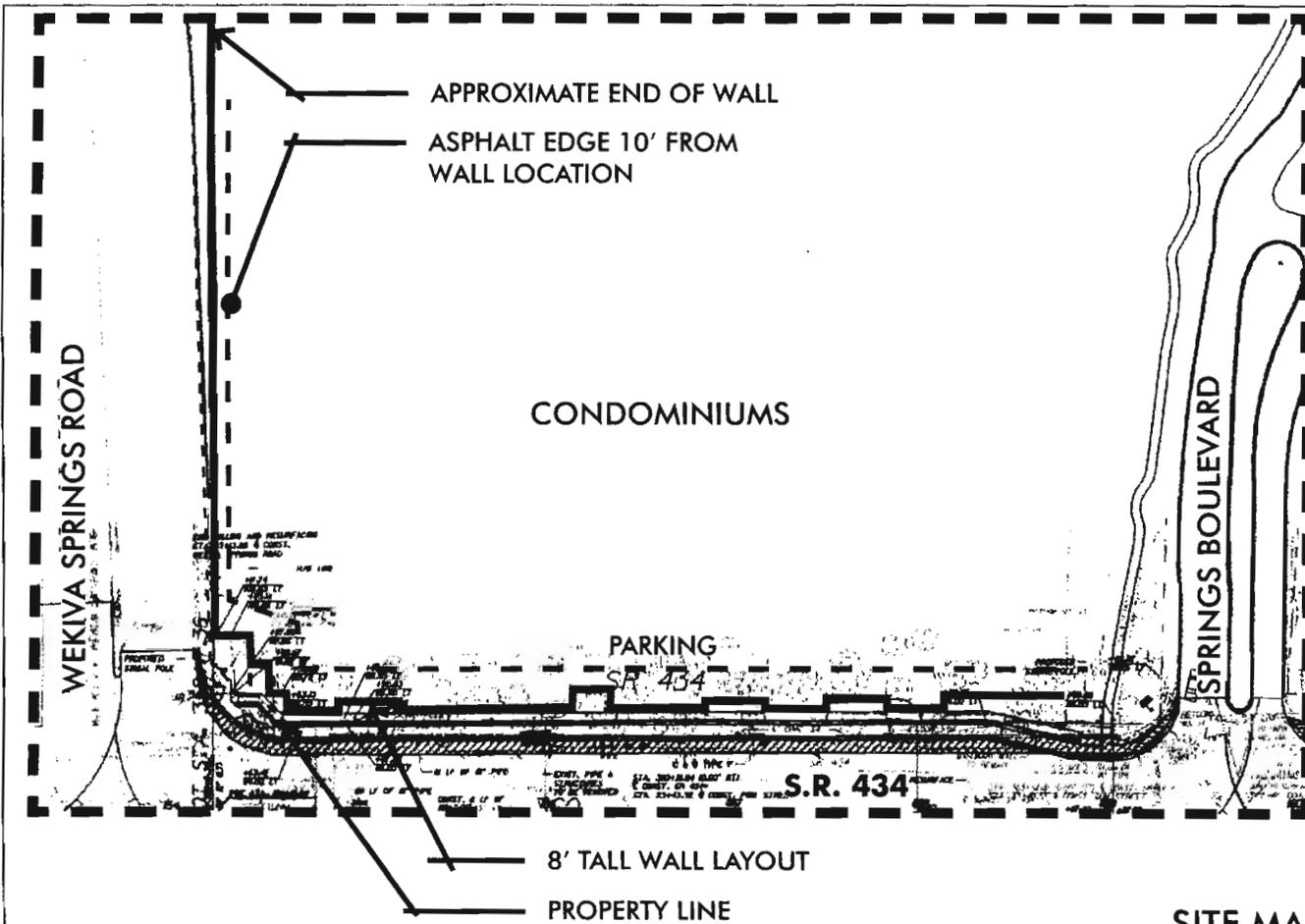
Date Submitted: <u>11-7-08</u>	Reviewed By: <u>KATHY FALL</u>
Zoning/FLU <u>PUD/ PD</u>	
<input type="checkbox"/> Legally created parcel (1971 tax roll, 5-acre dev, lot split)	
<input type="checkbox"/> Platted Lot (check easements as shown on lots, in notes or in dedication)	
<input type="checkbox"/> Lot size _____ <input type="checkbox"/> Meets minimum size and width	
<input type="checkbox"/> Application and checklist complete	
Notes: _____	

VARIANCE SUBMITTAL CHECKLIST

Please return this checklist with your application!

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

<p><i>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.</i></p>	
	1. Completed application.
	2. Ownership Disclosure Form (Seminole County Application & Affidavit).
	3. Owner's authorization letter (if needed). This form can be obtained at http://www.seminolecountyfl.gov/pd/planning/forms.asp
	4. Provide a legible 8 ½ x 11 inch site plan with the following information NOTE: Please use your property survey for your site plan, if available. See the attached site plan as an example of the information needed; please draw to scale and note the scale used on the plan.
	o Please start with a clean survey (ex: white out old approval stamps)
	o Size and dimension of the parcel
	o Location and name of all abutting streets
	o Location of driveways
	o Location, size and type of any septic systems, drain field and wells
	o Location of all easements
	o Existing or proposed house <u>or</u> addition <i>(Label existing, label proposed, and include square footage and dimensions of each)</i>
	o Existing and/or proposed buildings, structures and improvements <i>(Label existing, label proposed, and include square footage and dimension of each)</i>
	o Building height
	o Setbacks from each building to the property lines
	o Location of proposed fence(s)
	o Identification of available utilities (ex: water, sewer, well or septic)
	5. Attach additional information and supporting documents such as letters of support from adjacent property owners or Home Owners Association DRB approvals, as desired.



KEY:
 ■ CONCEPTUAL WALL LAYOUT
 ■ PROPERTY LINE

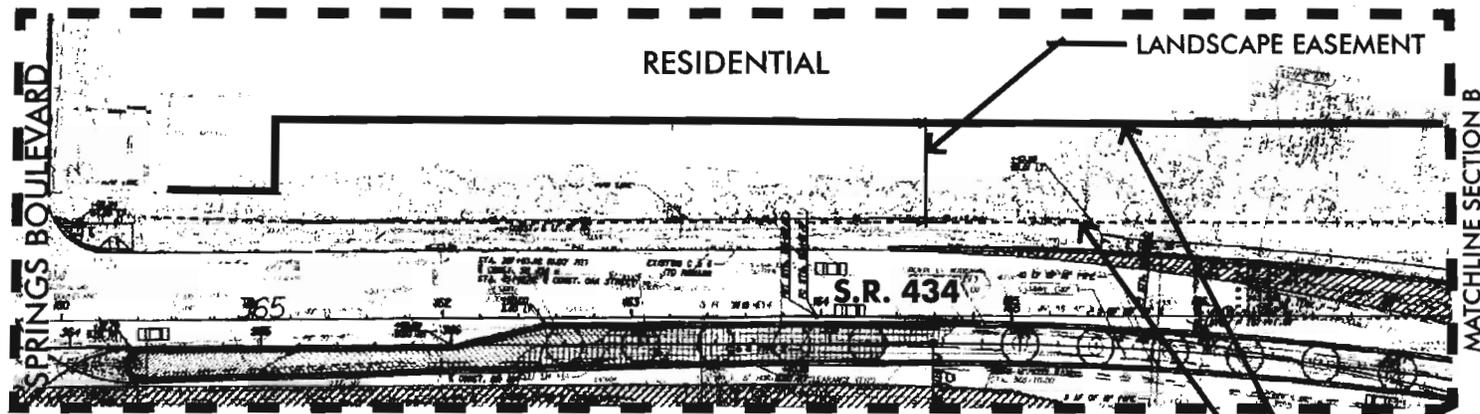
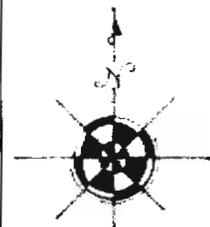
NOTE: IT IS ANTICIPATED THAT THE WALL LAYOUT WITHIN PHASE I WILL BE APPROXIMATELY 2' TO 10' FROM THE PROPERTY LINE.

SITE MAP: N.T.S.

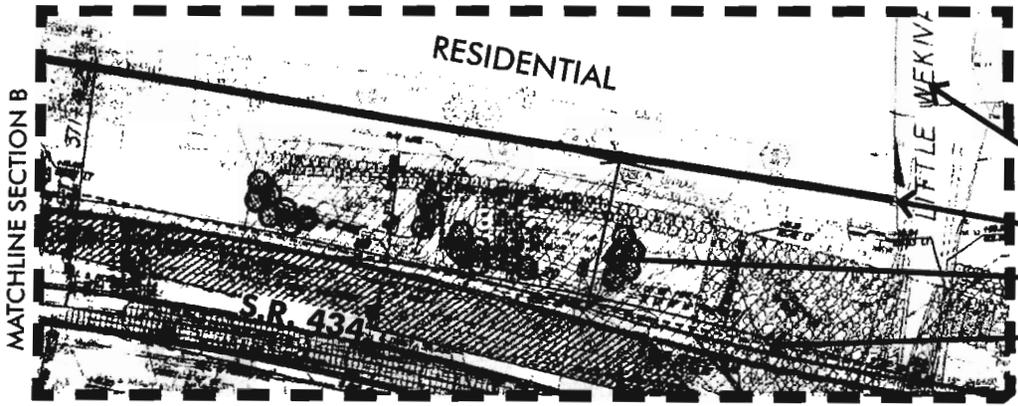


THE SPRINGS

LONGWOOD, FLORIDA



PHASE II- SECTION A



PHASE II- SECTION B

KEY:

-  CONCEPTUAL WALL LAYOUT
-  PROPERTY LINE

LANDSCAPE EASEMENT

RESIDENTIAL

MATCHLINE SECTION B

SPRINGS BOULEVARD

S.R. 434

8' TALL WALL LAYOUT

PROPERTY LINE

RESIDENTIAL

MATCHLINE SECTION B

LITTLE WEKIVA RIVER

8' TALL WALL LAYOUT

LANDSCAPE EASEMENT

PROPERTY LINE

LITTLE WEKIVA

S.R. 434

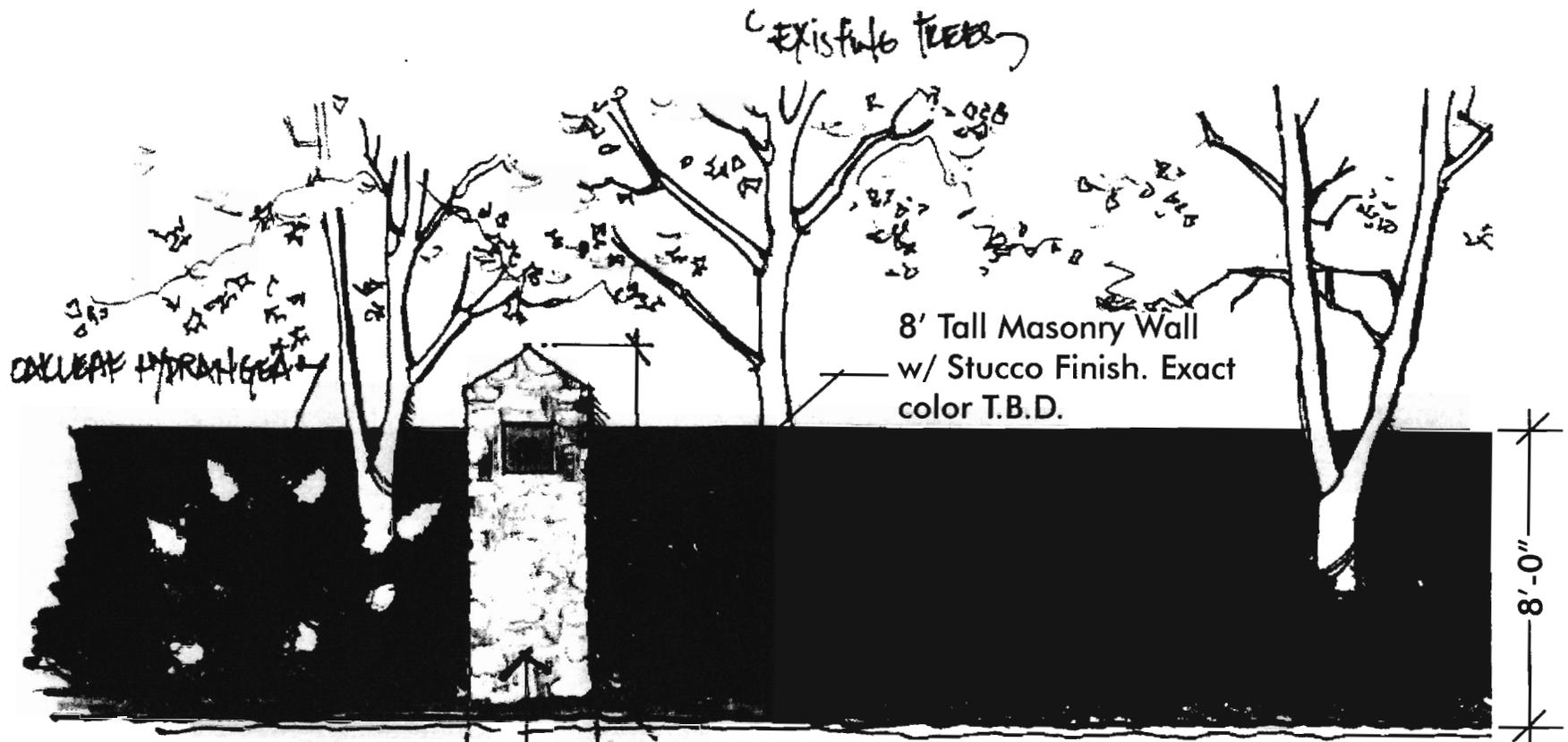
SITE MAP: N.T.S.

NOTE: IT IS ANTICIPATED THAT THE WALL LAYOUT WITHIN PHASE II WILL BE APPROXIMATELY 50' FROM THE PROPERTY LINE.



THE SPRINGS

LONGWOOD, FLORIDA



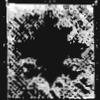
ACCENT COLUMN MADE OF
FLORIDA LIMESTONE W/ HEAVY
MORTAR

8' Tall Wall w/ Stone Columns Concept
scale: N.T.S.

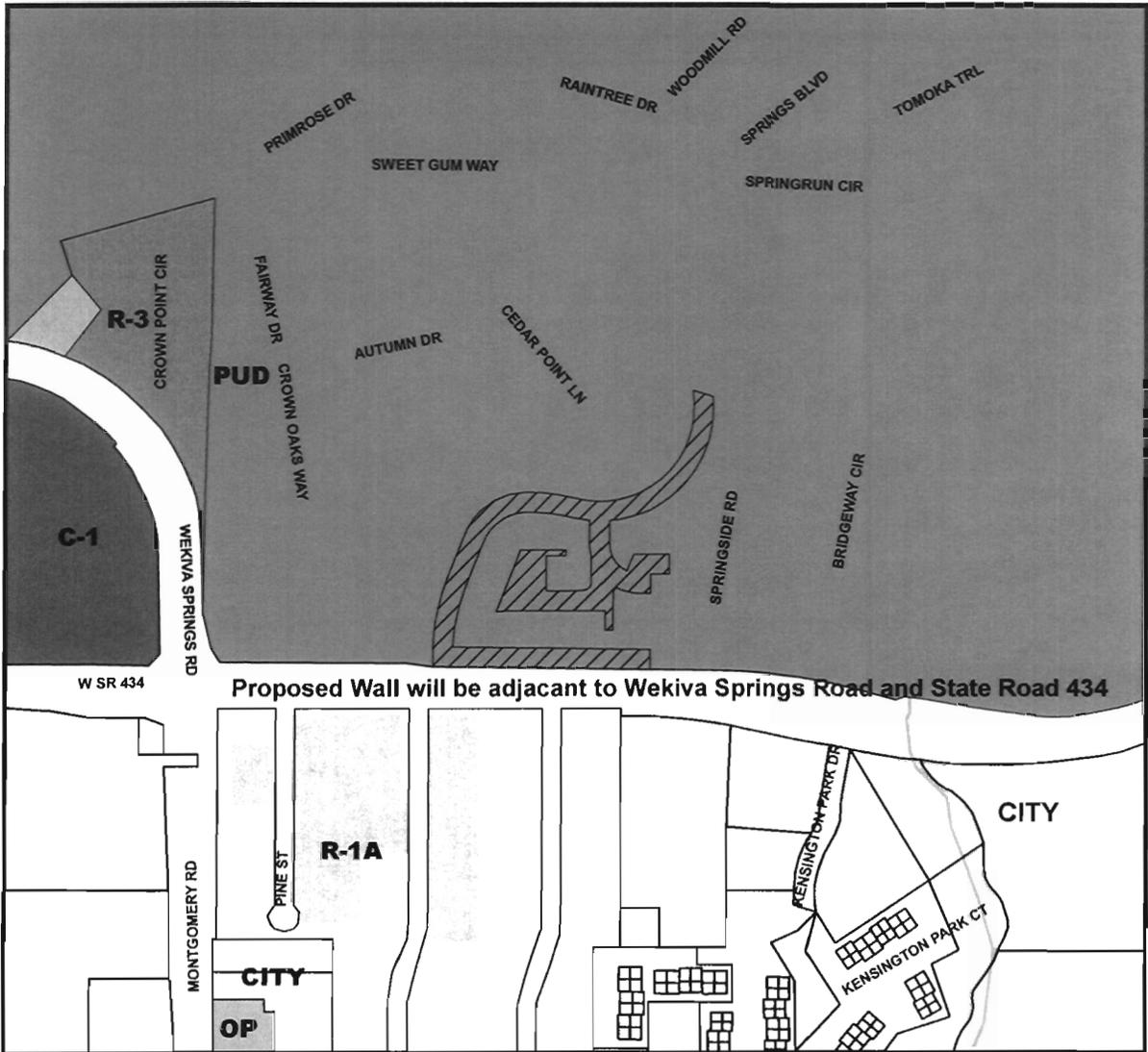
Note: Exact Column spacing
and Wall Layout to be
determined.

THE SPRINGS

FOREWOOD, FLORIDA



Robert Shaker
 400 Woodbridge Road
 Longwood, Florida 32779

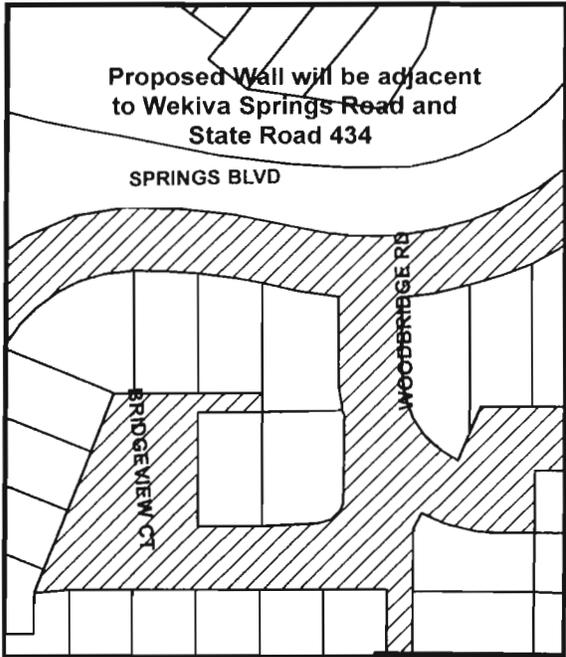


Proposed Wall will be adjacent to Wekiva Springs Road and State Road 434

Seminole County Board of Adjustment
 December 1, 2008
 Case: BV2008-114 (Map 3155 Grid C3)
 Parcel No:03-21-29-529-0000-00G0

Zoning

-  BV2008-114
-  R-1A
-  R-3
-  OP
-  C-1
-  PUD

Proposed Wall will be adjacent to Wekiva Springs Road and State Road 434

<p>PARCEL DETAIL</p> <p>DAVID JOHNSON, CFA, ASA PROPERTY APPRAISER SEMINOLE COUNTY, FL 1101 E. FIRST ST SANFORD, FL 32771-1468 407-665-7505</p>																																			
<p style="text-align: center;">GENERAL</p> <p>Parcel Id: 03-21-29-529-0000-00G0 Owner: SPRINGS COMMUNITY ASSN INC THE Mailing Address: 400 WOODBRIDGE RD City,State,ZipCode: LONGWOOD FL 32779 Property Address: Facility Name: Tax District: 01-COUNTY-TX DIST 1 Exemptions: Dor: 94-RIGHT OF WAY/ROAD/DI</p>		<p style="text-align: center;">VALUE SUMMARY</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">VALUES</th> <th style="text-align: center;">2009 Working</th> <th style="text-align: center;">2008 Certified</th> </tr> <tr> <th style="text-align: left;">Value Method</th> <th style="text-align: center;">Cost/Market</th> <th style="text-align: center;">Cost/Market</th> </tr> </thead> <tbody> <tr> <td>Number of Buildings</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> <tr> <td>Depreciated Bldg Value</td> <td style="text-align: center;">\$0</td> <td style="text-align: center;">\$0</td> </tr> <tr> <td>Depreciated EXFT Value</td> <td style="text-align: center;">\$0</td> <td style="text-align: center;">\$0</td> </tr> <tr> <td>Land Value (Market)</td> <td style="text-align: center;">\$10</td> <td style="text-align: center;">\$10</td> </tr> <tr> <td>Land Value Ag</td> <td style="text-align: center;">\$0</td> <td style="text-align: center;">\$0</td> </tr> <tr> <td>Just/Market Value</td> <td style="text-align: center;">\$10</td> <td style="text-align: center;">\$10</td> </tr> <tr> <td>Portability Adj</td> <td style="text-align: center;">\$0</td> <td style="text-align: center;">\$0</td> </tr> <tr> <td>Save Our Homes Adj</td> <td style="text-align: center;">\$0</td> <td style="text-align: center;">\$0</td> </tr> <tr> <td>Assessed Value (SOH)</td> <td style="text-align: center;">\$10</td> <td style="text-align: center;">\$10</td> </tr> </tbody> </table> <p style="text-align: center;">Tax Estimator</p>	VALUES	2009 Working	2008 Certified	Value Method	Cost/Market	Cost/Market	Number of Buildings	0	0	Depreciated Bldg Value	\$0	\$0	Depreciated EXFT Value	\$0	\$0	Land Value (Market)	\$10	\$10	Land Value Ag	\$0	\$0	Just/Market Value	\$10	\$10	Portability Adj	\$0	\$0	Save Our Homes Adj	\$0	\$0	Assessed Value (SOH)	\$10	\$10
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Personal Property

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Land Assess Method	Frontage	Depth	Land Units	Unit Price	Land Value														
LOT	0	0	1.000	10.00	\$10														

NOTE: 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>PARCEL DETAIL</p> <p>DAVID JOHNSON, CFA, ASA PROPERTY APPRAISER SEMINOLE COUNTY FL. 1101 E. FIRST ST SANFORD, FL 32771-1488 407-665-7506</p>																																			
<p style="text-align: center;">GENERAL</p> <p>Parcel Id: 03-21-29-522-0C00-0000 Owner: CROWN OAKS NO 2 INC Mailing Address: 174 W COMSTOCK AVE City,State,ZipCode: WINTER PARK FL 32789 Property Address: Facility Name: Tax District: 01-COUNTY-TX DIST 1 Exemptions: Dor: N.-INFORMATION/REFERENC</p>		<p style="text-align: center;">VALUE SUMMARY</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">VALUES</th> <th style="text-align: center;">2009 Working</th> <th style="text-align: center;">2008 Certified</th> </tr> <tr> <th style="text-align: center;">Value Method</th> <th style="text-align: center;">Cost/Market</th> <th style="text-align: center;">Cost/Market</th> </tr> </thead> <tbody> <tr> <td>Number of Buildings</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> <tr> <td>Depreciated Bldg Value</td> <td style="text-align: center;">\$0</td> <td style="text-align: center;">\$0</td> </tr> <tr> <td>Depreciated EXFT Value</td> <td style="text-align: center;">\$0</td> <td style="text-align: center;">\$0</td> </tr> <tr> <td>Land Value (Market)</td> <td style="text-align: center;">\$0</td> <td style="text-align: center;">\$0</td> </tr> <tr> <td>Land Value Ag</td> <td style="text-align: center;">\$0</td> <td style="text-align: center;">\$0</td> </tr> <tr> <td>Just/Market Value</td> <td style="text-align: center;">\$0</td> <td style="text-align: center;">\$0</td> </tr> <tr> <td>Portability Adj</td> <td style="text-align: center;">\$0</td> <td style="text-align: center;">\$0</td> </tr> <tr> <td>Save Our Homes Adj</td> <td style="text-align: center;">\$0</td> <td style="text-align: center;">\$0</td> </tr> <tr> <td>Assessed Value (SOH)</td> <td style="text-align: center;">\$0</td> <td style="text-align: center;">\$0</td> </tr> </tbody> </table> <p style="text-align: center;">Tax Estimator</p>	VALUES	2009 Working	2008 Certified	Value Method	Cost/Market	Cost/Market	Number of Buildings	0	0	Depreciated Bldg Value	\$0	\$0	Depreciated EXFT Value	\$0	\$0	Land Value (Market)	\$0	\$0	Land Value Ag	\$0	\$0	Just/Market Value	\$0	\$0	Portability Adj	\$0	\$0	Save Our Homes Adj	\$0	\$0	Assessed Value (SOH)	\$0	\$0
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Taxing Authority	Assessment Value	Exempt Values	Taxable Value																																
County General Fund	\$0	\$0	\$0																																
Schools	\$0	\$0	\$0																																
Fire	\$0	\$0	\$0																																
Road District	\$0	\$0	\$0																																
SJWM(Saint Johns Water Management)	\$0	\$0	\$0																																
County Bonds	\$0	\$0	\$0																																
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**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 CROWN OAKS, the fee simple owner of the following
(Owner's Name)

described property (Provide Legal Description or Tax Parcel ID Number(s))
03-21-29-522-0000-0000, 03-21-29-531-0000-0000

hereby petition Seminole County to amend the Comprehensive Plan, Future Land Use Map, Official Zoning Map (circle one or more) from 6 ft wall to 8 ft wall & ^{closer to} property line and affirm that ROBERT SHARAN 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.

Brian S. Turner
BRIAN S. TURNER
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 6th day of NOVEMBER 2008

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared BRIAN TURNER, who is personally known to me or who has produced TLA-071-81-060 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 6th day of NOVEMBER, 2008.

Druel Smith
Notary Public in and for the County and State
Aforementioned

My Commission Expires: 10-24-2009

NOTARY PUBLIC-STATE OF FLORIDA
 **Druel Smith**
Commission # DD470280
Expires: OCT. 24, 2009
Bonded Thru Atlantic Bonding Co., Inc.

Detail by Entity Name

Florida Non Profit Corporation

CROWN OAKS NO. 2, INC.

Filing Information

Document Number 723854
FEI Number 591513448
Date Filed 07/12/1972
State FL
Status ACTIVE

Principal Address

882 JACKSON AVE.
WINTER PARK FL 32789 US

Changed 03/20/2007

Mailing Address

882 JACKSON AVE.
WINTER PARK FL 32789 US

Changed 03/20/2007

Registered Agent Name & Address

BRACKIN, ANDREA
882 JACKSON AVE.
WINTER PARK FL 32789 US

Name Changed: 03/20/2007

Address Changed: 03/20/2007

Officer/Director Detail

Name & Address

Title SD

CONLON, CRAIG M
221 CROWN OAKS WY
LONGWOOD FL 32779

Title PD

KOHN, RONALD J
224 CROWN OAKS WAY
LONGWOOD FL 32779

Title VD

TURNER, BRIAN
222 CROWN OAKS WAY
LONGWOOD FL 32779

Title TD

PAGANA, SUZANNE
227 CROWN OAKS WAY
LONGWOOD FL 32779

**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 SPRINGS COMMUNITY ASSOC., the fee simple owner of the following
(Owner's Name)

described property (Provide Legal Description or Tax Parcel ID Number(s) _____

03.21.29.524.00000000 02.21.29.518.0000.0000

03.21.29.526.0000.0000

hereby petition Seminole County to amend the Comprehensive Plan, Future Land Use Map, Official Zoning Map

VARIANCE (circle one or more) from 6ft wall to 8ft wall + 4" pipe and affirm that _____

ROBERT SHAKAL 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.

DAVID FORTHUBER

David Forthuber

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 6th day of NOVEMBER, 2008

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared DAVID FORTHUBER who is personally known to me or who has produced FG31-163-49-453 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 6th day of NOVEMBER, 2008.

Druel Smith
Notary Public in and for the County and State
Aforementioned

My Commission Expires: 10-24-2009

NOTARY PUBLIC-STATE OF FLORIDA
 **Druel Smith**
Commission # DD470280
Expires: OCT. 24, 2009
Bonded Thru Atlantic Bonding Co., Inc.

Florida Non Profit Corporation

THE SPRINGS COMMUNITY ASSOCIATION, INC.

Filing Information

Document Number 720400
FEI Number 237160779
Date Filed 03/03/1971
State FL
Status ACTIVE
Last Event AMENDMENT
Event Date Filed 03/28/1985
Event Effective Date NONE

Principal Address

400 WOODBRIDGE RD.
LONGWOOD FL 32779

Changed 05/30/1989

Mailing Address

400 WOODBRIDGE RD.
LONGWOOD FL 32779

Changed 05/30/1989

Registered Agent Name & Address

KLEMM, RUSSELL E
1065 MAITLAND CENTER COMMONS BLVD.
MAITLAND FL 32751 US

Name Changed: 01/11/2007

Address Changed: 01/11/2007

Officer/Director Detail

Name & Address

Title P

FORTHUBER, DAVID
121 AUTUMN DR
LONGWOOD FL 32779

Title D

PARKE, SHARON
120 WOODMILL RD
LONGWOOD FL 32779

Title VP

ALEXANDROWICZ, JERRY
106 AUTUMN DR
LONGWOOD FL 32779

Title D

GRADY, PARTICK
311 PARTRIDGE LANE
LONGWOOD FL 32779

Title T

JOHNSTON, ROBERT
100 AUTUMN DR
LONGWOOD FL 32779

Title D

SHAKAR, BOB
125 RED CEDAR DRIVE
LONGWOOD FL 32779

**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: CROWN OAKS II
 Officers: BRIAN TURNER (VD)
 Address: 222 CROWN OAKS WAY
 Directors: CRAIG CONLON (SD)
 Address: 221 CROWN OAKS WAY
 Shareholders: _____
 Address: _____

Name of Corporation: CROWN OAK II
 Officers: SUZANNE PAGANA (TD)
 Address: 227 CROWN OAKS WAY
 Directors: _____
 Address: _____
 Shareholders: _____
 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.)

Form #
Date

**SEMINOLE COUNTY
APPLICATION & AFFIDAVIT**

Ownership Disclosure Form

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

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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: <u>THE SPRINGS COMMUNITY ASSOCIATION, INC.</u>	Name of Corporation: _____
Officers: <u>DAVID FORTHUBER (P)</u>	Officers: <u>JERRY ALEXANDROWICZ (VP)</u>
Address: <u>121 AUTUMN DRIVE</u>	Address: <u>100 AUTUMN DRIVE</u>
Directors: <u>BOB SHAKAR (D)</u>	Directors: <u>PATRICK GRADY (D)</u>
Address: <u>125 RED CEDAR DRIVE</u>	Address: <u>311 PARTRIDGE LANE</u>
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 & 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.

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Name: _____ Name: _____
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(Use additional sheets for more space.)

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Name of Corporation: <u>THE SPRINGS</u>	COMMUNITY ASSOCIATION, INC
Officers: <u>BOB JOHNSTON (T)</u>	Name of Corporation: _____
Address: <u>100 AUTUMN DRIVE</u>	Officers: <u>SHARON PARKE (S)</u>
Directors: <u>TED KAISER (D)</u>	Address: <u>120 WOODMILL RD</u>
Address: <u>104 WEEPING ELM LANE</u>	Directors: _____
Shareholders: _____	Address: _____
Address: _____	Shareholders: _____
	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: _____
 Trustees: _____ Beneficiaries: _____
 Address: _____ Address: _____

(Use additional sheets for more space.)

Form #
Date

**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: _____ 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 rezoning, 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.

Nov. 7, 2008
Date

Robert M. Shaker
Owner, Agent, Applicant Signature

STATE OF FLORIDA
COUNTY OF SEMINOLE

Sworn to (or affirmed) and subscribed before me this 7th day of NOVEMBER, 2008 by Robert Shaker

Druel Smith
Signature of Notary Public

DRUEL Smith
Print, Type or Stamp Name of Notary Public

Personally Known OR Produced Identification _____

Type of Identification Produced _____

NOTARY PUBLIC-STATE OF FLORIDA
 Druel Smith
Commission # DD470280
Expires: OCT. 24, 2009
Bonded Thru Atlantic Bonding Co., Inc.

For Use by Planning & Development Staff

Date: _____ Application Number: _____

**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.)

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

(Use additional sheets for more space.)

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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 rezoning, 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.

Nov 7, 2008
Date

Robert M. Shahan
Owner, Agent, Applicant Signature

STATE OF FLORIDA
COUNTY OF SEMINOLE

Sworn to (or affirmed) and subscribed before me this 7th day of NOVEMBER, 2008 by Robert Shahan

Druel Smith
Signature of Notary Public

Druel Smith
Print, Type or Stamp Name of Notary Public

Personally Known OR Produced Identification _____
Type of Identification Produced _____

NOTARY PUBLIC-STATE OF FLORIDA
Druel Smith
Commission # DD470280
Expires: OCT. 24, 2009
Bonded Thru Atlantic Bonding Co., Inc.

For Use by Planning & Development Staff

Date: _____ Application Number: _____

SEMINOLE COUNTY APPROVAL DEVELOPMENT ORDER

On December 1, 2008, Seminole County issued this Development Order relating to and touching and concerning the following described property:

Common Area (less road) Woodbridge at the Springs Unit 1 & 2;
Common Area (less road) Crown Oaks 1st Addition ORD 968 PG 1977

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

FINDINGS OF FACT

Property Owner: The Springs Community Association
400 Woodbridge Road
Longwood, Fl. 32779

Project Name: The Springs

Variance Approval:

Request for a subdivision wall height variance from 6 ½ feet to 8 feet.

All six criteria for granting a variance under the Land Development Code have been satisfied.

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: (Name), 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:
 - a. The variance granted will apply only to the subdivision wall 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: _____
Alison 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:

SEMINOLE COUNTY DENIAL DEVELOPMENT ORDER

On December 1, 2008, Seminole County issued this Development Order relating to and touching and concerning the following described property:

Common Area (less road) Woodbridge at the Springs Unit 1 & 2; Common Area (less road) Crown Oaks 1st Addition ORD 968 PG 1977

FINDINGS OF FACT

Property Owner: The Springs Community Association
400 Woodbridge Road
Longwood, Fl. 32779

Project Name: The Springs

Variance Approval:

Request for a subdivision wall height variance from 6 ½ feet to 8 feet.

Approval was sought to replace an existing fence with a 8 foot masonry wall. One or more of the six criteria under the Land Development Code for granting a variance have not been satisfied. The applicant still retains reasonable use of the property without the granting of the requested variance.

The requested development approval is hereby denied.

Prepared by: Kathy Fall, Principal Planner
1101 East First Street
Sanford, Florida 32771

FILE NO.:

DEVELOPMENT ORDER #

Done and Ordered on the date first written above.

By: _____
Alison 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: