

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

COPY

Application # 042009-47
Meeting Date 6-22-09

VARIANCE APPLICATION

SEMINOLE COUNTY PLANNING DIVISION ROOM 2201
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: Robin S. Graham
Address: 1781 Robert St City: Longwood Zip code: 32750
Project Address: _____ City: _____ Zip code: _____
Tax Parcel number: 02-21-29-515-0A00-0010
Contact number(s): 407-786-8710-H ; 407-782-3049-C
Email address: rsgraham022@yahoo.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?	
<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 checked="" type="checkbox"/> Other <u>barrier wall</u>	Please describe: <u>8' tall by Sem Co w/ 434 widening</u>
<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:	Proposed height:	<u>8'-0"</u>
<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:	

Total number of variances requested 1

Signed: Robin S. Graham / Robin S. Graham Date: 5-22-09

FOR OFFICE USE ONLY

Date Submitted: 5-22-09
 Zoning/FLU RC-1 / LDR

Reviewed By: P. Johnson

- 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!

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.
	<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, drain field 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)
	5. Attach additional information and supporting documents such as letters of support from adjacent property owners or Home Owners Association DRB approvals, as desired.

<p>PARCEL DETAIL</p> <p>DAVID JOHNSON, CFA, ASA PROPERTY APPRAISER SEMINOLE COUNTY FL 1101 E. FIRST ST SANFORD, FL 32771-1468 407-663-7506</p>																																			
<p align="center">GENERAL</p> <p>Parcel Id: 02-21-29-515-0A00-0010 Owner: GRAHAM ROBIN S Mailing Address: 1781 ROBERT ST City,State,ZipCode: LONGWOOD FL 32750 Property Address: 1781 ROBERT ST LONGWOOD 32750 Subdivision Name: KNOLLWOOD Tax District: 01-COUNTY-TX DIST 1 Exemptions: 00-HOMESTEAD (2002) Dor: 01-SINGLE FAMILY</p>	<p align="center">VALUE SUMMARY</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>VALUES</th> <th>2009 Working</th> <th>2008 Certified</th> </tr> </thead> <tbody> <tr> <td>Value Method</td> <td>Cost/Market</td> <td>Cost/Market</td> </tr> <tr> <td>Number of Buildings</td> <td align="center">1</td> <td align="center">1</td> </tr> <tr> <td>Depreciated Bldg Value</td> <td align="right">\$203,835</td> <td align="right">\$235,472</td> </tr> <tr> <td>Depreciated EXFT Value</td> <td align="right">\$5,590</td> <td align="right">\$5,590</td> </tr> <tr> <td>Land Value (Market)</td> <td align="right">\$48,000</td> <td align="right">\$56,000</td> </tr> <tr> <td>Land Value Ag</td> <td align="right">\$0</td> <td align="right">\$0</td> </tr> <tr> <td>Just/Market Value</td> <td align="right">\$257,425</td> <td align="right">\$297,062</td> </tr> <tr> <td>Portability Adj</td> <td align="right">\$0</td> <td align="right">\$0</td> </tr> <tr> <td>Save Our Homes Adj</td> <td align="right">\$82,928</td> <td align="right">\$122,739</td> </tr> <tr> <td>Assessed Value (SOH)</td> <td align="right">\$174,497</td> <td align="right">\$174,323</td> </tr> </tbody> </table> <p align="center"> Tax Estimator Portability Calculator </p>		VALUES	2009 Working	2008 Certified	Value Method	Cost/Market	Cost/Market	Number of Buildings	1	1	Depreciated Bldg Value	\$203,835	\$235,472	Depreciated EXFT Value	\$5,590	\$5,590	Land Value (Market)	\$48,000	\$56,000	Land Value Ag	\$0	\$0	Just/Market Value	\$257,425	\$297,062	Portability Adj	\$0	\$0	Save Our Homes Adj	\$82,928	\$122,739	Assessed Value (SOH)	\$174,497	\$174,323
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<p>Permits</p>			<p align="center">EXTRA FEATURE</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Description</th> <th>Year Blt</th> <th>Units</th> <th>EXFT Value</th> <th>Est. Cost New</th> </tr> </thead> <tbody> <tr> <td>POOL GUNITE</td> <td align="center">1979</td> <td align="center">420</td> <td align="right">\$3,360</td> <td align="right">\$8,400</td> </tr> </tbody> </table>		Description	Year Blt	Units	EXFT Value	Est. Cost New	POOL GUNITE	1979	420	\$3,360	\$8,400																					
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COOL DECK PATIO	1979	1,164	\$1,630	\$4,074
FIREPLACE	1973	1	\$600	\$1,500

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.

**SEMINOLE COUNTY
APPLICATION & AFFIDAVIT**

Ownership Disclosure Form

The owner of the real property associated with this application is a (check one)

- Individual Corporation Land Trust
 Limited Liability Company Partnership
 Other (describe): _____

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	ADDRESS	PHONE NUMBER
Robin S. Graham	1781 Robert St-Lngwd 32750	407-786-8710

(Use additional sheets for more space.)

2. For each **corporation**, list the name, address, and title of each officer; the name and address of each director of the corporation; and the name and address of each shareholder who owns two percent 2% or more of the stock of the corporation. Shareholders need not be disclosed if a corporation's stock are not traded publicly on any national stock exchange.

NAME	TITLE OR OFFICE	ADDRESS	% OF INTEREST
N/A			

(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 and the percentage of interest of each beneficiary. If any trustee or beneficiary of a trust is a corporation, please provide the information required in paragraph 2 above.

Trust Name: _____

NAME	TRUSTEE OR BENEFICIARY	ADDRESS	% OF INTEREST
N/A			

(Use additional sheets for more space.)

**SEMINOLE COUNTY
APPLICATION & AFFIDAVIT**

4. For **partnerships**, including limited partnerships, list the name and address of each principal in the partnership, including general or limited partners. If any partner is a corporation, please provide the information required in paragraph 2 above.

NAME	ADDRESS	% OF INTEREST
N/A		

(Use additional sheets for more space.)

5. In the circumstances of a **contract for purchase**, list the name and address of each contract purchaser. If the purchaser is a corporation, trust, or partnership, provide the information required for those entities in paragraphs 2, 3, and/or 4 above.

Name of Purchaser: _____

NAME	ADDRESS	% OF INTEREST
N/A		

Date of Contract: N/A

Please specify any contingency clause related to the outcome of the consideration of the application.

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.

5-19-2009
Date

Kevin S. Graham
Owner, Agent, Applicant Signature

STATE OF FLORIDA
COUNTY OF Orange

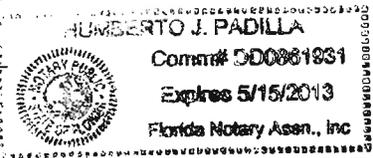
Sworn to (or affirmed) and subscribed before me this 19th day of MAY, 2009 by Robin S. Graham

[Signature]
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: _____

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 Robin S. Graham, the fee simple owner of the following
(Owner's Name)

described property (Provide Legal Description or Tax Parcel ID Number(s))
1781 Robert St - Longwood - FL 32750

hereby affirm that CHAD M. DUNBAR is hereby designated to act as my /our
authorized agent and to file the attached application for the stated special exception / variance request and
make binding statements and commitments regarding the request.

Robin S. Graham
Robin S. Graham
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.

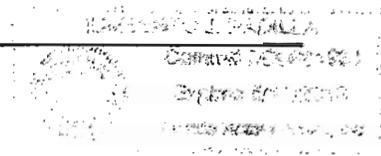
SWORN TO AND SUBSCRIBED before me this 19 day of 5, 2009.

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

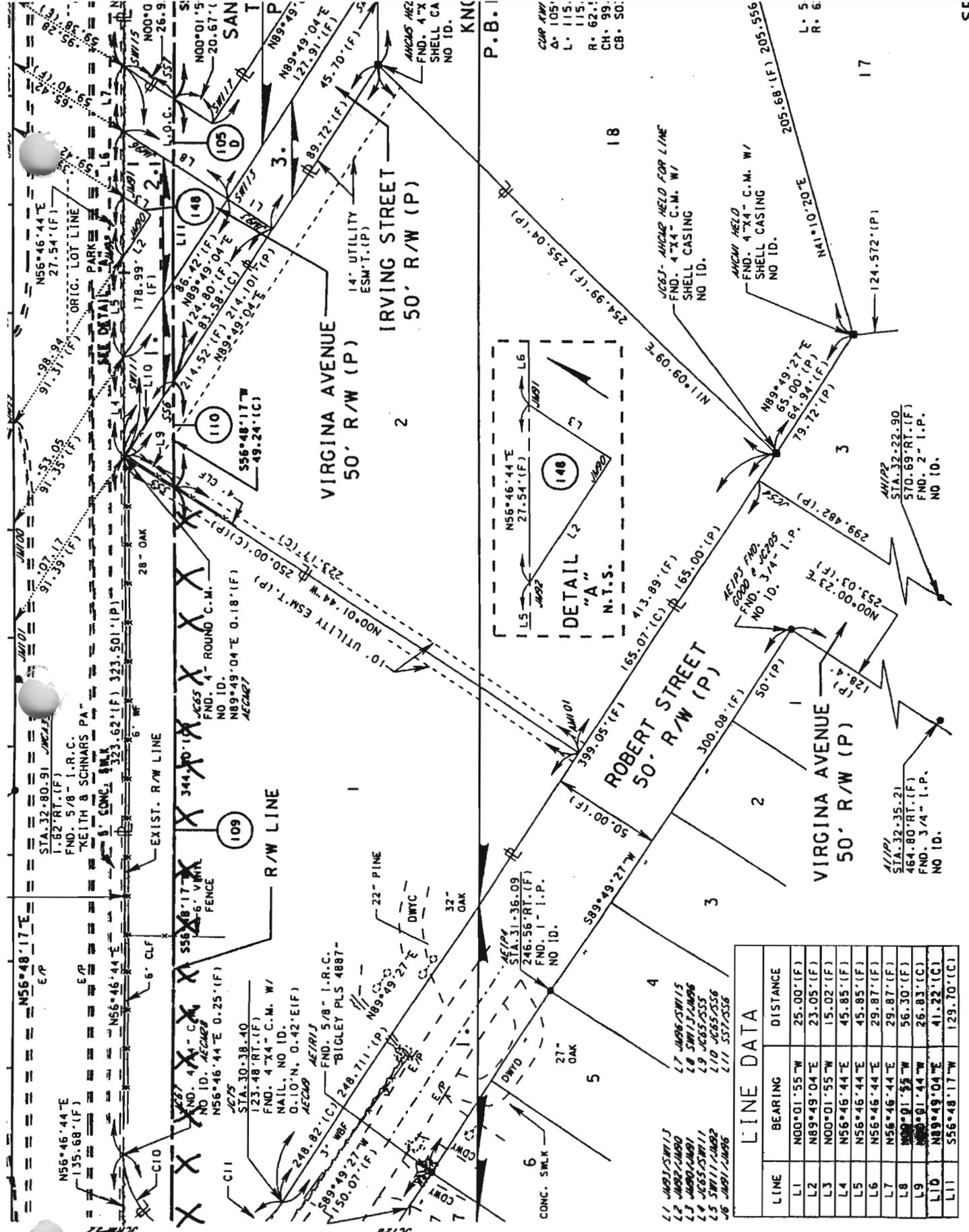
WITNESS my hand and official seal in the County and State last aforesaid this 19 day of May, 2009

[Signature]
Notary Public in and for the County and State
Aforementioned

My Commission Expires: _____



Application to the Board of Adjustment / Planning Division



LINE DATA

LINE	BEARING	DISTANCE
L1	N00°01'55" W	25.00' (F)
L2	N89°49'04" E	23.05' (F)
L3	N00°01'55" W	15.02' (F)
L4	N56°46'44" E	45.85' (F)
L5	N56°46'44" E	45.85' (F)
L6	N56°46'44" E	29.87' (F)
L7	N56°46'44" E	29.87' (F)
L8	N89°01'58" W	56.30' (F)
L9	N89°01'44" W	26.83' (C)
L10	N89°49'04" E	41.22' (C)
L11	S56°48'17" W	129.70' (C)

- L1 JMB/SW113
- L2 JMB/SW115
- L3 JMB/SW116
- L4 JMB/SW117
- L5 JMB/SW118
- L6 JMB/SW119

RIGHT OF WAY MAP

FLORIDA DEPARTMENT OF TRANSPORTATION
SURVEYING AND MAPPING

APPROVED BY _____ DATE _____
FOR DISTRICT SECRETARY _____

SE

SEMINOLE COUNTY APPROVAL DEVELOPMENT ORDER

On June 22, 2009, Seminole County issued this Development Order relating to and touching and concerning the following described property:

LEG LOT 1 BLK A KNOLLWOOD PB 14 PG 58

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

FINDINGS OF FACT

Property Owner: Robin Graham
1781 Robert Street
Longwood, Fl. 32750

Project Name: Robert Street (1781)

Variance Approval:

Wall height variance from 6 feet 6 inches to 8 feet for a subdivision wall.

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: Kathy Fall, Principal 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 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 _____, 2009.

Notary Public, in and for the County and State
Aforementioned

My Commission Expires:

SEMINOLE COUNTY DENIAL DEVELOPMENT ORDER

On June 22, 2009, Seminole County issued this Development Order relating to and touching and concerning the following described property:

LEG LOT 1 BLK A KNOLLWOOD PB 14 PG 58

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

FINDINGS OF FACT

Property Owner: Robert Graham
1781 Robert Street
Longwood, Fl. 32750

Project Name: Robert Street (1781)

Variance Approval:

Wall height variance from 6 feet 6 inches to 8 feet for a subdivision wall.

Approval was sought to construct a 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

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 _____, 2009.

Notary Public, in and for the County and State
Aforementioned

My Commission Expires: