

NAV # 10-05500008

 <p>SEMINOLE COUNTY FLORIDA'S NATURAL CHOICE™</p>	<h3>CHECKLIST FOR FINAL ENGINEERING PLAN (FS) REVIEW</h3>	
	<p>SEMINOLE COUNTY GOVERNMENT DEVELOPMENT REVIEW DIVISION 1101 EAST FIRST STREET SANFORD FL 32771-1468 (407) 665-7331</p>	
	Applicant's Initial	Staff's Initial
	<p>APPLICATION SUBMITTAL CHECKLIST</p>	
	<p>Residential Projects Only: A dated copy of School Impact Analysis submitted to the School Board</p>	
✓	Transmittal Letter	
✓	Completed Application	
✓	Fee-Check#	Amount:
✓	Concurrency Application	
✓	Fee-Check# 08654897	Amount: 800.00
✓	Arbor Application	
Submitted w/ PSP	Fee-Check#	Amount:
	Health Department Fees (if applicable)	
	Fee-Check#	Amount:
✓	<p>Complete sets of Subdivision Plan (12 folded copies) Copy of Approved PSP attached on the plans</p>	
	Landscape plans	attached (if applicable)
	Irrigation plans	attached (if applicable)
	Lighting plans	attached (if applicable)
✓	Stormwater Calculations (2 copies)	
✓	Soils Report (2 copies) (if applicable)	
✓	Lift Station Calculations (2 copies) (if applicable)	
	Threaten & Endangered species report (2 copies)	
	Staff's Signature:	
	Date:	
FOR OFFICIAL USE		
	PROJECT#:	PLANNER:

12/22/10



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

APPLICANT INFORMATION

APPLICANT: KB Home Orlando LLC	CONTACT: Jeremy Camp
ADDRESS: 9102 Southpark Center Loop, Ste. 100	
CITY: Orlando	STATE: FL ZIP: 32819
PHONE: 407-587-3497	FAX: 407-587-2329 EMAIL: jcamp@kbhome.com

CONSULTANT INFORMATION

ENGINEER/SURVEYOR: Madden, Moorhead + Glunt, Inc.	CONTACT: David A. Stokes, P.E.
ADDRESS: 431 E. Horatio Ave., Ste. 260	
CITY: Maitland	STATE: FL ZIP: 32751
PHONE: 407-629-8330	FAX: 407-629-8330 EMAIL: dstokes@madden-eng.com

OWNER INFORMATION

OWNER'S AUTHORIZATION ATTACHED: YES NO

OWNER: Same As Applicant	CONTACT:
ADDRESS:	
CITY:	STATE: ZIP:
PHONE:	FAX: EMAIL:

SUBDIVISION INFORMATION

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

PARCEL ID #: 20-19-30-300-004G-0000
20-19-30-300-004F-0000
PROJECT NAME: Silverleaf Park
DESCRIPTION OF PROJECT: 116 single family lots
LOCATION: N. Oregon St., north of SR 46
NUMBER OF LOTS: 116 TOTAL ACREAGE: 28.25
ZONING: PUD FUTURE LAND USE:

UTILITIES

WATER PROVIDER: Seminole County	SEWER PROVIDER: Seminole County
IS PROPERTY SERVED BY WELL? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
IS PROPERTY SERVED BY SEPTIC? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	FEE ATTACHED: YES <input type="checkbox"/> NO <input type="checkbox"/>

ARBOR

ARE ANY TREES BEING REMOVED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
ARBOR PERMIT APPLICATION ATTACHED: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

FEEES

http://www.seminolecountyfl.gov/pd/planreview_calc.asp

- DEVELOPMENT PLAN --- \$250.00 + \$5.00 PER LOT
- PRELIMINARY PLAN --- \$1,000.00 + \$15.00 PER LOT (\$2,270.00 MAXIMUM FEE WITH 1ST SUBMITTAL)
- FINAL ENGINEERING PLAN --- \$3,500.00 + \$25.00 PER LOT (\$5,300.00 MAXIMUM FEE WITH 1ST SUBMITTAL)
- FINAL PLAT --- (FEE SHOULD BE PAID WITH FINAL ENGINEERING), IF NO ENGINEERING NEEDED \$1,750.00 + \$25.00 PER LOT (NOTE: IF FINAL ENGINEERING IS ALREADY PAID, \$200.00 EACH SUBMITTAL)
- MINOR PLAT ---- \$1,000.00 + \$75.00 PER LOT (MAXIMUM 4 LOTS/RESIDENTIAL – MAXIMUM 2 LOTS/COMMERCIAL)

CONCURRENCY REVIEW MANAGEMENT SYSTEM: (Please check one.)

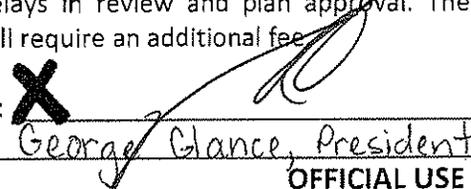
<http://www.seminolecountyfl.gov/pd/devrev/concurrency.asp>

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 subdivision plan review must include all required submittals as specified in Chapter 35, 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:  Date: 10/14/10

OFFICIAL USE	
PROJECT #:	PLANNER ASSIGNED:

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

(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.)

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. For each limited liability company, list the name, address, and title of each manager or managing member; and the name and address of each additional member with two percent (2%) or more membership interest. If any member with two percent (2%) or more membership interest, manager, or managing member is a corporation, trust or partnership, please provide the information required in paragraphs 2, 3 and/or 4 above.

NAME	TITLE	ADDRESS	% OF INTEREST
KB Home Orlando LLC/ George Glance	President	9102 Southpark Circle Loop Ste. 100 Orlando, FL 32819	100

(Use additional sheets for more space.)

6. 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: _____

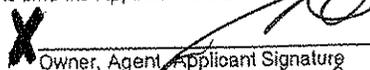
NAME	ADDRESS	% OF INTEREST

Date of Contract: _____

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

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.

Date 10/14/2010


Owner, Agent, Applicant Signature
George Glance, President

STATE OF FLORIDA
COUNTY OF Orange

Sworn to (or affirmed) and subscribed before me this 14 day of October, 20 10 by _____

George O Glance
Signature of Notary Public

Michelle Parkison
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: _____