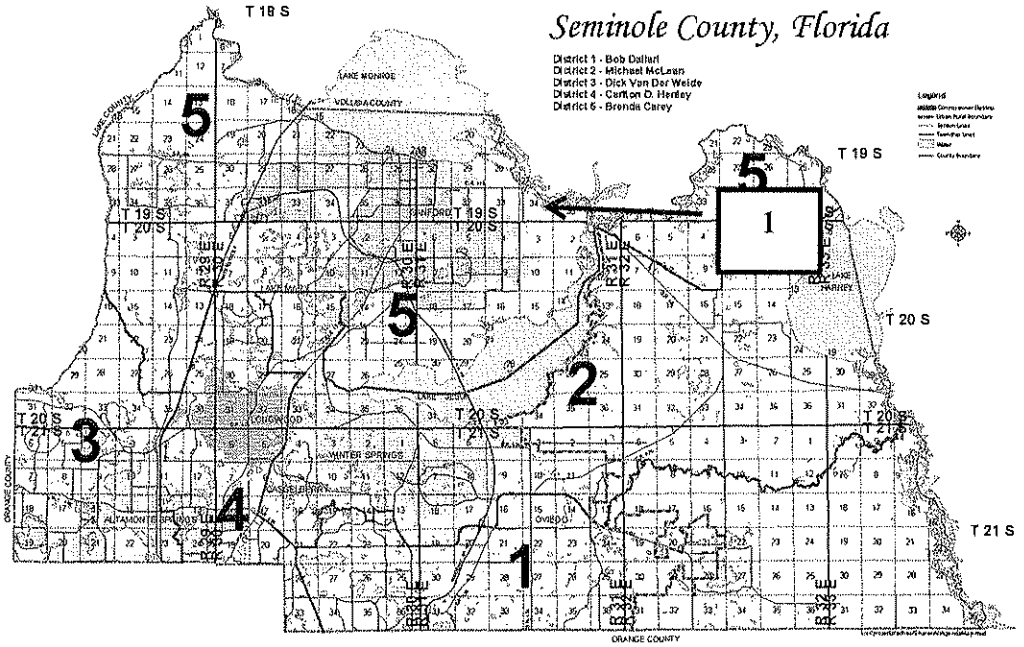
SEMINOLE COUNTY GOVERNMENT
1101 EAST FIRST STREET
SANFORD, FLORIDA 32771
(407) 665-7331
www.seminolecountyfl.gov

To: Applicants, Staff and Interested Parties

From: Planning & Development Division

Subject: **PLANNING & DEVELOPMENT MEETING FOR WEDNESDAY 3/17/2010**



County staff and applicants will review the following items according to the schedule below. The meeting will be held in **Room #3024** on the Third floor of the County Services Building.

ITEM NO.: 1	**DR - SITE PLAN**	**PROJ.NO**	**10-06000008**	**TIME:**	9:00AM
PROJECT NAME:	**CENTRAL FLORIDA FAMILY HEALTH CENTER - S**	**PROJECT MGR:**	**IAN SIKONIA (407) 665-7398**		
APPLICANT:	KEVIN J. SPOLSKI	1425 E. AIRPORT BLVD	(407) 322-8424		
PROJECT DESCRIPTION	ADD 6,148SF ADMINISTRATIVE OFFICE BUILDING				
PARCEL ID	34-19-31-300-002B-0000				
LOCATION	WEST SIDE OF SR 415 JUST NORTH OF E SR 46				
BCC DISTRICT	5-CAREY				
WATER UTILITY	CITY OF SANFORD				
SEWER UTILITY	CITY OF SANFORD				

Notice to Applicant: A copy of the staff comments and recommendations will be faxed or emailed to the Applicant and the Consultant **by 12:00 noon on the Tuesday before the scheduled meeting**. After review of the comments, the applicant may not need to meet with the staff in a group. If so, please contact Planning & Development so the agenda may be adjusted accordingly. If you have any questions, please contact Planning & Development at (407) 665-7331

SEMINOLE COUNTY
FLORIDA'S NATURAL CHOICE

APPLICATION FOR SITE PLAN REVIEW
SEMINOLE COUNTY GOVERNMENT
DEVELOPMENT REVIEW DIVISION
1101 EAST FIRST STREET
SANFORD FL 32771-1468
(407) 665-7331

SMALL SITE PLAN: YES ☐ NO ☑ DREDGE & FILL: YES ☐ NO ☐

APPLICANT INFORMATION

Nav # 10-0600008

APPLICANT: Kevin J. Spolski		CONTACT:
ADDRESS: 1425 E. Airport Boulevard		
CITY: Sanford	STATE: FL	ZIP: 32773
PHONE: (407) 322-8424	FAX: (407) 322-8436	EMAIL: kevin@spolski.com

CONSULTANT INFORMATION

ENGINEER: Engineered Permits, Inc.		CONTACT: Michael Wojtuniak, P.E.
ADDRESS: 311-A S. Woodland Boulevard		
CITY: Deland	STATE: FL	ZIP: 32720
PHONE: (386) 734-0830	FAX: (386) 734-8226	EMAIL: mwojtuniak@epieng.net

OWNER INFORMATION

OWNER'S AUTHORIZATION ATTACHED: YES ☒ NO ☐

OWNER: Central Florida Family Health Center, Inc.		CONTACT: Terri Larson
ADDRESS: 2400 S.R. 415		
CITY: Sanford	STATE: FL	ZIP: 32771
PHONE: (407) 322-8645, ext. 1033	FAX:	EMAIL: tlarson@cffhc.org

SITE INFORMATION

http://www.seminolecountyfl.gov/pd/devrev/subdivsummary.asp

PARCEL ID #: 34-19-31-300-002B-0000		
PROJECT NAME: Central Florida Family Heath Center		
DESCRIPTION OF PROJECT: Add 6,148 S.F. administrative office building		
INTENDED USE OF PROPERTY: Business		
LOCATION: 2400 S.R. 415, Sanford, FL 32771		
ZONING: C-3 ✓	FUTURE LAND USE: ~~C-3~~ IND ✓	TOTAL ACREAGE: 9.31 acres

UTILITIES EXISTING

WATER PROVIDER: City of Sanford ✓	SEWER PROVIDER: City of Sanford ✓	
IS PROPERTY SERVED BY WELL? YES ☐	NO ☒	
IS PROPERTY SERVED BY SEPTIC? YES ☐	NO ☒	FEE ATTACHED: YES ☐ NO ☐

ARBOR

ARE ANY TREES BEING REMOVED? YES ☐ NO ☒
ARBOR PERMIT APPLICATION ATTACHED: YES ☐ NO ☒ FEE ATTACHED: YES ☐ NO ☒

ADDITIONAL SITE INFORMATION

IMPERVIOUS SURFACE AREA :					
BUILDING AREA:		EXISTING:	19,800 S.F.	NEW:	6,148 S.F.
PAVEMENT AREA:		EXISTING:		NEW:	-0-
IF DREDGE & FILL, HOW MANY CUBIC YARDS OF FILL IS PROPOSED? 500 C.Y.					

FEES

SMALL SITE PLAN OR DREDGE & FILL:	$200.00	
REGULAR SITE PLAN : Sq. ft. of all NEW Impervious Surfaces (rounded to 2 decimal points) 7,800 S.F.		
To calculate site plan application fee, please use the formula below or the fee calculator http://www.seminolecountyfl.gov/pd/pd_calc.asp	Fee Amount:	$
Σ $1000+ [New Impervious / 1000] X $20		= Fee Amount $1,123.00

CONCURRENCY REVIEW MANAGEMENT SYSTEM: (Please check one.)

http://www.seminolecountyfl.gov/pd/devrev/concurrency.asp

☐ I elect to defer the Concurrency Review determination for the above listed property until a point as late as Final Engineering Submittal. (Minor Plat and Final Engineering require Concurrency Test Review.) I further specifically acknowledge that any proposed development on the subject property will be required to undergo Concurrency Review and meet all Concurrency requirements in the future.

☐ I hereby declare and assert that the aforementioned proposal and property described are covered by a valid previously issued and unexpired Certificate of Vesting or prior Concurrency determination as identified below: (Please attach a copy of the Certificate of Vesting or Prior Test/Concurrency Notice.) Vesting Certificate/Test Notice Number: _____ Date issued: _____

☒ Concurrency Application and appropriate fee is attached. I wish to encumber capacity at an early point in the development process and understand that only upon approval of the development order and full payment of applicable facility reservation fees is a Certificate of Concurrency issued and entered into the Concurrency Management Monitoring System.

I understand that the application for site plan review must include all required submittals as specified in Chapter 40, Part 4, of the Seminole County Land Development Code. Submission of incomplete plans may create delays in review and plan approval. The review fee provides for two plan reviews. Additional reviews will require an additional fee.

Applicant's Signature: [signature] Date: 2-23-10

OFFICIAL USE	
PROJECT #:	PLANNER ASSIGNED:

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: Central Florida Family Health Center, Inc. Name of Corporation:_____
Officers:_____ Officers:_____
Address: SEE ATTACHED 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:_____
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 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.

02/23/10
Date

Owner, Agent, Applicant Signature

STATE OF FLORIDA
COUNTY OF SEMINOLE

Sworn to (or affirmed) and subscribed before me this 23RD day of February, 2010 by Kevin J. Spolski

Signature of Notary Public

Christine D. Willis
Print, Type or Stamp Name of Notary Public

Personally Known X OR Produced Identification _____
Type of Identification Produced N/A

CHRISTINE D. WILLIS
MY COMMISSION # DD 886417
EXPIRES: September 2, 2013
Bonded Thru Notary Public Underwriters

For Use by Planning & Development Staff

Date:_____ Application Number:_____

Form #
Date

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Detail by Officer/Registered Agent Name

Florida Non Profit Corporation

CENTRAL FLORIDA FAMILY HEALTH CENTER, INC.

Filing Information

Document Number	739178
FEI/EIN Number	591741286
Date Filed	05/27/1977
State	FL
Status	ACTIVE
Last Event	NAME CHANGE AMENDMENT
Event Date Filed	10/21/1996
Event Effective Date	NONE

Principal Address

2400 SR 415
SANFORD FL 32771 US

Changed 04/11/2006

Mailing Address

2400 SR 415
SANFORD FL 32771 US

Changed 04/14/2004

Registered Agent Name & Address

Officer/Director Detail

Name & Address

Title PD

DOLGNER, DENNIS
PO BOX 470031
LAKE MONROE FL 32747

Title VD

SESSION, SUE
PO BOX 470499
LAKE MONROE FL 32747

Title SD

SILVA, SONIA C
675 KEENELAND PIKE
LAKE MARY FL 32746

Title TD

RHODES, RICHARD
2007 WATERSEDGE DRIVE
DELTONA FL 32738

Title

Annual Reports

Report Year	Filed Date
2007	04/30/2007
2008	04/25/2008
2009	04/27/2009

Document Images

04/27/2009 -- ANNUAL REPORT	View image in PDF format
04/25/2008 -- ANNUAL REPORT	View image in PDF format
04/30/2007 -- ANNUAL REPORT	View image in PDF format
04/11/2006 -- ANNUAL REPORT	View image in PDF format
04/29/2005 -- ANNUAL REPORT	View image in PDF format
04/14/2004 -- ANNUAL REPORT	View image in PDF format
04/28/2003 -- ANNUAL REPORT	View image in PDF format
05/02/2002 -- ANNUAL REPORT	View image in PDF format
05/04/2001 -- ANNUAL REPORT	View image in PDF format
01/29/2000 -- ANNUAL REPORT	View image in PDF format
03/04/1999 -- ANNUAL REPORT	View image in PDF format
05/06/1998 -- ANNUAL REPORT	View image in PDF format
02/06/1997 -- ANNUAL REPORT	View image in PDF format
02/16/1996 -- ANNUAL REPORT	View image in PDF format
03/02/1995 -- ANNUAL REPORT	View image in PDF format

Note: This is not official record. See documents if question or conflict.

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To Whom it May Concern:

Mr. Kevin J. Spolski of Spolski Construction, Inc. has the permission of Central Florida Family Health Center Inc., to sign on its behalf for any and all necessary permit(s) or approvals for our project known as "Central Florida Family Health Center", located at 2400 S.R. 415, Sanford, Florida.

Signed this 5th day of February, 2010.

CENTRAL FLORIDA FAMILY HEALTH CENTER, INC.

By:_____

Name: Dennis K. Dolgner
Title: Chairman of the Board

STATE OF FLORIDA
COUNTY OF SEMINOLE

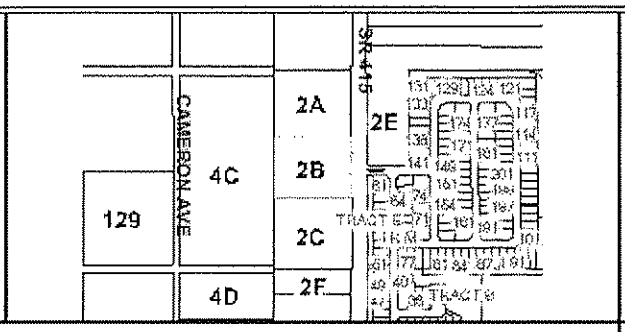
The foregoing instrument was acknowledged before me this 5th day of February, 2010, by **DENNIS K. DOLGNER**, as Chairman of the Board of **CENTRAL FLORIDA FAMILY HEALTH CENTER, INC.**, a Florida Corporation, who is [X] is personally known to me or [ ] has produced _____ as identification.

Christine D. Willis
Signature of Notary Public
Print Name: Christine D Willis
Notary Public
My Commission Expires: Sept. 2, 2013
Commission No.: DD886417

CHRISTINE D. WILLIS
MY COMMISSION # DD 886417
EXPIRES: September 2, 2013
Bonded Thru Notary Public Underwriters

PARCEL DETAIL

DAVID JOHNSON, CFA, ASA
PROPERTY APPRAISER
SEMINOLE COUNTY FL.
1101 E. FIRST ST
SANFORD, FL 32771-1468
407-665-7506



GENERAL

Parcel Id: 34-19-31-300-002B-0000
Owner: CENTRAL FLA MIGRANT & COMM
Own/Addr: HEALTH CENTER INC
Mailing Address: 2400 COUNTY ROAD 415A
City,State,ZipCode: SANFORD FL 32771
Property Address: 2400 415 SR SANFORD 32771
Facility Name:
Tax District: 01-COUNTY-TX DIST 1
Exemptions: 41-HOSPITAL ()
Dor: 86-COUNTY(EXC:PUBLIC SC

VALUE SUMMARY

VALUES	2010 Working	2009 Certified
Value Method	Cost/Market	Cost/Market
Number of Buildings	1	1
Depreciated Bldg Value	$1,201,659	$1,219,330
Depreciated EXFT Value	$19,280	$19,280
Land Value (Market)	$513,360	$513,360
Land Value Ag	$0	$0
Just/Market Value	$1,734,299	$1,751,970
Portablity Adj	$0	$0
Save Our Homes Adj	$0	$0
Assessed Value (SOH)	$1,734,299	$1,751,970

Tax Estimator

2010 TAXABLE VALUE WORKING ESTIMATE

Taxing Authority	Assessment Value	Exempt Values	Taxable Value
County General Fund	$1,734,299	$1,734,299	$0
Schools	$1,734,299	$1,734,299	$0
Fire	$1,734,299	$1,734,299	$0
Road District	$1,734,299	$1,734,299	$0
SJWM(Saint Johns Water Management)	$1,734,299	$1,734,299	$0
County Bonds	$1,734,299	$1,734,299	$0

The taxable values and taxes are calculated using the current years working values and the prior years approved millage rates.

SALES

Deed	Date	Book	Page	Amount	Vac/Imp	Qualified
CORRECTIVE DEED	05/1996	03075	0963	$100	Improved	No
WARRANTY DEED	04/1994	02760	0581	$111,600	Vacant	No
WARRANTY DEED	03/1992	02400	1272	$48,000	Vacant	Yes
WARRANTY DEED	01/1984	01514	0908	$27,800	Vacant	No
WARRANTY DEED	06/1978	01172	0330	$12,000	Vacant	Yes

Find Sales within this DOR Code

2009 VALUE SUMMARY

2009 Tax Bill Amount: $0
2009 Certified Taxable Value and Taxes
DOES NOT INCLUDE NON-AD VALOREM ASSESSMENTS

LAND

Land Assess Method	Frontage	Depth	Land Units	Unit Price	Land Value
SQUARE FEET	0	0	223,200	2.30	$513,360

LEGAL DESCRIPTION

SEC 34 TWP 19S RGE 31E S 465 FT OF N 930 FT OF NW 1/4 OF SW 1/4 W OF ST RD
415 (LESS RD)

BUILDING INFORMATION

Bld Num	Bld Class	Year Blt	Fixtures	Gross SF	Stories	Ext Wall	Bld Value	Est. Cost New
1	MASONRY PILAS	1998	40	19,406	1	CONCRETE & GLASS PANELS - CURTAIN WALLS	$1,201,659	$1,413,716

Subsection / Sqft CANOPY / 3716

Permits

EXTRA FEATURE

Description	Year Blt	Units	EXFT Value	Est. Cost New
POLE LIGHT STEEL 1 ARM	1998	20	$19,280	$19,280