

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

SUBJECT: 4646 Tiffany Woods Circle – Jason Rowland, applicant; Request for a rear yard setback variance from 30 feet to 22 feet for a proposed screen room addition in R-1A (Single Family Dwelling) district.

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

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

Agenda Date 1/25/10 **Regular** **Consent** **Public Hearing – 6:00**

MOTION/RECOMMENDATION:

1. **Deny** the request for a rear yard setback variance from 30 feet to 22 feet for a proposed screen room addition in R-1A (Single Family Dwelling) district; or
2. **Approve** the request for a rear yard setback variance from 30 feet to 22 feet for a proposed screen room addition in R-1A (Single Family Dwelling) district; or
3. **Continue** the request to a time and date certain.

GENERAL INFORMATION	Applicant: Jason Rowland Owner: Dale Kundis Location: 4646 Tiffany Woods Circle Zoning: R-1A Subdivision: Tiffany Woods
BACKGROUND / REQUEST	<ul style="list-style-type: none"> • The applicant is proposing to construct a 312 square foot screen room at the rear of the home that will encroach 8 feet into the required 30-foot rear yard setback. • 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: _____
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 screen room 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

VARIANCE APPLICATION COPY



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: Dale Kundis ← owner | Jason Rowland ← contractor
Address: 4646 Tiffany Woods Circle City: Oviedo Zip code: 32765
Project Address: 4646 Tiffany Woods Circle City: Oviedo Zip code: 32765
Tax Parcel number: 25-21-30-56W-0000-0620
Contact number(s): Dale Kundis - 407-395-5604 Jason Rowland office 407-678-0500 cell 407-~~5604~~
Email address: supalum@bell.south.net 895-2783

Is the property available for inspection without an appointment?

Yes No If gated please provide a gate code to staff **RECEIVED DEC 15 2009**

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 checked="" type="checkbox"/> Covered screen room	Please describe: <u>screen room (312 ft) w/ 4" concrete slab</u>
<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 checked="" type="checkbox"/> Rear yard setback	Required setback:	<u>30'</u>	Proposed setback: <u>22'</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 checked="" type="checkbox"/> Total number of variances requested <u>1</u>			

Signed: *Dale Kundis*

Date: 12/6/09

FOR OFFICE USE ONLY

Date Submitted: 12-10-09

Reviewed By: [Signature]

Zoning/FLU R-1A/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

BR 09-9245

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.

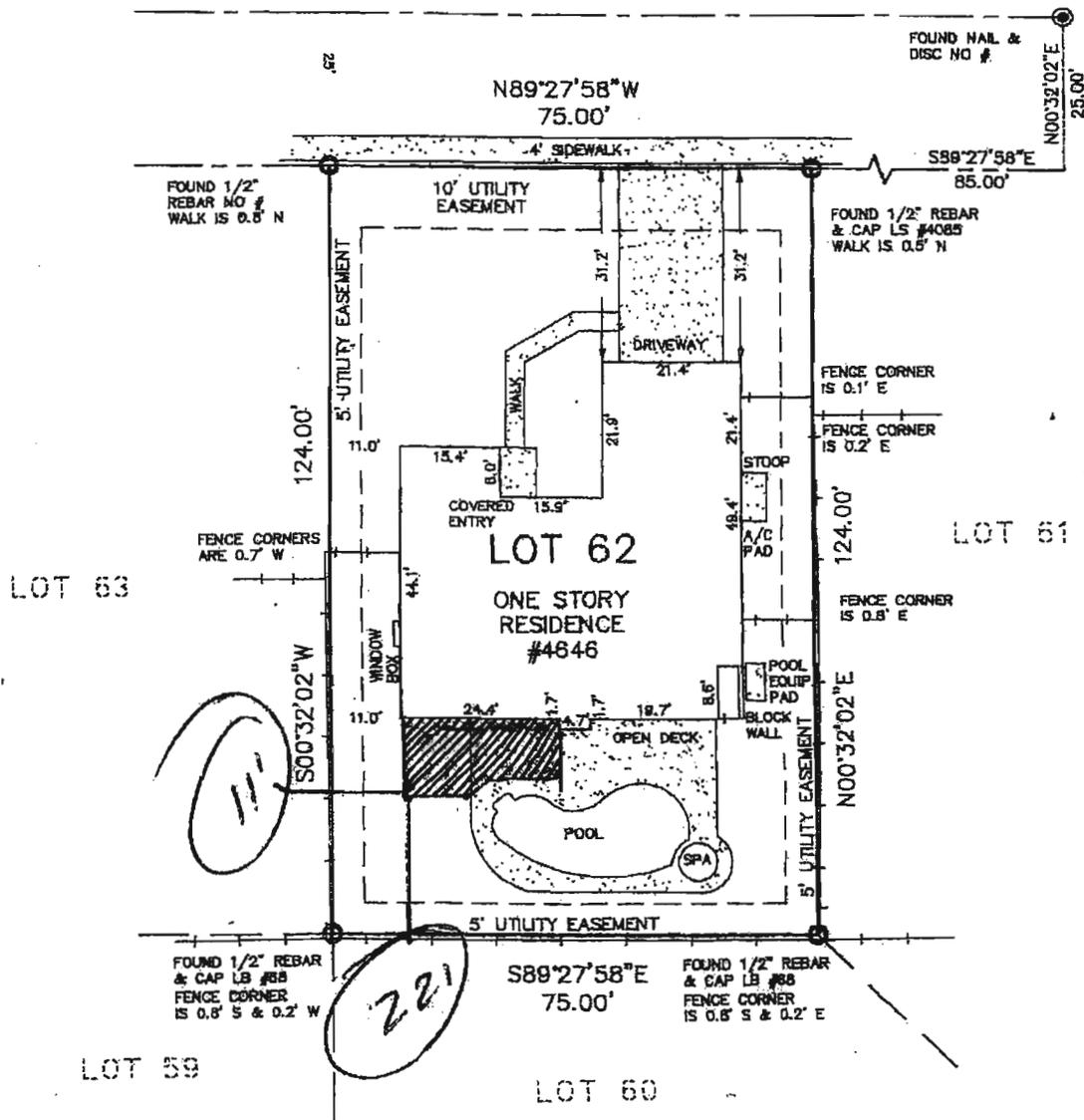
<i>After the application is reviewed by staff for completeness, any items required that were not provided at the time of the application will be check marked below. These must be provided prior to scheduling of the Board of Adjustment hearing.</i>	
/	1. Completed application.
/	2. Ownership Disclosure 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 1/2 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 or 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.

MAP OF SURVEY

DESCRIPTION

LOT 62, TIFFANY WOODS, ACCORDING TO THE PLAT THEREOF AS RECORDED IN PLAT BOOK 29, PAGES 28 & 29 OF THE PUBLIC RECORDS OF SEMINOLE COUNTY, FLORIDA.

ASPHALT PAVEMENT TIFFANY WOODS CIRCLE



SCALE: 1"=30'

LEGEND:

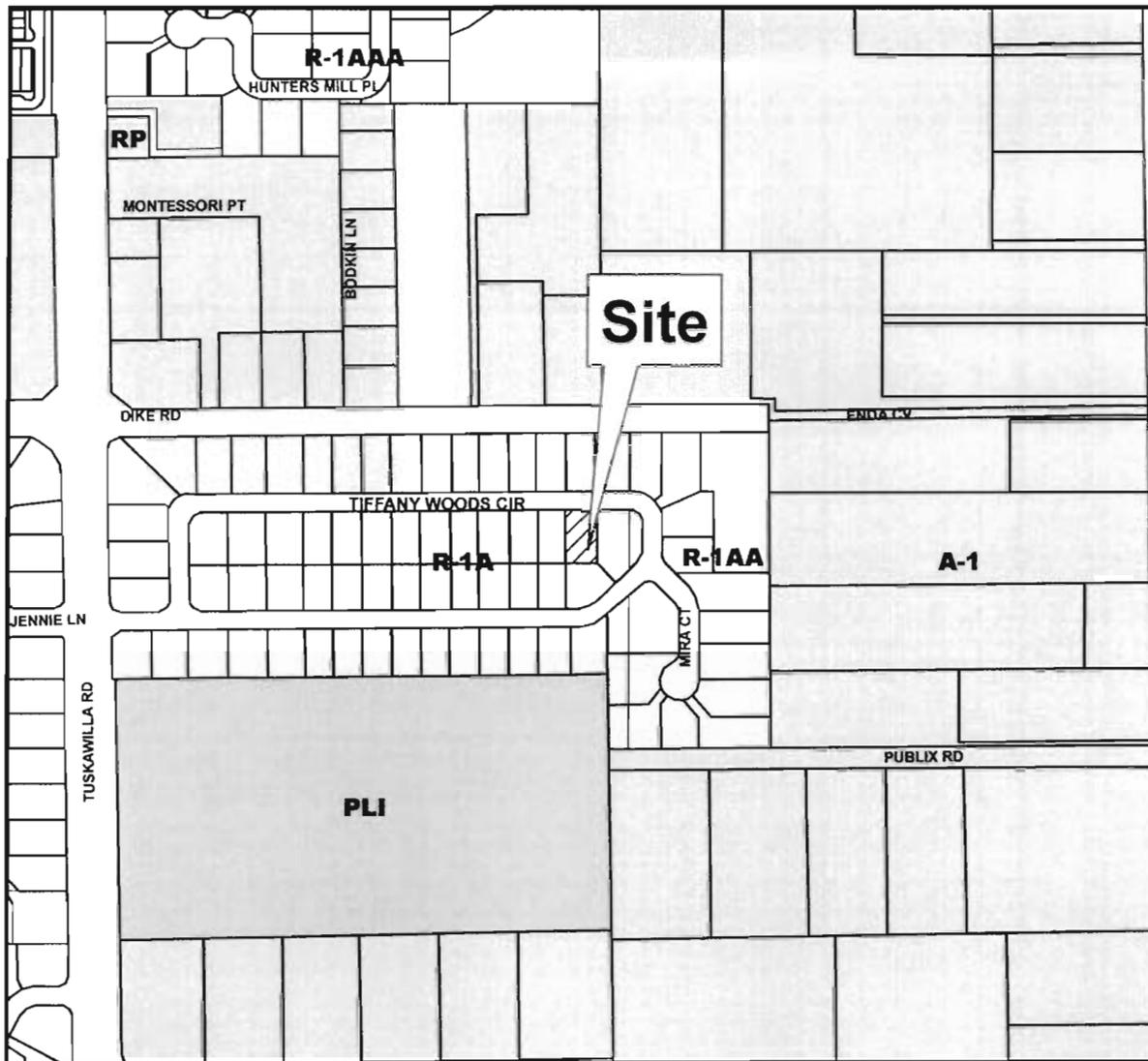
	WOOD UTILITY POLE & GUY WIRE	NR	NON RADIAL
	OVERHEAD UTILITY LINE	RAD	RADIAL
	6' WOOD FENCE	TYP	TYPICAL
	4' CHAIN LINK FENCE	PC	POINT OF CURVATURE
	CENTERLINE	PT	POINT OF TANGENCY
	RIGHT OF WAY LINE	PRC	POINT OF REVERSE CURVATURE
	CONCRETE	PCP	PERMANENT CONTROL POINT
(P)	PLAT	PRM	PERMANENT REFERENCE MONUMENT
(M)	MEASURED	P1	POINT OF INTERSECTION
(D)	DESCRIPTION	RP	RADIUS POINT
(C)	CALCULATED	A/C	AIR CONDITIONER
		R	RADIUS
		Δ	CENTRAL ANGLE
		L	ARC LENGTH
		CB	CHORD BEARING
		CH	CHORD LENGTH
		ORB	OFFICIAL RECORD BOOK
		PG	PAGE

FILED TO:
 FRANKLIN KUNDIS & DONNA J. KUNDIS
 5 FARGO HOME MORTGAGE, INC.
 FINANCIAL MORTGAGE
 FLORIDA TITLE COMPANY
 PUBLIC NATIONAL
 INSURANCE COMPANY

GENERAL NOTES:
 1. THE SURVEYOR HAS NOT ABSTRACTED THE LANDS SHOWN HEREON FOR EASEMENTS AND/OR RIGHT-OF-WAY RECORDS.
 2. THE BEARINGS SHOWN HEREON ARE BASED ON THE SOUTH LINE OF LOT 62, BEING S 89°27'58" E, AN ASSUMED DATUM PER PLAT.

HAVE EXAMINED THE FEDERAL EMERGENCY MANAGEMENT AGENCY (FEMA) FLOOD INSURANCE RATE MAP (FIRM) COMMUNITY-PANEL

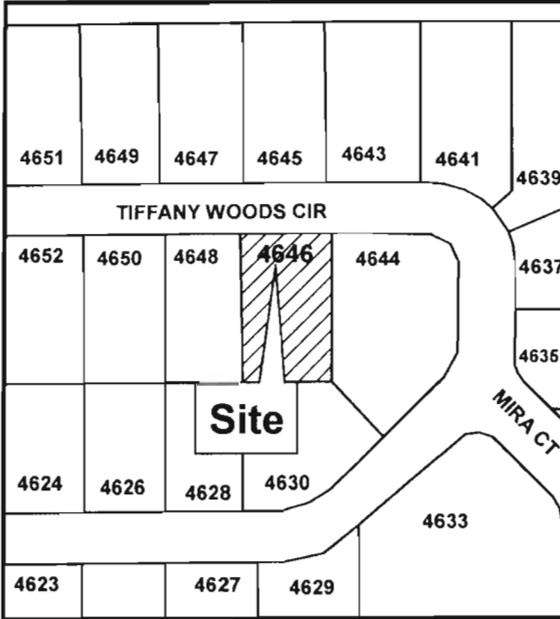
Jason Rowland
 4646 Tiffany Woods Circle
 Oviedo, FL 32765



Seminole County Board of Adjustment
 January 25, 2010
 Case: BV2009-119 (Map 3211 Grid D4)
 Parcel No: 25-21-30-5GW-0000-0620

Zoning

-  BV2009-119
-  A-1
-  R-1AAA
-  R-1AA
-  R-1A
-  RP I
-  PLI

<p>PARCEL DETAIL</p> <p>DAVID JOHNSON, CFA, ASA PROPERTY APPRAISER SEMINOLE COUNTY FL 1101 E. FIRST ST SANFORD, FL 32771-1468 407-655-7505</p>																																												
<p style="text-align: center;">GENERAL</p> <p>Parcel Id: 25-21-30-5GW-000-0620 Owner: KUNDIS DALE F & DONNA J Mailing Address: 4646 TIFFANY WOODS CIR City, State, Zip Code: OVIEDO FL 32765 Property Address: 4646 TIFFANY WOODS CIR OVIEDO 32765 Subdivision Name: TIFFANY WOODS Tax District: 01-COUNTY-TX DIST 1 Exemptions: 00-HOMESTEAD (2003) Dor: 01-SINGLE FAMILY</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;">2010 Working</th> <th style="text-align: center;">2009 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;">1</td> <td style="text-align: center;">1</td> </tr> <tr> <td>Depreciated Bldg Value</td> <td style="text-align: right;">\$135,934</td> <td style="text-align: right;">\$148,434</td> </tr> <tr> <td>Depreciated EXFT Value</td> <td style="text-align: right;">\$5,930</td> <td style="text-align: right;">\$6,217</td> </tr> <tr> <td>Land Value (Market)</td> <td style="text-align: right;">\$35,000</td> <td style="text-align: right;">\$35,000</td> </tr> <tr> <td>Land Value Ag</td> <td style="text-align: right;">\$0</td> <td style="text-align: right;">\$0</td> </tr> <tr> <td>Just/Market Value</td> <td style="text-align: right;">\$178,864</td> <td style="text-align: right;">\$189,651</td> </tr> <tr> <td>Portability Adj</td> <td style="text-align: right;">\$0</td> <td style="text-align: right;">\$0</td> </tr> <tr> <td>Save Our Homes Adj</td> <td style="text-align: right;">\$14,012</td> <td style="text-align: right;">\$26,962</td> </tr> <tr> <td>Assessed Value (SOH)</td> <td style="text-align: right;">\$162,852</td> <td style="text-align: right;">\$162,689</td> </tr> </tbody> </table> <p style="text-align: center;">Tax Estimator Portability Calculator</p>		VALUES	2010 Working	2009 Certified	Value Method	Cost/Market	Cost/Market	Number of Buildings	1	1	Depreciated Bldg Value	\$135,934	\$148,434	Depreciated EXFT Value	\$5,930	\$6,217	Land Value (Market)	\$35,000	\$35,000	Land Value Ag	\$0	\$0	Just/Market Value	\$178,864	\$189,651	Portability Adj	\$0	\$0	Save Our Homes Adj	\$14,012	\$26,962	Assessed Value (SOH)	\$162,852	\$162,689									
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FIREPLACE	1985	1	\$600	\$1,500
PEBBLE WALKWAY	1987	40	\$68	\$160
POOL GUNITE	1987	450	\$3,825	\$9,000
GAS HEATER	1987	1	\$440	\$1,100
COOL DECK PATIO	1987	670	\$997	\$2,345

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
Dale Kundis	4646 Tiffany Woods 32765	407-375-5604
Donna Kundis	4646 Tiffany Woods 32765	407-375-5604

(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

(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

(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

(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

Date of Contract: _____

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

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.

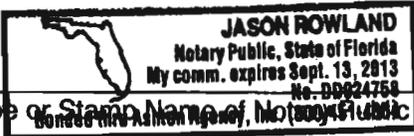
12/05/09
Date

[Signature]
Owner, Agent, Applicant Signature

STATE OF FLORIDA
COUNTY OF Seminole

Sworn to (or affirmed) and subscribed before me this 5 day of Dec., 2009 by Dale Kundi's

[Signature]
Signature of Notary Public



Print, Type or Stamp Name of Notary Public

Personally Known _____ OR Produced Identification 8
Type of Identification Produced PCDL

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 Dale Kunds, the fee simple owner of the following
(Owner's Name)
described property (Provide Legal Description or Tax Parcel ID Number(s) _____

25-21-30-5GW-000-0620
leg lot 62 Tiffany Woods PB 29 Pgs 28 & 29

hereby affirm that Jason Rowland 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.

[Signature]

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.

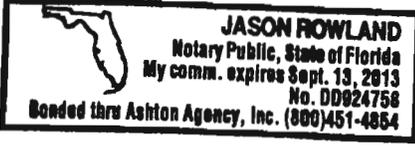
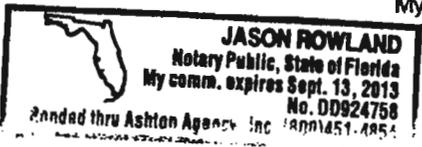
SWORN TO AND SUBSCRIBED before me this 5 day of Dec. 2009

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared Dale Kunds, who is personally known to me or who has produced FLDC 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 5 day of Dec. 2009

[Signature]

Notary Public in and for the County and State
Aforementioned
My Commission Expires: 9/13/13



Application to the Board of Adjustment / Planning Division
Last updated 7/24/08

SEMINOLE COUNTY DENIAL DEVELOPMENT ORDER

On January 25, 2010, Seminole County issued this Development Order relating to and touching and concerning the following described property:

LEG LOT 62 TIFFANY WOODS PB 29 PGS 28 & 29

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

FINDINGS OF FACT

Property Owner: Kundis Dale F & Donna J
4646 Tiffany Woods Circle
Oviedo FL 32765

Project Name: Tiffany Woods Circle (4646)

Requested Variance:

Rear yard setback variance from 30 feet to 22 feet for a proposed screen room addition in R-1A (Single Family Dwelling) district.

Approval was sought to construct a screen room within the rear yard setback. 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: Denny Gibbs, Senior 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 _____, 2010.

Notary Public, in and for the County and State
Aforementioned

My Commission Expires:

SEMINOLE COUNTY APPROVAL DEVELOPMENT ORDER

On January 25, 2010, Seminole County issued this Development Order relating to and touching and concerning the following described property:

LEG LOT 62 TIFFANY WOODS PB 29 PGS 28 & 29

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

FINDINGS OF FACT

Property Owner: Kundis Dale F & Donna J
4646 Tiffany Woods Circle
Oviedo FL 32765

Project Name: Tiffany Woods Circle (4646)

Variance Approval:

Rear yard setback variance from 30 feet to 22 feet for a proposed screen room addition in R-1A (Single Family Dwelling) district.

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: 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:
 - a. 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: _____
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 _____, 2010.

Notary Public, in and for the County and State
Aforementioned

My Commission Expires:

