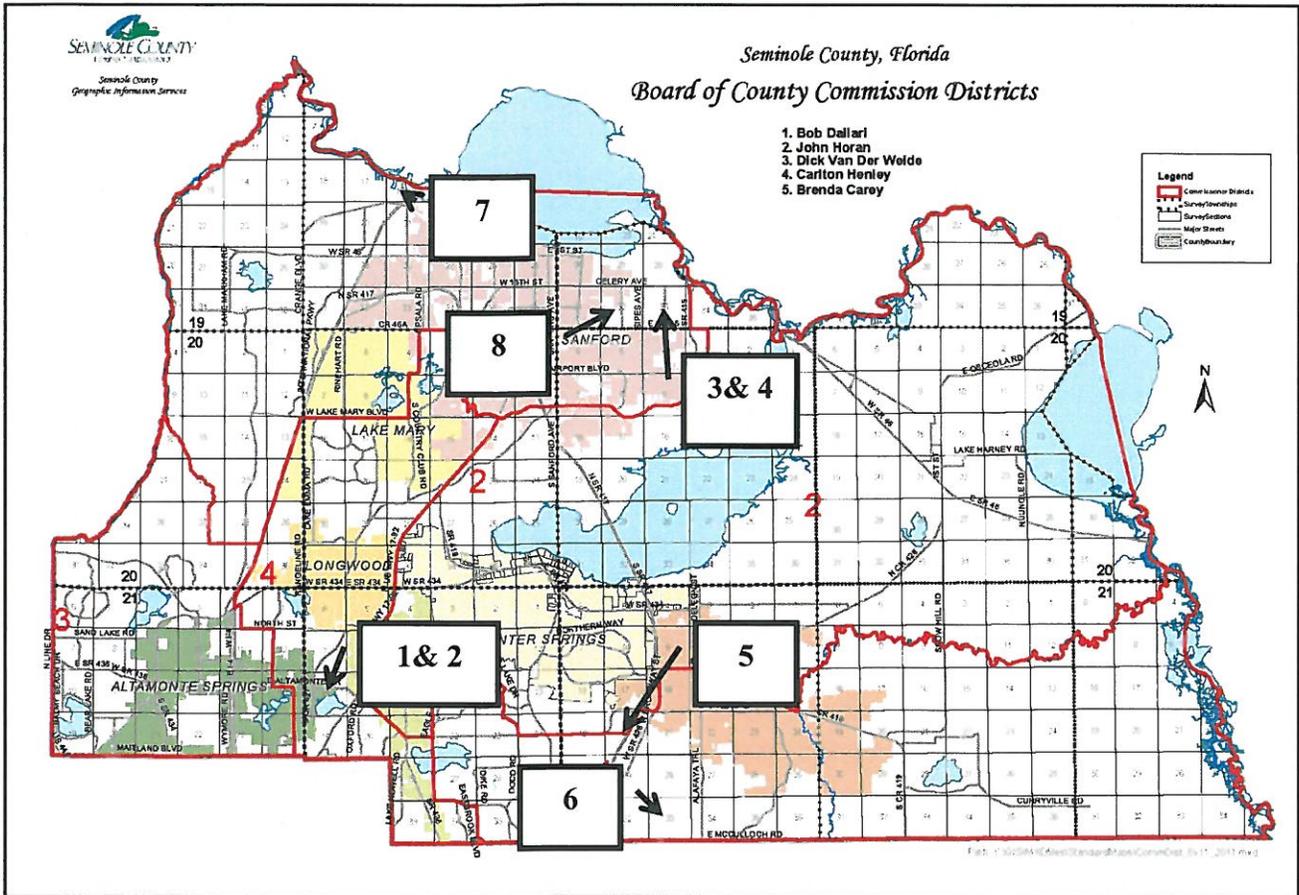


# SEMINOLE COUNTY GOVERNMENT

1101 EAST FIRST STREET  
SANFORD, FLORIDA 32771  
(407) 665-7331

[www.seminolecountyfl.gov](http://www.seminolecountyfl.gov)

**To:** Applicants, Staff and Interested Parties  
**From:** Economic and Community Development Services, Planning & Development Division  
**Subject:** DEVELOPMENT REVIEW COMMITTEE MEETING FOR WEDNESDAY 07/18/2012



County staff and applicants will review the following items on the above date at the time schedule below. The meeting will be held in **Room #3024** on the third floor of the County Services Building.

<b>ITEM NO: 1</b>	<b>DR - SITE PLAN</b>	<b>PROJ NO</b>	<b>12-06000041</b>	<b>TIME</b>	<b>9:00AM</b>
<b>PROJECT NAME</b>	<b>VALUE PAWN - S 17-92 (1700) - SITE PLAN</b>	<b>PROJECT MANAGER</b>		<b>CYNTHIA SWEET</b>	<b>(407) 665-7443</b>
<b>CONSULTANT</b>	<b>LOCHRANE ENGINEERING INC</b>	<b>LEE MULLON P E</b>		<b>(407) 896-3317</b>	
<b>APPLICANT</b>	<b>JOSHUA SIMON</b>	<b>7434 E. STETSON DR.</b>		<b>(602) 672-4559</b>	
<b>PROJECT DESC</b>	<b>SITE PLAN APPROVAL FOR A 4,199 SF COMMERCIAL BUILDING LOCATED ON .796 ACRES ZONED C-2</b>				
<b>LOCATION</b>	<b>SW CORNER OF 17-92 AND NORTH STREET</b>				
<b>PARCEL ID</b>	<b>18-21-30-515-0C00-0010</b>				
<b>BCC DISTRICT</b>	<b>4-HENLEY</b>				

<b>ITEM NO: 2</b>	<b>DR - SITE PLAN</b>	<b>PROJ NO</b> 12-06000039	<b>TIME</b> 9:20AM
<b>PROJECT NAME</b>	<b>SIR VAC &amp; SEW - SP</b>	<b>PROJECT MANAGER</b>	<b>CYNTHIA SWEET</b> (407) 665-7443
<b>CONSULTANT</b>	<b>AMERICAN CIVIL ENGINEERING CO</b>	<b>JOHN HERBERT</b>	<b>(407) 327-7700</b>
<b>APPLICANT</b>	J CAMPBELL & ASSOCIATES	RHONDA CAMPBELL-SUMMEY	(407) 831-8282
<b>PROJECT DESC</b>	SITE PLAN APPROVAL FOR A 5,440SF RETAIL & WAREHOUSE FACILITY LOCATED ON .459 ACRES ZONED C-2		
<b>LOCATION</b>	SE CORNER OF WELLS AVE AND NORTH ST		
<b>PARCEL ID</b>	18-21-30-515-0B00-0070 <b>CANCELLED</b>		
<b>BCC DISTRICT</b>	4-HENLEY		

<b>ITEM NO: 3</b>	<b>DR - SUBDIVISIONS</b>	<b>PROJ NO</b> 12-05500006	<b>TIME</b> 9:40AM
<b>PROJECT NAME</b>	<b>CAMERON HEIGHTS PHASE I - PSP</b>	<b>PROJECT MANAGER</b>	<b>CYNTHIA SWEET</b> (407) 665-7443
<b>CONSULTANT</b>	<b>CIVIL DESIGN GROUP</b>	<b>WILLIAM FOGLE</b>	<b>(407) 876-3996</b>
<b>APPLICANT</b>	DALY DESIGN GROUP	THOMAS DALY	
<b>PROJECT DESC</b>	PSP APPROVAL FOR A 211 LOT SUBDIVISION LOCATED ON 67.72 ACRES ZONED PUD		
<b>LOCATION</b>	CAMERON AVENUE, APPROXIMATELY ¼ MILE N OF SR 46 & W OF SR 415		
<b>PARCEL ID</b>	33-19-31-300-004A-0000+++		
<b>BCC DISTRICT</b>	5-CAREY		

<b>ITEM NO: 4</b>	<b>BORROW PIT PERMIT</b>	<b>PROJ NO</b> 12-55000001	<b>TIME</b> 10:00AM
<b>PROJECT NAME</b>	<b>CAMERON HEIGHTS - BORROW PIT</b>	<b>PROJECT MANAGER</b>	<b>ALAN WILLIS</b> (407) 665-7332
<b>CONSULTANT</b>	<b>MADDEN, MOORHEAD &amp; GLUNT INC</b>	<b>DAVID F GLUNT P E</b>	<b>(407) 629-8330</b>
<b>APPLICANT</b>	KB HOMES ORLANDO LLC	JEREMY CAMP	(407) 587-3497
<b>PROJECT DESC</b>	CAMERON HEIGHTS BORROW PIT		
<b>LOCATION</b>	SOUTH OF SIPES AND NORTH OF O'NEAL ST		
<b>PARCEL ID</b>	33-19-31-300-0340-0000+++		
<b>BCC DISTRICT</b>	5-CAREY		

<b>ITEM NO: 5</b>	<b>DR - SITE PLAN</b>	<b>PROJ NO</b> 12-06000040	<b>TIME</b> 10:20AM
<b>PROJECT NAME</b>	<b>CENTRAL FLORIDA ORAL &amp; MAXILLOFACIAL SURGER CENTER SP</b>	<b>PROJECT MANAGER</b>	<b>JOY WILLIAMS</b> (407) 665-7399
<b>CONSULTANT</b>	<b>KIMLEY-HORN &amp; ASSOCIATES INC</b>	<b>JASON LEWIS</b>	<b>(863) 701-8702</b>
<b>APPLICANT</b>	<b>OVIEDO DENTAL SPECIALISTS</b>	<b>TOM MEENA</b>	<b>(407) 843-2261</b>
<b>PROJECT DESC</b>	SITE PLAN APPROVAL FOR SURGERY CENTER LOCATED ON 1.05 ACRES ZONED PUD		
<b>LOCATION</b>	SOUTH EAST CORNER OF RED BUG LAKE RD & PINE BLUFF		
<b>PARCEL ID</b>	20-21-31-5ME-0000-0060 <b>CANCELLED</b>		
<b>BCC DISTRICT</b>	2-HORAN		

<b>ITEM NO: 6</b>	<b>PZ - PUD/PCD</b>	<b>PROJ NO</b> 12-20500009	<b>TIME</b> 10:40AM
<b>PROJECT NAME</b>	<b>SOUTH ECON CIRCLE PCD MAJOR AMENDMENT</b>	<b>PROJECT MANAGER</b>	<b>BRIAN WALKER</b> (407) 665-7337
<b>APPLICANT</b>	<b>ROGER E OWEN, GENERAL PARTNER</b>	<b>532 S ECON CIR STE 160</b>	<b>(330) 338-7625</b>
<b>PROJECT DESC</b>	PUD MAJOR AMENDMENT		
<b>LOCATION</b>	NORTH SIDE OF S ECON CIR SOUTH OF ECON RIVER PL		
<b>PARCEL ID</b>	33-21-31-507-0000-01D0		
<b>BCC DISTRICT</b>	1-DALLARI		

<b>ITEM NO: 7</b>	<b>PZ - PUD/PCD</b>	<b>PROJ NO</b> 12-20500010	<b>TIME</b> 11:00AM
<b>PROJECT NAME</b>	<b>BECKNELL IND. FACILITY REZONE TO PCD</b>	<b>PROJECT MANAGER</b>	<b>CYNTHIA SWEET</b> (407) 665-7443
<b>APPLICANT</b>	<b>MONROE INVESTMENTS, LLC</b>	<b>JERRY M CUTRONA</b>	<b>(407) 895-0324</b>
<b>PROJECT DESC</b>	REZONE FROM A-1 TO PCD FOR A WAREHOUSE DISTRIBUTION CENTER ON 4.33 ACRES		
<b>LOCATION</b>	E SIDE OF ELDER RD, HALFWAY BETWEEN SR 46 & CHURCH ST		
<b>PARCEL ID</b>	16-19-30-5AC-0000-067A <b>CANCELLED</b>		
<b>BCC DISTRICT</b>	5-CAREY		

<b>ITEM NO: 8</b>	<b>DR - SITE PLAN</b>	<b>PROJ NO</b> 12-06000038	<b>TIME</b> 11:40AM
<b>PROJECT NAME</b>	<b>ST JAMES HOUSE OF PRAYER - SP</b>	<b>PROJECT MANAGER</b>	<b>BRIAN WALKER</b> (407) 665-7337
<b>CONSULTANT</b>	<b>AMERICAN CIVIL ENGINEERING CO</b>	<b>JOHN HERBERT P E</b>	<b>(407) 327-7700</b>
<b>APPLICANT</b>	<b>ST JAMES HOUSE OF PRAYER</b>	<b>JACQUELYN COOPER</b>	<b>(407) 405-8295</b>
<b>PROJECT DESC</b>	SITE PLAN APPROVAL FOR CONSTRUCTING 13,800 SF CHURCH ON 18.6 ACRES ZONED A-1		
<b>LOCATION</b>	SOUTHSIDE OF CELERY & WEST OF SIPES AVE		
<b>PARCEL ID</b>	32-19-31-300-0070-0000		
<b>BCC DISTRICT</b>	5-CAREY		

Notice to Applicant: A copy of the staff comments and recommendations will be faxed to the Applicant and the Consultant **by 12:00 noon on the Tuesday before the scheduled meeting**. If you have any questions, please contact Planning and Development Division at (407) 665-7331. **If you intend to have an attorney present, please notify your project manager before meeting date.**

After review of the comments, the applicant may not need to meet with the staff in a group. If so, please contact Planning and Development Division so the agenda may be adjusted accordingly.

Thank you.



SEMINOLE COUNTY GROWTH MANAGEMENT  
 PLANNING & DEVELOPMENT DIVISION  
 1101 EAST FIRST STREET ROOM 2028  
 SANFORD, FL 32771  
 (407) 665-7441 PHONE (407) 665-7385 FAX  
 www.seminolecountyfl.gov/gm

DRC 7/18/10

12-06000041

SMALL SITE PLAN LESS THAN 2,500 SF: YES  NO  DREDGE & FILL: YES  NO

**APPLICANT INFORMATION**

*Electronic PLAN Review*

APPLICANT: Riley Development II, LLC		CONTACT: Joshua Simon
ADDRESS: 7434 E. Stetson Drive		
CITY: Scottsdale	STATE: AZ	ZIP: 85251
PHONE: (602) 672-4559	FAX: (480) 588-4150	EMAIL: joshua@simoncre.com

**CONSULTANT INFORMATION**

ENGINEER: Lochrane Engineering, Inc.		CONTACT: Lee Mullon, P.E.
ADDRESS: 201 South Bumby Avenue		
CITY: Orlando	STATE: FL	ZIP: 32803
PHONE: (407) 896-3317	FAX: (407) 896-9167	EMAIL: lee.mullon@lochrane.com

*e plan coord*

**OWNER INFORMATION**

Is Owner's Authorization Attached? YES  NO

OWNER: Riley Development II, LLC		CONTACT: Joshua Simon
ADDRESS: 7434 E. Stetson Drive		
CITY: Scottsdale	STATE: AZ	ZIP: 85251
PHONE: (602) 672-4559	FAX: (480) 588-4150	EMAIL: joshua@simoncre.com

**SITE INFORMATION**

PARCEL ID #: 18-21-30-515-0000-0010			
PROJECT NAME: Value Pawn			
DESCRIPTION OF PROJECT: Pawn Shop			
INTENDED USE OF PROPERTY: Pawn Shop Expansion			
LOCATION: 7000 S. 17-92, Fern Park, FL 32730			
ZONING: C-2	FUTURE LAND USE: MXD	TOTAL ACREAGE: 0.796	BCC DISTRICT: 4-Henley

**UTILITIES**

WATER PROVIDER: <i>Sem. Co</i>		SEWER PROVIDER: <i>Sem. Co</i>	
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 type="checkbox"/>	NO <input checked="" type="checkbox"/>	
ARBOR PERMIT APPLICATION ATTACHED:	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	FEE ATTACHED: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

**ADDITIONAL SITE INFORMATION**

App. existing Bldg Imp + New because an existing Bldg is being removed + replaced with a new Bldg. *Joy*

IMPERVIOUS SURFACE AREA :	22,248 S.F.		
BUILDING AREA:	EXISTING:	2,112	NEW: 4,199
PAVEMENT AREA:	EXISTING:	20,136	NEW: <del>19,104</del>
IF DREDGE & FILL, HOW MANY CUBIC YARDS OF FILL IS PROPOSED?			

N/A per Lee Mullon, P.E.

**FEES**

SMALL SITE PLAN OR FILL:	\$200.00
DREDGE & FILL:	\$650.00
REGULAR SITE PLAN : <i>Sq. ft. of all NEW Impervious Surfaces (rounded to 2 decimal points)</i>	
To calculate regular site plan application fee, please use the formula below or the fee calculator <a href="http://www.seminolecountyfl.gov/gm/pd_calc.asp">http://www.seminolecountyfl.gov/gm/pd_calc.asp</a>	Fee Amount: \$ 1,126.22
$\Sigma$ \$1000+ $\left[ \frac{\text{New Impervious}}{1000} \right] \times \$20$	= Fee Amount

**CONCURRENCY REVIEW MANAGEMENT SYSTEM: (Please check one.)**

<http://www.seminolecountyfl.gov/gm/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: \_\_\_\_\_ Date: 6/14/12

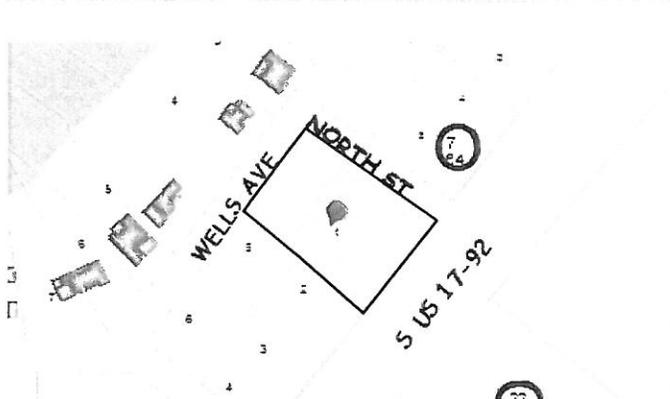
<b>OFFICIAL USE</b>	
PROJECT #:	PLANNER ASSIGNED:



Parcel: 18-21-30-515-0C00-0010  
 Owner: BAKALLA ELMER D TRUSTEE FBO  
 Property Address: 7000 S 17-92 FERN PARK, FL 32730

[< Back](#) [Save Layout](#) [Reset Layout](#) [New Search](#)

Parcel: 18-21-30-515-0C00-0010  
 Property Address: 7000 S 17-92  
 Owner: BAKALLA ELMER D TRUSTEE FBO  
 Mailing: PO BOX 301008  
 CASSELBERRY, FL 32730 - 1008  
 Subdivision Name: PRAIRIE LAKE PARK  
 Tax District: 04-COUNTY- 17-92 REDVDST  
 Exemptions:  
 DOR Use Code: 11-STORES GENERAL-ONE STORY



Map Aerial Both Footprint + - Extents Center  
 Larger Map Dual Map View - External

Value Summary

	2012 Working Values	2011 Certified Values
Valuation Method	Cost/Market	Cost/Market
Number of Buildings	1	1
Depreciated Bldg Value	\$58,342	\$60,041
Depreciated EXFT Value	\$6,131	\$6,187
Land Value (Market)	\$175,000	\$175,000
Land Value Ag		
<b>Just/Market Value **</b>	<b>\$239,473</b>	<b>\$241,228</b>
Portability Adj		
Save Our Homes Adj	\$0	\$0
Amendment 1 Adj	\$0	\$0
Assessed Value	\$239,473	\$241,228

Tax Amount without SOH: \$3,748  
**2011 Tax Bill Amount** \$3,748  
**Tax Estimator**  
 Save Our Homes Savings: \$0

\* Does NOT INCLUDE Non Ad Valorem Assessments

Legal Description

LEG LOT 1 + LOT 5 (LESS SWLY 100 FT) BLK C PRAIRIE LAKE PARK PB 7 PG 64

Tax Details

Taxing Authority	Assessment Value	Exempt Values	Taxable Value
County General Fund	\$239,473	\$0	\$239,473
Schools	\$239,473	\$0	\$239,473
Fire	\$239,473	\$0	\$239,473
Road District	\$239,473	\$0	\$239,473
SJWM(Saint Johns Water Management)	\$239,473	\$0	\$239,473
County Bonds	\$239,473	\$0	\$239,473

Sales

Deed	Date	Book	Page	Amount	Vac/Imp	Qualified
TRUSTEE DEED	07/2006	06319	0375	\$100	Improved	No
WARRANTY DEED	01/1973	00979	0711	\$121,500	Improved	Yes

[Find Comparable Sales within this Subdivision](#)

Land

Method	Frontage	Depth	Units	Unit Price	Land Value
SQUARE FEET	0	0	25,000.000	7.00	\$175,000

Building Information

#	Description	Year Built	Stories	Total SF	Ext Wall	Adj Value	Repl Value	Appendages
1	WOOD	1970	1	212.00	WOOD SIDING WITH WOOD	\$58,342	\$113,285	

WOOD BEAM/COLUMN	1979	1979	WOOD STUDS WITH WOOD OR METAL STUDS	50,000	515,000	Description	Area
						BASE SEMI FINISHED	948

Permits

Permit #	Type	Agency	Amount	CO Date	Permit Date
07768	Personal Property	County	50		08/01/2001
04895	Addition - Residential	County	\$600		07/01/1996
04086	Addition - Commercial	County	\$2,000		06/01/1996
06663	Addition - Commercial	County	\$1,501		10/01/1995
04455	Personal Property	County	\$3,970		07/01/1995
04904	Addition - Commercial	County	\$15,000		07/01/1995

Extra Features

Description	Year Blt	Units	Value	Cost New
COMMERCIAL ASPHALT DR 2 IN	1979	14,840	\$5,402	\$13,504
6' CHAIN LINK FENCE	1995	280	\$729	\$1,680

RECEIVED JUN 19 2012

## Transmittal

**To:** Jodi Doyle **From:** Lee Mullon, P.E.

---

**Company:** Seminole County Planning & Development **Date:** June 19, 2012

---

**Address:** 1101 East 1<sup>st</sup> Street, Room 220 **Sent Via:** Courier

---

**City/State:** Sanford, Florida **Zip:** 32771

---

**Re:** Value Pawn – Fern Park **Project No.:**  
Project #12-80000042

---

- Attached     As Requested     For Your Use     For Your Approval  
 For Your Review and Comment

Copies	Description
1	DRC Site Plan Application for the above referenced project
1	Checklist for Site Plan Review for the above referenced project
1	Check in the amount of \$1,126.22 for the DRC Site Plan Application fee
1	Check in the amount of \$250 for the Concurrency Application (Concurrency Application to be submitted online)

**Comments:** If you should have any questions, or require further information, please do not hesitate to contact me.

you envision.  
together we create.

**Complete Professional Services:**

- Commercial and Residential Land Development
- FDOT Transportation Design and Traffic Operations
- Municipal Highway Design
- Survey and Mapping
- Subsurface Utility Location

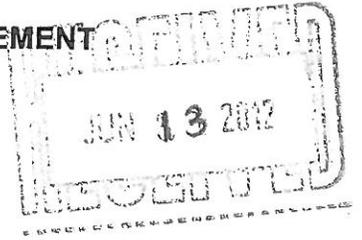
Providing  
- **Quality Service** -  
since **1979**

201 south bumpy avenue  
orlando florida 32803  
phone: 407.896.3317  
fax: 407.896.9167  
[www.lochrane.com](http://www.lochrane.com)

12-0600039



SEMINOLE COUNTY GROWTH MANAGEMENT  
PLANNING & DEVELOPMENT DIVISION  
1101 EAST FIRST STREET ROOM 2028  
SANFORD, FL 32771  
(407) 665-7441 PHONE (407) 665-7385 FAX  
www.seminolecountyfl.gov/gm



SMALL SITE PLAN LESS THAN 2,500 SF: YES  NO

DREDGE & FILL: YES  NO

**APPLICANT INFORMATION**

APPLICANT: J. CAMPBELL ASSOCIATES, INC.	CONTACT: RHANDA CAMPBELL -
ADDRESS: 6570 S. HWY. 17-92	SUMMEY
CITY: FERN PARK	STATE: FL ZIP: 32730
PHONE: 407.831.8282	FAX: EMAIL: SIRVAC@EMBARQMAIL.COM

**CONSULTANT INFORMATION**

ENGINEER: AMERICAN CIVIL ENGINEERING CO.	CONTACT: JOHN HERBERT, P.E.
ADDRESS: 207 N. MOSS RD., SUITE 211	
CITY: WINTER SPRINGS	STATE: FL ZIP: 32708
PHONE: 407.327.7700	FAX: 407.327.0227 EMAIL: johnherbert@bellsouth.net

**OWNER INFORMATION**

Is Owner's Authorization Attached? YES  NO

OWNER: SAME AS APPLICANT	CONTACT:
ADDRESS:	
CITY:	STATE: ZIP:
PHONE:	FAX: EMAIL:

**SITE INFORMATION**

PARCEL ID #: 18-21-30-515-0500-0070
PROJECT NAME: SIRVAC & SEW
DESCRIPTION OF PROJECT: CONSTRUCT A 5,440 SF RETAIL / WAREHOUSE BLDG.
INTENDED USE OF PROPERTY: RETAIL SALES & WAREHOUSE
LOCATION:
ZONING: C-2 FUTURE LAND USE: MIXD TOTAL ACREAGE: 0.459 BCC DISTRICT: 4

**UTILITIES**

WATER PROVIDER: SEM. CO.	SEWER PROVIDER: SEM. CO.
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 checked="" type="checkbox"/>

**ARBOR**

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

CDS

**ADDITIONAL SITE INFORMATION**

IMPERVIOUS SURFACE AREA:	11,425 S.F.				
BUILDING AREA:		EXISTING:	764 S.F.	NEW:	5,440 S.F.
PAVEMENT AREA:		EXISTING:	12,102 S.F.	NEW:	5,985 S.F.
IF DREDGE & FILL, HOW MANY CUBIC YARDS OF FILL IS PROPOSED? N/A					

**FEES**

SMALL SITE PLAN OR FILL:	\$200.00
DREDGE & FILL:	\$650.00
REGULAR SITE PLAN : <i>Sq. ft. of all NEW Impervious Surfaces (rounded to 2 decimal points)</i>	
To calculate regular site plan application fee, please use the formula below or the fee calculator <a href="http://www.seminolecountyfl.gov/gm/pd_calc.asp">http://www.seminolecountyfl.gov/gm/pd_calc.asp</a>	Fee Amount: \$ 1,228.50
$\sum \quad \$1000+ \left[ \frac{\text{New Impervious}}{1000} \right] \times \$20 = \text{Fee Amount}$	

**CONCURRENCY REVIEW MANAGEMENT SYSTEM: (Please check one.)**

<http://www.seminolecountyfl.gov/gm/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: 6/12/12

**OFFICIAL USE**

PROJECT #:	PLANNER ASSIGNED:
------------	-------------------



**SEMINOLE COUNTY GROWTH MANAGEMENT  
PLANNING & DEVELOPMENT DIVISION  
1101 EAST FIRST STREET ROOM 2028  
SANFORD, FL 32771  
(407) 665-7441 PHONE (407) 665-7385 FAX  
www.seminolecountyfl.gov/gm**

**APPLICANT INFORMATION**

APPLICANT: DALY DESIGN GROUP	CONTACT: THOMAS DALY
ADDRESS: 2301 LUCIEN WAY, SUITE 405	
CITY: MAITLAND	STATE: FLORIDA ZIP: 32751
PHONE: 407-740-7373	FAX: EMAIL: tdaly@dalydesign.com

**CONSULTANT INFORMATION**

ENGINEER/SURVEYOR: WILLIAM FOGLE/CIVIL DESIGN GROUP	CONTACT: WILLIAM FOGLE
ADDRESS: 8969 CHARLES E. LIMPUS ROAD	
CITY: ORLANDO	STATE: FLORIDA ZIP: 32836
PHONE: 407-876-3996	FAX: 407-876-4279 EMAIL: wfogle@cf1.rr.com

**OWNER INFORMATION**IS OWNER'S AUTHORIZATION ATTACHED? YES  NO 

OWNER: STENSTROM CAROLYN P SUCC TR FBO	CONTACT: SHARON S. STUMP
ADDRESS: P.O. BOX 665	
CITY: SANFORD	STATE: FL. ZIP: 32771
PHONE:	FAX: EMAIL:

**SUBDIVISION INFORMATION**

PARCEL ID #: 33-19-31-300-004A-0000, 33-19-31-300-004B,-0000, 33-19-31-300-004C, 33-19-31-300-004D-0000, 33-19-31-300-0129A, 33-19-31-300-1290-0000	
PROJECT NAME: CAMERON HEIGHTS PHASE I	33-19-31-300-004F-0000
DESCRIPTION OF PROJECT: RE-INITIATE PREVIOUSLY APPROVED PSP FOR PHASE I	
LOCATION: NORTH OF S.R. 46 ALONG CAMERON AVE.	
NUMBER OF LOTS: 211	TOTAL ACREAGE: 67.72 AC
ZONING: PUD	FUTURE LAND USE: PUD PD <i>g</i>

**UTILITIES**

WATER PROVIDER: CITY OF SANFORD	SEWER PROVIDER: CITY OF SANFORD
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"/> PER PREVIOUS APPROVALS	
ARBOR PERMIT APPLICATION ATTACHED: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	FEE ATTACHED: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

BCC - 5 Carey

Previous Nav #'s

**FEES**

- DEVELOPMENT PLAN --- \$250.00 + \$5.00 PER LOT
  - PRELIMINARY PLAN --- \$1,000.00 + \$15.00 PER LOT (\$2,270.00 MAXIMUM FEE)
  - FINAL ENGINEERING PLAN --- \$3,500.00 + \$25.00 PER LOT (\$5,300.00 MAXIMUM FEE)
  - FINAL PLAT ASSOCIATED WITH FINAL ENGINEERING --- \$200.00\*
- \*A PLAT SUBMITTED AS A SEPARATE REVIEW FROM THE FINAL ENGINEERING REQUIRES A \$200.00 FEE FOR EACH SUBMITTAL
- FINAL PLAT --- (IF NO FINAL ENGINEERING IS REQUIRED) \$1,750.00 + \$25.00 PER LOT
  - MINOR PLAT ---- \$1,000.00 + \$75.00 PER LOT (MAXIMUM 4 LOTS/RESIDENTIAL – MAXIMUM 2 LOTS/COMMERCIAL)

**CONCURRENCY REVIEW MANAGEMENT SYSTEM: (Please check one.)**

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: 6-6-12

<b>OFFICIAL USE</b>	
PROJECT #:	PLANNER ASSIGNED:

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).

Sharyn S. Stump, as Co-Trustee of that certain  
Trust Agreement dated August 29, 1990, the fee simple owner of the following  
(Owner's Name)

described property (Provide Legal Description or Tax Parcel ID Number(s) 33-19-31-300-007A-0000;  
33-19-31-300-004B-0000; 33-19-31-300-004C-0000; 33-19-31-300-004D-0000;  
33-19-31-300-004E-0000; 33-19-31-300-129D-0000; 33-19-31-300-129A-0000;

hereby affirm that THOMAS DALY, DALY DESIGN GROUP is hereby designated to act as  
my / our authorized agent for the filing of the attached application for:

**CIRCLE ONE:** Development Plan; Special Exception; Variance; Vacate; Special Event Permit; Temporary  
Use Permit; Arbor Permit.

and make binding statements and commitments regarding the request.

Sharyn S. Stump  
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.

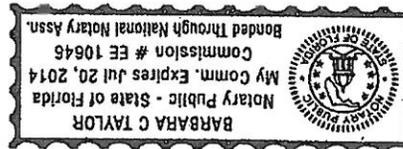
SWORN TO AND SUBSCRIBED before me this 31 day of May, 2012

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County  
aforesaid to take acknowledgments, personally appeared Sharyn Stump who is  
personally known to me or who has produced \_\_\_\_\_ as 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 31 day of  
May, 2012.

Barbara C Taylor  
Notary Public in and for the County and State  
Aforementioned

My Commission Expires: \_\_\_\_\_



12-05500001

RECEIVED JUN 14 2012



SEMINOLE COUNTY GROWTH MANAGEMENT  
PLANNING & DEVELOPMENT DIVISION  
1101 EAST FIRST STREET ROOM 2028  
SANFORD, FL 32771  
(407) 665-7441 PHONE (407) 665-7385 FAX  
www.seminolecountyfl.gov/gm

SMALL SITE PLAN LESS THAN 2,500 SF: YES  NO  DREDGE & FILL: YES  NO

**APPLICANT INFORMATION**

APPLICANT: SAME AS OWNER	CONTACT:
ADDRESS:	
CITY:	STATE: ZIP:
PHONE:	FAX: EMAIL:

**CONSULTANT INFORMATION**

ENGINEER: Madden, Moorhead + Glunt, Inc.	CONTACT: David F. Glunt, P.E.
ADDRESS: 431 E. Horatio Ave., Ste. 260	
CITY: Maitland	STATE: FL ZIP: 32751
PHONE: 407-629-8330	FAX: 407-629-8336 EMAIL: david@madden-eng.com

**OWNER INFORMATION**

Is Owner's Authorization Attached? YES  NO

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

**SITE INFORMATION**

PARCEL ID #: 33-19-31-300 -(0340, -0350, -0360, -0220) - 0000
PROJECT NAME: Cameron Heights Borrow Pit
DESCRIPTION OF PROJECT: Borrow Pit
INTENDED USE OF PROPERTY: Borrow Pit
LOCATION: 46 / Sipes / Celery
ZONING: PUD FUTURE LAND USE: PD TOTAL ACREAGE: 27.76 BCC DISTRICT:

**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 checked="" type="checkbox"/>

**ARBOR**

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

**ADDITIONAL SITE INFORMATION**

IMPERVIOUS SURFACE AREA :	○			
BUILDING AREA:		EXISTING:		NEW:
PAVEMENT AREA:		EXISTING:		NEW:
IF DREDGE & FILL, HOW MANY CUBIC YARDS OF FILL IS PROPOSED? 1750 cy fill / 500,000 cy excavation				

**FEES**

SMALL SITE PLAN OR FILL:	\$200.00
DREDGE & FILL:	\$650.00
REGULAR SITE PLAN : <i>Sq. ft. of all NEW Impervious Surfaces (rounded to 2 decimal points)</i>	
To calculate regular site plan application fee, please use the formula below or the fee calculator <a href="http://www.seminolecountyfl.gov/gm/pd_calc.asp">http://www.seminolecountyfl.gov/gm/pd_calc.asp</a>	Fee Amount: \$
$\Sigma \quad \$1000+ \left[ \frac{\text{New Impervious}}{1000} \right] \times \$20 = \text{Fee Amount}$	

\$1,000 + \$150 per acre excavated (19.45 acres) = \$3,971.50

**CONCURRENCY REVIEW MANAGEMENT SYSTEM: (Please check one.)**

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

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Applicant's Signature: \_\_\_\_\_ Date: 6/8/12

George Glance, President

<b>OFFICIAL USE</b>	
PROJECT #:	PLANNER ASSIGNED:

Phone: (407) 665-7443  
Fax: (407) 665-7456  
Email: [csweet@seminolecountyfl.gov](mailto:csweet@seminolecountyfl.gov)

---

**From:** Nicole Martin [<mailto:nicole@madden-eng.com>]  
**Sent:** Friday, June 15, 2012 8:41 AM  
**To:** Sweet, Cynthia  
**Subject:** Borrow Pit

Cynthia, this is how we calculated our fee:

## VI. BORROW PIT

A. Application for borrow pit operation over 500 cubic yards.....\$1000.00 plus \$150.00 per acre excavated (\$5000.00 maximum fee)

On page 2 of our application Dave Glunt helped me come up with the following calculations:

$\$1000 + \$150 \text{ per acre excavated (19.45 acres)} = \$3,917.50$

Thanks!

Nicole Martin, Permitting Manager  
Madden, Moorhead & Glunt, Inc.  
431 E. Horatio Ave., Ste. 260  
Maitland, FL 32751  
P 407-629-8330  
F 407-629-8336



\* Awarded "Best Engineering Firm" by the Orlando Business Journal \*



Parcel: 33-19-31-300-0340-0000  
 Owner: KB HOME ORLANDO LLC  
 Property Address: SIPES AVE SANFORD, FL 32771

< Back Save Layout Reset Layout New Search

<p>Parcel: 33-19-31-300-0340-0000</p> <p><b>Property Address:</b> SIPES AVE                  Owner: KB HOME ORLANDO LLC                  Mailing: 4127 E VAN BUREN ST #150                  PHOENIX, AZ 85008</p> <p><b>Subdivision Name:</b> <a href="#">[View Plat]</a>                  Tax District: 01-COUNTY-TX DIST 1                  Exemptions:                  DOR Use Code: 9950-PUD-NOT STARTED</p>	<p><b>Value Summary</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>2012 Working Values</th> <th>2011 Certified Values</th> </tr> </thead> <tbody> <tr> <td>Valuation Method</td> <td>Cost/Market</td> <td>Cost/Market</td> </tr> <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></td> <td></td> </tr> <tr> <td>Depreciated EXFT Value</td> <td></td> <td></td> </tr> <tr> <td>Land Value (Market)</td> <td style="text-align: right;">\$190,000</td> <td style="text-align: right;">\$200,000</td> </tr> <tr> <td>Land Value Ag</td> <td></td> <td></td> </tr> <tr> <td><b>Just/Market Value **</b></td> <td style="text-align: right;">\$190,000</td> <td style="text-align: right;">\$200,000</td> </tr> <tr> <td>Portability Adj</td> <td></td> <td></td> </tr> <tr> <td>Save Our Homes Adj</td> <td style="text-align: right;">\$0</td> <td style="text-align: right;">\$0</td> </tr> <tr> <td>Amendment 1 Adj</td> <td style="text-align: right;">\$0</td> <td style="text-align: right;">\$0</td> </tr> <tr> <td><b>Assessed Value</b></td> <td style="text-align: right;">\$190,000</td> <td style="text-align: right;">\$200,000</td> </tr> </tbody> </table> <p style="margin-top: 10px;">Tax Amount without SOH: \$ 3,108  <b>2011 Tax Bill Amount</b> \$ 3,108  <a href="#">Tax Estimator</a>                  Save Our Homes Savings: \$ 0</p> <p><small>* Does NOT INCLUDE Non Ad Valorem Assessments</small></p>		2012 Working Values	2011 Certified Values	Valuation Method	Cost/Market	Cost/Market	Number of Buildings	0	0	Depreciated Bldg Value			Depreciated EXFT Value			Land Value (Market)	\$190,000	\$200,000	Land Value Ag			<b>Just/Market Value **</b>	\$190,000	\$200,000	Portability Adj			Save Our Homes Adj	\$0	\$0	Amendment 1 Adj	\$0	\$0	<b>Assessed Value</b>	\$190,000	\$200,000
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Map Aerial Both Footprint + - Extents Center  
 Larger Map Dual Map View - External

<b>Legal Description</b>																																																								
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Permits					
Permit #	Type	Agency	Amount	CO Date	Permit Date

Extra Features					
Description	Year Blt	Units	Value	Cost New	



12-06000040

 <p><b>SEMINOLE COUNTY</b> RESIDENTIAL CODES</p>	<p><b>APPLICATION FOR SITE PLAN REVIEW</b> SEMINOLE COUNTY GOVERNMENT DEVELOPMENT REVIEW DIVISION 1101 EAST FIRST STREET SANFORD FL 32771-1468 (407) 665-7331</p>
---	---

<b>APPLICANT INFORMATION:</b> <small>Check if primary contact.</small>									
Applicant: Oviedo Dental Specialists, LLC					Contact: Tom Meena				
Address: 610 North Mills Avenue, Suite 100									
City: Orlando				State: FL		Zip: 32803			
Phone: 407 - 843 - 2261			Fax: 407 - 841 - 0247						
Email: tmeena@cforalsurgery.com									

<b>CONSULTANT INFORMATION:</b> <input checked="" type="checkbox"/> <small>Check if primary contact.</small>									
Engineer: Kimley-Horn and Associates, Inc.					Contact: Jason Lewis				
Address: 3675 Innovation Drive									
City: Lakeland				State: Florida		Zip: 33812			
Phone: 863 - 701 - 8702			Fax: 863 - 701 - 9832						
Email: jason.lewis@kimley-horn.com									

<b>OWNER INFORMATION:</b> <small>Check if primary contact.</small>									
Owner: Oviedo Dental Specialists, LLC					Contact: Thomas Meena				
Address: 610 North Mills Avenue, Suite 100									
City: Orlando				State: FL		Zip: 32803			
Phone: 407 - 843 - 2261			Fax: 407 - 841 - 0247						
Email: tmeena@cforalsurgery.com									

<b>SITE INFORMATION</b>	<a href="http://www.seminolecountyfl.gov/pd/devrev/plansummary.asp">http://www.seminolecountyfl.gov/pd/devrev/plansummary.asp</a>
-------------------------	---

Parcel ID # :	20	-	21	-	31	-	5ME	-	0000	-	0060	
Project Name:	Central Florida Oral & Maxillofacial Surgery, P.A. (CFOS)											
Intended Use of Property:	medical office											
Zoning:	PUD					Future Land use:	CONS					
Total Parcel Acreage:	1.05											
Total Buildable Acreage (excluding wetlands & flood prone acreage):	1.05											
Are there Dredge/Fill activities?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>								

RECEIVED JUN 13 2012

Approx. percentage of wetland on site:		0	
Is the property served by well?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
Is the property served by septic?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	If septic service is proposed, additional review fee for the Department of Health is required <b>(\$150.00)</b>
Water & Sewer Utility Provider :		Seminole County	
Impervious Surface Area:		.68 ACRES	
Building Area:	Existing:	New:	3,600
Pavement Area:	Existing:	New:	
Sq. ft. of all NEW Impervious Surfaces (rounded to 2 decimal points)			
To calculate site plan application fee, please use the formula below or the fee calculator <a href="http://www.seminolecountyfl.gov/pd/pd_calc.asp">http://www.seminolecountyfl.gov/pd/pd_calc.asp</a>			Fee Amt: \$ <del>1297.00</del>
$\Sigma$	\$1000+	$\left[ \frac{\text{New Impervious}}{1000} \right]$	x \$20 = Fee Amt

\$ 1072.00  
Dough

**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:  Date: 6/7/12

REG-408 PRIMARY CONTACT INFORMATION (OR IF NOT IDENTIFIED ABOVE)

RECEIVED JUN 13 2012

**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: <u>Ovido Dental spialists, LLC</u>	Name: _____
Address: <u>610 North Mills Ave. Ste 100; Orlando, FL 32803</u>	Address: _____
Phone #: <u>407-843-2261</u>	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: _____	Name of Corporation: _____
Officers: _____	Officers: _____
Address: _____	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: _____	Beneficiaries: _____
Trustees: _____	Address: _____
Address: _____	_____

(Use additional sheets for more space.)

RECEIVED JUN 13 2012

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: <u>Oviedo Dental Specialists, LLC</u>	Name of Partnership: _____
Principal: <u>Michael Langan, Manager</u>	Principal: _____
Address: <u>610 North Mills Ave., Suite 100, Orlando, Florida 32803</u>	Address: _____

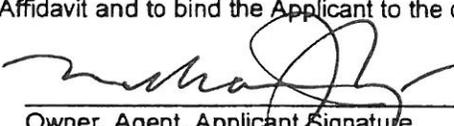
(Use additional sheets for more space.)

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

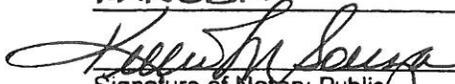
(Use additional sheets for more space.)

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.

<u>6/7/12</u> Date	 Owner, Agent, Applicant Signature
-----------------------	---

STATE OF FLORIDA  
COUNTY OF ORANGE

Sworn to (or affirmed) and subscribed before me this 7<sup>TH</sup> day of JUNE, 2012 by MICHAEL J. LANGAN.

 Signature of Notary Public	<u>KELLIE M. SOUZA</u> 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: \_\_\_\_\_

Form #  
Date

RECEIVED JUN 13 2012



Kimley-Horn  
and Associates, Inc.

June 12, 2012

■  
3675 Innovation Drive  
Lakeland, Florida  
33812

Seminole County  
DEVELOPMENT REVIEW DIVISION  
1101 East First Street  
Sanford, Florida 32771

RE: Central Florida Oral & Maxillofacial Surgery, P.A. (CFOS)  
Parcel #202131-5ME-0000-0060  
Pre-Application DRD#09-80000047

Attention: Reviewer

Please find attached the following applications and fees to start the Site Plan review for the above referenced site. It is our understanding the Engineer will be notified when to upload the site plans.

- One (1) Site Plan Review Application
- One (1) Arbor Application
- \$1,897.00 (site plan review fee, arbor fee and concurrency fee.

The concurrency application has submitted electronically.

If you have any questions or require additional information, please contact me at 863-701-8702 or [Jason.lewis@kimley-horn.com](mailto:Jason.lewis@kimley-horn.com).

Sincerely,

***KIMLEY-HORN AND ASSOCIATES, INC.***

A handwritten signature in black ink, appearing to be 'JAL', written over a faint, larger signature.

Jason A. Lewis, P.E.  
Senior Project Manager

JAL:pre

Attachments

Cc: Oviedo Dental Specialists, LLC

K:\LAK\_Civil\046130000 - CFOS - Seminole\\_Agencies\County\2012-06-12 Site Plan application  
submittal.doc

■  
TEL 863 701 8702  
FAX 863 701 9832

RECEIVED JUN 13 2012



**ARBOR APPLICATION/TREE REMOVAL**  
**Seminole County, Florida**

1101 EAST FIRST STREET • ROOM 2028 • SANFORD, FLORIDA 32771

PERMIT #: \_\_\_\_\_ PARCEL ID #: 20-21-31-51ME-0000-0060  
 Address of Location: 7656 Red Bug Lake Rd. Oviedo  
 Project Name: C.F.O.S. # of Acres: 1.05

Reason for tree removal: site development

	TREE SPECIES	NUMBER TO BE REMOVED
<input checked="" type="checkbox"/> Located in building area	<u>Oak (Palm)</u>	<u>4 (1)</u>
<input type="checkbox"/> Located in street right-of-way	_____	_____
<input checked="" type="checkbox"/> OTHER Please describe: <u>Parking Area</u>	<u>Oak</u>	<u>2</u>
	TREE SPECIES	NUMBER TO BE RETAINED
<input checked="" type="checkbox"/> SPECIES AND NUMBER OF TREES TO BE RETAINED ON PROPERTY:	<u>Oak</u>	<u>6</u>

APPLICANT: OVIEDO DENTAL SPECIALISTS  
MICHAEL J. LANGAN - MANAGING MEMBER  
 ADDRESS: 610 N MILLS AVE #100, ORLANDO, FL 32803  
 PHONE: 407.843.2261 EMAIL: \_\_\_\_\_  
 SIGNATURE: [Signature] FAX: 407.841.0247

**INSTRUCTIONS:**

This application must be approved prior to the removal of any tree with a trunk diameter of 3" or larger. Two copies of a site plan, indicating location and DBH of trees to be removed, must accompany the application. During construction, care must be taken to avoid damage to those that are to be retained.

**RELOCATION OR REPLACEMENT TREES MAY BE REQUIRED PER S.C.L.D.C. CH 60**

**FOR OFFICE USE ONLY**

APPROVED  DISAPPROVED

CONDITIONS: PERMIT SHALL EXPIRE 1 YEAR FROM DATE OF APPROVAL

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**Fee: \$25.00 per acre (round up), max. \$500.00**

FEE: \_\_\_\_\_ APPROVED BY: \_\_\_\_\_  
 JOB TITLE: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 APPROVAL DATE: \_\_\_\_\_

**Doyle, Jodi**

---

**From:** Forte, Jami  
**Sent:** Wednesday, June 13, 2012 9:03 AM  
**To:** Doyle, Jodi  
**Subject:** FW: Application for Concurrency Review

Morning,

Below is the concurrency application for Central Fla. Oral & Maxillofacial Surgery project, the fee for review is \$250.00.

Let me know if you have any questions.

Thank you & have a pleasant day,

*Jami Forte*

**Planning Coordinator for  
Impact Fee's & Concurrency**

Seminole County Growth Management  
Business Office  
1101 East 1st Street  
Sanford, Florida 32771

407-665-7356 office  
407-665-7407 fax  
[jforte@seminolecountyfl.gov](mailto:jforte@seminolecountyfl.gov)



Where Customer Service is our top priority.  
[www.seminolecountyfl.gov/gm/survey.asp](http://www.seminolecountyfl.gov/gm/survey.asp)

---

**From:** is\_web@seminolecountyfl.gov [mailto:is\_web@seminolecountyfl.gov]  
**Sent:** Tuesday, June 12, 2012 1:15 PM  
**To:** Forte, Jami; Riley, Sandra  
**Subject:** Application for Concurrency Review

A new Application for Concurrency Review was submitted online:

**APPLICANT INFORMATION**

\* **Applicant Name:** Oviedo Dental Specialists, LLC  
\* **Mailing Address:** 610 North Mills Avenue, Suite 100  
\* **City:** Orlando  
\* **State:** Florida  
\* **Zip:** 32803  
\* **Phone Number:** 407-843-2261  
**Fax Number:** 407-841-0247  
**Email:** [tmeena@cforalsurgery.com](mailto:tmeena@cforalsurgery.com)

**OWNER INFORMATION**

\* **Owner Name:** Oviedo Dental Specialists, LLC  
\* **Mailing Address:** 610 North Mills Avenue, Suite 100  
\* **City:** Orlando  
\* **State:** Florida  
\* **Zip:** 32803  
\* **Phone Number:** 407-843-2261  
**Fax Number:** 407-841-0247  
**Email:** [tmeena@cforalsurgery.com](mailto:tmeena@cforalsurgery.com)

**PROJECT INFORMATION**

\* **Project/Subdivision Name:** Central Florida Oral and maxillofacial Surgery (CFOS)  
\* **Property Address:** 7656 Red Bug Lake Road  
\* **City:** Oviedo  
\* **State:** Florida  
\* **Zip:** 32765

*Please list all Tax Parcel ID numbers for all properties included in this proposal/request.*

**Tax Parcel I.D. #1:** 2021315ME00000060  
**Tax Parcel I.D. #2:**  
**Tax Parcel I.D. #3:**  
**Tax Parcel I.D. #4:**

**APPLICATION INFORMATION**

\* **This application:** is submitted in conjunction with a development plan.

**If submitted with a development application, select the type of development order applied for below:**

**TYPES OF FINAL DEVELOPMENT ORDERS**

Concurrency Review is: Required

Unless Applicant provides an Affidavit of Prior Vesting / Concurrency Certificate  
Site Plan

**FOR SEMINOLE COUNTY SCHOOLBOARD USE ONLY**

[ ] PROVISION OF PUBLIC FACILITIES / SERVICE TO SCHOOL SITE

**This proposal:**

Is for new development / construction

**A Signed and Sealed Traffic Impact Study is:**

NOT REQUIRED: since this application is specifically for:  
Medical Office / Vet Clinics (<15,000 sq. ft.)

**Utility Service Provision:**

a) **Water Service (Utility Provider):** Served by Seminole County

b) **Sewer Service (Utility Provider):** Served by Seminole county

c) **Landscape Irrigation System:**

Will this project use Potable Water for Landscape Irrigation?

Yes over an irrigated landscape area of 15000 square feet at an applicable rate of .75 inches/week, and 1030 gpd.

**A water and Sewer Demand Estimate Prepared By a Certified Engineer is:**

NOT INCLUDED: I understand that Seminole County will make an estimate of water and sewer demand based upon the information in this application, but that I am solely responsible for assuring the accuracy of demand calculations for the purpose of paying connection fees. If sufficient data to perform an accurate demand calculation is not provided, applicants engineer will need to meet with the County Environmental Services Division prior to completing a utility agreement and payment of fees to determine a final demand calculation.

**PROJECT SIZE AND PHASING:** Below, clearly identify past or existing uses or structures, if applicable, and proposed new development/construction. Credit for prior uses can only be given if the information is clear and complete. (Note: Sizes, types, and number of units as filled out below and as indicated on the plans will be assumed as maximums for estimating project demand and the Certificate of Concurrency will be conditioned upon and only valid for such maximums provided on this application)

PHASE Number of Phases (if applicable)	NUMBER OF ACRES	SPECIFIC USE (S)	BUILDING GROSS SQUARE FEET or NUMBER OF UNITS / LOTS
<i>Example: Phase I</i>	<i>15</i>	<i>Single Family</i>	<i>95 Units</i>
Phase 1	1.05	commercial	3600 sq.ft.

**CERTIFICATION**

I hereby certify that the information contained herein is true and correct and that I am either the true and sole owner of the subject property, or am authorized to act on behalf of the true owner(s) in all regards on this matter, pursuant to proof and authorization submitted with the corresponding development application or attached hereto. I hereby represent that I have the lawful right and authority to file this application.

I understand that submission of the form initiates a process and does not imply approval by Seminole County. I further understand that issuance of a Certificate of Concurrency will require successful completion of Development Review and payment of Facility Reservation Fees, and that likewise no final development order will be issued except upon successful completion of this Concurrency Review. I further understand that "Inquiry Only" Review will result in no Certificate of Concurrency being issued, and therefore no binding assurance of future capacity, and that a new Concurrency Review application will be required in conjunction with the first final development order applies for on this property.

[X] I have read and agree with the statements above.

After review of the comments, the applicant may not need to meet with the staff in a group. If so, please contact Development Review so the agenda may be adjusted accordingly.

Thank you.

OVIEDO DENTAL SPECIALISTS LLC 04/2009  
610 N MILLS AVE STE 100  
ORLANDO, FL 32803-7103

146  
63-215/631

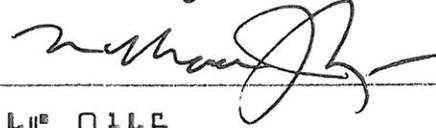
JUNE 7, 2012  
Date

Pay to the order of SEMINOLE COUNTY \$ 1897.00

One thousand eight hundred ninety-seven <sup>10/100</sup> <sup>100</sup>/<sub>100</sub> -

  
SUNTRUST<sup>®</sup> ACH RT 061000104

For SITE PLAN REVIEW

  
MP

⑆063102152⑆1000088198154⑈0146

Awaiting corrected fee church.

 <p><b>SEMINOLE COUNTY</b> FLORIDA'S NATURE STATE</p>		<b>CHECKLIST FOR SITE PLAN REVIEW</b>	
		SEMINOLE COUNTY GOVERNMENT	
		DEVELOPMENT REVIEW DIVISION	
		1101 EAST FIRST STREET	
		SANFORD FL 32771-1468 (407) 665-7331	
<i>Engineer's</i>			
Applicant's Initial	<b>APPLICATION SUBMITTAL CHECKLIST</b>		Staff's Initial
	<b>Residential Projects Only: A dated copy of School Impact Analysis submitted to the School Board</b>		
<i>ML</i>	Transmittal Letter		
<i>ML</i>	Completed Application		
<i>ML</i>	Fee-Check#	Amount: \$1,897.00	<i>1072.00 SP</i> <i>800.00 concurrency</i> <i>25.00 arbor</i> <hr/> <i>1897.00</i>
<i>on line</i>	Concurrency Application		
<i>ML</i>	Fee-Check#	Amount: \$800.00	
<i>ML</i>	Arbor Application		
<i>ML</i>	Fee-Check#	Amount: \$ 25.00	
	Health Department Fees		
	Fee-Check#	Amount: 0	
	Complete sets of Site Plan (12 folded copies)		
	Landscape plans	<i>attached</i>	
	Lighting plans	<i>attached, (if applicable)</i>	
	Irrigation plans	<i>attached</i>	
	Stormwater Calculations (2 copies)		
	Soils Report (2 copies) (if applicable)		
	Lift Station Calculations (2 copies) (if applicable)		
	Traffic and Engineering Report (2 copies)		
	Staff's Signature:		
	Date:		
<b>FOR OFFICIAL USE</b>			
	PROJECT#:	PLANNER:	

**SEMINOLE COUNTY GROWTH MANAGEMENT DEPARTMENT**



PLANNING & DEVELOPMENT DIVISION  
1101 EAST FIRST STREET ROOM 2028  
SANFORD, FL 32771  
(407) 665-7441 PHONE  
(407) 665-7385 FAX

APPL # Z 2012-012  
PROJ # 12-20500009  
FLUA # \_\_\_\_\_

**APPLICATION TO THE SEMINOLE COUNTY  
PLANNING & ZONING COMMISSION / LOCAL PLANNING AGENCY AND BOARD OF COMMISSIONERS**

Applications to the Seminole County Planning & Zoning Commission / Local Planning Agency and Board of County Commissioners shall include **all applicable items listed in the Application Submittal Checklist**. No application will be scheduled for Development Review Committee (DRC) consideration until a complete application (including all information requested below) has been received by the Growth Management Department, Planning & Development Division.

**APPLICATION SUBMITTAL CHECKLIST:**

**\*\*THIS BOX FOR STAFF USE ONLY\*\***

- COPY OF PRE-APPLICATION REVIEW INFORMATION, IF APPLICABLE
- PROPERTY OWNER PRINTOUT FROM PROPERTY APPRAISER'S WEBSITE
- PROPERTY OWNER'S AUTHORIZATION FORM (ADDITIONAL DOCUMENTATION REQUIRED IF OWNER IS A TRUST OR CORPORATION)
- OWNERSHIP DISCLOSURE FORM
- SCHOOL IMPACT ANALYSIS (CONTACT SCHOOL BOARD FOR APPLICATION) *N/A Exempt per Jami*
- CONCURRENCY APPLICATION/DEFERRAL AFFIDAVIT AND FEE IF REQUIRED \$ Exempt 11 11
- BOUNDARY SURVEY (2 COPIES)
- ELECTRONIC LEGAL DESCRIPTION IN DIGITAL WORD FORMAT (COMPACT DISK OR EMAIL ONLY)
- PUD/PCD FINAL MASTER/SITE PLAN REQUIRES A DRAFT DCA IN DIGITAL WORD FORMAT (COMPACT DISK OR EMAIL ONLY) *DCA previously emailed to Brian Walker*
- REZONING TO PUD, PCD, OP, RP, RM-2, RM-3, R-3, R-3A, R-4 AND MYRTLE STREET CONSERVATION VILLAGE REQUIRES 16 FULL-SIZE SETS OF SITE PLANS OR MASTER PLANS AND AN 11" X 17" PDF FILE (COMPACT DISK OR EMAIL ONLY)
- APPLICATION FEE \$ \_\_\_\_\_

**SIGNATURE OF STAFF PROJECT MANAGER CERTIFYING THAT THE APPLICATION IS SUFFICIENT**

**APPLICATION TYPE - PLEASE CHECK ALL THAT APPLY**

- LARGE SCALE FUTURE LAND USE AMENDMENT (LSFLUA) FROM: \_\_\_\_\_ TO: \_\_\_\_\_
- SMALL SCALE FUTURE LAND USE AMENDMENT (SSFLUA) FROM: \_\_\_\_\_ TO: \_\_\_\_\_
- PLANNED DEVELOPMENT AMENDMENT TO EXISTING PD (LS/SSFLUA) FROM: \_\_\_\_\_ TO: \_\_\_\_\_

**[NOTE: ATTACHMENT "A" AND ALL SUPPORT MATERIALS MUST BE SUBMITTED FOR LAND USE AMENDMENTS ABOVE]**

- REZONING (WITHOUT SITE PLAN) FROM: \_\_\_\_\_ TO: \_\_\_\_\_
- REZONING TO PUD, PCD, OP, RP, RM-2, RM-3, R-3, R-3A, or R-4 FROM: \_\_\_\_\_ TO: \_\_\_\_\_
- PUD/PCD MAJOR AMENDMENT
- PUD/PCD MINOR AMENDMENT
- PUD FINAL MASTER PLAN
- DEVELOPMENT OF REGIONAL IMPACT NOPC
- MYRTLE STREET CONSERVATION VILLAGE

7/18  
DLC

PROPERTY OWNER / AUTHORIZED AGENT INFORMATION		
	PROPERTY OWNER	AUTHORIZED AGENT *
NAME	M & O Limited Partnership LLC	Roger E. Owen, General Partner
IF THE OWNER IS A CORPORATION OR TRUST, GIVE THE <u>NAME AND TITLE</u> OF THE PERSON WHO CAN LEGALLY SIGN ON BEHALF OF THE CORPORATION AND PROVIDE DOCUMENTATION THAT THEY HAVE LEGAL AUTHORITY :		
ADDRESS	532 S. Econ Circle, Suite 160, Oviedo, Florida 32765	← Contact info for Roger Owen.
PHONE 1	407-971-6300	← " 4
PHONE 2	407-222-7425 (cell phone of Roger Owen)	← " "
FAX	407-971-6300	← " "
E-MAIL	rogerowenrealty@yahoo.com	
If you have a consultant that is not listed on the application and you would like us to contact them directly and give them the DRC comments, provide their contact information on a separate sheet, otherwise any questions and/or comments will be directed to the property owner or authorized agent listed above.		

\* Proof of property owner's authorization is required with submittal if signed by authorized agent.

**NAME AND PHONE NUMBER OF PERSON WHO WILL POST PLACARD** Roger E. Owen 407-971-6300

PROJECT INFORMATION	
PROJECT NAME	PCD Amendment Lot 1D, South Park Business Center
SITE ADDRESS	551 S. Econ Circle, Oviedo, Florida, 32765
BCC DISTRICT	Dallari 1
EXISTING USE(S)	PCD
PROPOSED USE(S)	C-2 Retail as added use
PROPERTY ID NUMBER(S)	Lot 1D South Park Business Center 33-21-31-507-0000-01D0
SIZE OF PROPERTY	1.037 Acres (45,171.7 sf) <b>acres</b>
GENERAL LOCATION	South Side of Seminole County - off Alafaya Trail.
SOURCE OF WATER	Seminole County
SOURCE OF SEWER	Seminole County
RECLAIM PROVIDER	NA

**CONCURRENCY REVIEW MANAGEMENT SYSTEM (PLEASE CHECK ONE)**

I elect to defer the Concurrency Review that is required by Chapter 163, Florida Statutes, per Seminole County's Comprehensive Plan for the above listed property until a point as late as Site Plan and/or Final Engineering submittals for this proposed development plan. 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. PCD Final Site Plan/PCD Final Site Plan Amendment may not defer.

I hereby declare and assert that the aforementioned proposal and property described are covered by a valid previously issued Certificate of Vesting or a prior Concurrency determination (Test Notice issued within the past (two years) as identified below: (Please attach a copy of the Certificate of Vesting or Test Notice.) *exempt per Janie Forte*

<b>TYPE OF CERTIFICATE:</b>	<b>CERTIFICATE NUMBER:</b>	<b>DATE ISSUED:</b>
<b>VESTING:</b>	CV- _____	_____
<b>TEST NOTICE:</b>	_____	_____

Concurrency Application and appropriate fee are 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 the full payment of applicable facility reservation fees is a Certificate of Concurrency issued and entered into the Concurrency Management monitoring system.

**By my signature hereto, I do hereby certify that the information contained in this application is true and correct to the best of my knowledge, and understand that deliberate misrepresentation of such information may be grounds for denial or reversal of this application and / or revocation of any approval based upon this application.**

I hereby authorize County staff to enter upon the subject property at any reasonable time for the purposes of investigating and reviewing this request. I also hereby agree to place a public notice sign (placard) on the subject property at a location(s) to be determined by County staff.

**I further acknowledge** that Seminole County may not defend any challenge to my proposed future land use amendment / rezoning and related development approvals, and that it may be my sole obligation to defend any and all actions and approvals, which authorize the use or development of the subject property. Submission of this form initiates a process and does not imply approval by Seminole County or any of its boards, commissions or staff.

**I further acknowledge** that I have read the information contained in this application form pertaining to proposed amendments to the official zoning map, official Future Land Use map, and / or comprehensive plan and have had sufficient opportunity to inquire with regard to matters set forth therein and, accordingly, fully understand all applicable procedures and matters relating to this application.

I hereby represent that I have the lawful right and authority to file this application.

*Roger E. Owen* \_\_\_\_\_ *June 13 / 2012*  
**SIGNATURE OF AUTHORIZED APPLICANT\*** **DATE**

\* Proof of property owner's authorization is required with submittal if signed by someone other than the property owner.  
*ROGER E. OWEN*  
**PRINT OR TYPE NAME**

**SEMINOLE COUNTY APPLICANT AUTHORIZATION FORM  
(ORIGINAL ONLY)**

An authorized applicant is defined as:

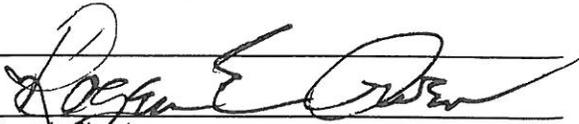
- The property owner of record; or
- An agent of said property owner (power of attorney to represent and bind the property owner must be submitted with the application); or
- Contract purchaser (a copy of a fully executed sales contract must be submitted with the application containing a clause or clauses allowing an application to be filed).

I Roger E. Owen, General Partner of M&O Limited Partnership LLC, the fee simple owner of the following  
(Owner's Name)  
described property (Provide Legal Description or Tax Parcel ID Number(s)) 33-21-31-507-0000-01D0

hereby affirm that NA is hereby designated to act as my / our authorized agent for the filing of the attached application for:

**CIRCLE ONE:** Development Plan, Special Exception; Variance; Vacate; Special Event Permit; Temporary Use Permit; Arbor Permit.

and make binding statements and commitments regarding the request.

  
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.

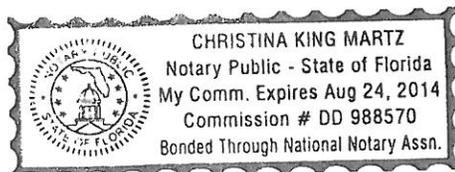
**SWORN TO AND SUBSCRIBED** before me this 13<sup>th</sup> day of June, 2012.

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared Roger Owen, who is personally known to me or who has produced \_\_\_\_\_ as 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 13<sup>th</sup> day of June, 2012.

  
Notary Public in and for the County and State  
Aforementioned

My Commission Expires: 8/24/2014



**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
Roger E. Owen	532 S. Econ Circle, Suite 160, Oviedo, Fl. 32765	407-971-6300
Howard Myers	134 Merz Blvd., Fairlawn, Ohio 44333	330-864-5011

(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 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
Roger E. Owen	532 S. Econ Circle, Ste. 160, Oviedo, Fl. 32765	50%
Howard Myers	134 Merz Blvd., Fairlawn, Ohio 44333	50%

(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 of LLC: \_\_\_\_\_

NAME	TITLE	ADDRESS	% OF INTEREST

(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, partnership, or LLC, provide the information required for those entities in paragraphs 2, 3, 4 and/or 5 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 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.

6-18-12

Date

[Signature]  
Owner, Agent, Applicant Signature

STATE OF FLORIDA  
COUNTY OF Seminole

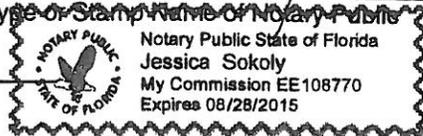
Sworn to (or affirmed) and subscribed before me this 18<sup>th</sup> day of June, 2012 by Roger E. OWEN

[Signature]  
Signature of Notary Public

Jessica Sokoly  
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: \_\_\_\_\_

Revised 1st page  
(via email)

RECEIVED JUN 21 2012

**SEMINOLE COUNTY GROWTH MANAGEMENT DEPARTMENT**



PLANNING & DEVELOPMENT DIVISION  
1101 EAST FIRST STREET ROOM 2028  
SANFORD, FL 32771  
(407) 665-7441 PHONE  
(407) 665-7385 FAX

APPL # 22012-13  
PROJ # 12-20500010  
FLUA # \_\_\_\_\_

**APPLICATION TO THE SEMINOLE COUNTY  
PLANNING & ZONING COMMISSION / LOCAL PLANNING AGENCY AND BOARD OF COMMISSIONERS**

Applications to the Seminole County Planning & Zoning Commission / Local Planning Agency and Board of County Commissioners shall include **all applicable items listed in the Application Submittal Checklist**. No application will be scheduled for Development Review Committee (DRC) consideration until a complete application (including all information requested below) has been received by the Growth Management Department, Planning & Development Division.

<b>APPLICATION SUBMITTAL CHECKLIST:</b>	<b>**THIS BOX FOR STAFF USE ONLY**</b>
<input checked="" type="checkbox"/> COPY OF PRE-APPLICATION REVIEW INFORMATION, IF APPLICABLE	
<input checked="" type="checkbox"/> PROPERTY OWNER PRINTOUT FROM PROPERTY APPRAISER'S WEBSITE	
<input checked="" type="checkbox"/> PROPERTY OWNER'S AUTHORIZATION FORM (ADDITIONAL DOCUMENTATION REQUIRED IF OWNER IS A TRUST OR CORPORATION)	
<input checked="" type="checkbox"/> OWNERSHIP DISCLOSURE FORM	
<u>N/A</u> SCHOOL IMPACT ANALYSIS (CONTACT SCHOOL BOARD FOR APPLICATION)	
<input type="checkbox"/> CONCURRENCY APPLICATION/DEFERRAL AFFIDAVIT AND FEE IF REQUIRED \$ <u>Deferral</u>	
<input checked="" type="checkbox"/> BOUNDARY SURVEY (2 COPIES)	
<input checked="" type="checkbox"/> ELECTRONIC LEGAL DESCRIPTION IN DIGITAL WORD FORMAT (COMPACT DISK OR EMAIL ONLY)	
<input checked="" type="checkbox"/> PUD/PCD FINAL MASTER/SITE PLAN REQUIRES A DRAFT DCA IN DIGITAL WORD FORMAT (COMPACT DISK OR EMAIL ONLY)	
<input checked="" type="checkbox"/> REZONING TO PUD, PCD, OP, RP, RM-2, RM-3, R-3, R-3A, R-4 AND MYRTLE STREET CONSERVATION VILLAGE REQUIRES <u>16</u> FULL-SIZE SETS OF SITE PLANS OR MASTER PLANS AND AN <u>11" X 17"</u> PDF FILE (COMPACT DISK OR EMAIL ONLY)	
<input checked="" type="checkbox"/> APPLICATION FEE \$ <u>2,125</u>	
SIGNATURE OF STAFF PROJECT MANAGER CERTIFYING THAT THE APPLICATION IS SUFFICIENT	

**APPLICATION TYPE – PLEASE CHECK ALL THAT APPLY**

- LARGE SCALE FUTURE LAND USE AMENDMENT (LSFLUA) FROM: \_\_\_\_\_ TO: \_\_\_\_\_
- SMALL SCALE FUTURE LAND USE AMENDMENT (SSFLUA) FROM: \_\_\_\_\_ TO: \_\_\_\_\_
- PLANNED DEVELOPMENT AMENDMENT TO EXISTING PD (LS/SSFLUA) FROM: \_\_\_\_\_ TO: \_\_\_\_\_

[NOTE: ATTACHMENT "A" AND ALL SUPPORT MATERIALS MUST BE SUBMITTED FOR LAND USE AMENDMENTS ABOVE]

- REZONING (WITHOUT SITE PLAN) FROM: \_\_\_\_\_ TO: \_\_\_\_\_
- REZONING TO PUD, PCD, OP, RP, RM-2, RM-3, R-3, R-3A, or R-4 FROM: A-1 TO: PCD
- PUD/PCD MAJOR AMENDMENT
- PUD/PCD MINOR AMENDMENT
- PUD FINAL MASTER PLAN
- DEVELOPMENT OF REGIONAL IMPACT NOPC
- MYRTLE STREET CONSERVATION VILLAGE

PROPERTY OWNER / AUTHORIZED AGENT INFORMATION		
	PROPERTY OWNER	AUTHORIZED AGENT *
<b>NAME</b> Jerry M Cutrona MGRM	Monroe Investments, LLC	
IF THE OWNER IS A CORPORATION OR TRUST, GIVE THE NAME AND TITLE OF THE PERSON WHO CAN LEGALLY SIGN ON BEHALF OF THE CORPORATION AND PROVIDE DOCUMENTATION THAT THEY HAVE LEGAL AUTHORITY :		
<b>ADDRESS</b>	Jerry M. Cutrona Managing Member	248 Via Tuscany Loop Lake Mary, FL 32746
<b>PHONE 1</b>		
<b>PHONE 2</b>		
<b>FAX</b>		
<b>E-MAIL</b>		
If you have a consultant that is not listed on the application and you would like us to contact them directly and give them the DRC comments, provide their contact information on a separate sheet, otherwise any questions and/or comments will be directed to the property owner or authorized agent listed above.		

\* Proof of property owner's authorization is required with submittal if signed by authorized agent.

**NAME AND PHONE NUMBER OF PERSON WHO WILL POST PLACARD** Jean Abi-Aoun, P.E.  
407-895-0324

PROJECT INFORMATION	
<b>PROJECT NAME</b>	Becknell Industrial Facility-Sanford, Florida
<b>SITE ADDRESS</b>	535 N. Elder Road, Sanford, Florida 32771
<b>BCC DISTRICT</b>	District 5
<b>EXISTING USE(S)</b>	Vacant
<b>PROPOSED USE(S)</b>	Industrial
<b>PROPERTY ID NUMBER(S)</b>	16-19-30-5AC-0000-067A
<b>SIZE OF PROPERTY</b>	4.33 <span style="float: right;">acres</span>
<b>GENERAL LOCATION</b>	East side of Elder Road halfway between SR46 & Church Street in The City of Sanford.
<b>SOURCE OF WATER</b>	Seminole County Public Water Line
<b>SOURCE OF SEWER</b>	Seminole County Public Sewer Line
<b>RECLAIM PROVIDER</b>	N/A

**CONCURRENCY REVIEW MANAGEMENT SYSTEM (PLEASE CHECK ONE)**

✓	I elect to defer the Concurrency Review that is required by Chapter 163, Florida Statutes, per Seminole County's Comprehensive Plan for the above listed property until a point as late as Site Plan and/or Final Engineering submittals for this proposed development plan. 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. PCD Final Site Plan/PCD Final Site Plan Amendment may not defer.	
	I hereby declare and assert that the aforementioned proposal and property described are covered by a valid previously issued Certificate of Vesting or a prior Concurrency determination (Test Notice issued within the past (two years) as identified below: (Please attach a copy of the Certificate of Vesting or Test Notice.)	
	<u>TYPE OF CERTIFICATE:</u>  VESTING:  TEST NOTICE:	<u>CERTIFICATE NUMBER:</u>  CV- _____  _____
		<u>DATE ISSUED:</u>  _____  _____
	Concurrency Application and appropriate fee are 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 the full payment of applicable facility reservation fees is a Certificate of Concurrency issued and entered into the Concurrency Management monitoring system.	

**By my signature hereto, I do hereby certify that the information contained in this application is true and correct to the best of my knowledge, and understand that deliberate misrepresentation of such information may be grounds for denial or reversal of this application and / or revocation of any approval based upon this application.**

I hereby authorize County staff to enter upon the subject property at any reasonable time for the purposes of investigating and reviewing this request. I also hereby agree to place a public notice sign (placard) on the subject property at a location(s) to be determined by County staff.

**I further acknowledge** that Seminole County may not defend any challenge to my proposed future land use amendment / rezoning and related development approvals, and that it may be my sole obligation to defend any and all actions and approvals, which authorize the use or development of the subject property. Submission of this form initiates a process and does not imply approval by Seminole County or any of its boards, commissions or staff.

**I further acknowledge** that I have read the information contained in this application form pertaining to proposed amendments to the official zoning map, official Future Land Use map, and / or comprehensive plan and have had sufficient opportunity to inquire with regard to matters set forth therein and, accordingly, fully understand all applicable procedures and matters relating to this application.

I hereby represent that I have the lawful right and authority to file this application.


6-8-12  


---

**SIGNATURE OF AUTHORIZED APPLICANT\*** **DATE**

\* Proof of property owner's authorization is required with submittal if signed by someone other than the property owner.

Paul Thurston (Vice President - Becknell Industrial)  
**PRINT OR TYPE NAME**

**SEMINOLE COUNTY APPLICANT AUTHORIZATION FORM  
(ORIGINAL ONLY)**

An authorized applicant is defined as:

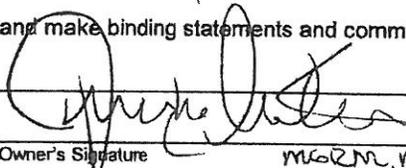
- The property owner of record; or
- An agent of said property owner (power of attorney to represent and bind the property owner must be submitted with the application); or
- Contract purchaser (a copy of a fully executed sales contract must be submitted with the application containing a clause or clauses allowing an application to be filed).

I Jerry M. Cutrona, MGRM, the fee simple owner of the following  
(Owner's Name)  
described property (Provide Legal Description or Tax Parcel ID Number(s)) 16-19-30-5AC-0000-067A

hereby affirm that Paul Thurston (VP - Becknell Industrial) is hereby designated to act as my / our authorized agent for the filing of the attached application for:

**CIRCLE ONE:** *Development Plan; Special Exception; Variance; Vacate; Special Event Permit; Temporary Use Permit; Arbor Permit.*

and make binding statements and commitments regarding the request.

  
Owner's Signature MGRM, MONROE INVESTMENTS, LLC

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.

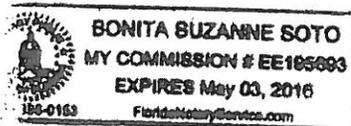
SWORN TO AND SUBSCRIBED before me this 5 day of June, 2012.

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared Jerry Cutrona who is personally known to me or who has produced \_\_\_\_\_ as 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 June, 2012.

Notary Public in and for the County and State  
Aforementioned

My Commission Expires: May 3, 2016



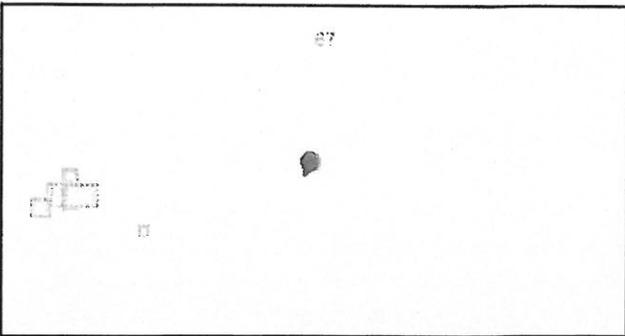


Parcel: 16-19-30-5AC-0000-067A

Owner: MONROE INV LLC

Property Address: 535 N ELDER RD SANFORD, FL 32771

- [< Back](#)
- [Save Layout](#)
- [Reset Layout](#)
- [New Search](#)

<p>Parcel: 16-19-30-5AC-0000-067A</p> <p><b>Property Address:</b> 535 N ELDER RD  <b>Owner:</b> MONROE INV LLC  <b>Mailing:</b> 248 VIA TUSCANY LP                  LAKE MARY, FL 32746  <b>Subdivision Name:</b> ST JOSEPHS  <b>Tax District:</b> 01-COUNTY-TX DIST 1  <b>Exemptions:</b>                  DOR Use Code: 1005-VAC COMM - MISPLACED IMPR</p> <div style="text-align: center;">  </div>	<p><b>Value Summary</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>2012 Working Values</th> <th>2011 Certified Values</th> </tr> <tr> <th>Valuation Method</th> <th>Cost/Market</th> <th>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></td> <td></td> </tr> <tr> <td>Depreciated EXFT Value</td> <td></td> <td></td> </tr> <tr> <td>Land Value (Market)</td> <td style="text-align: right;">\$491,923</td> <td style="text-align: right;">\$491,923</td> </tr> <tr> <td>Land Value Ag</td> <td></td> <td></td> </tr> <tr> <td><b>Just/Market Value **</b></td> <td style="text-align: right;">\$491,923</td> <td style="text-align: right;">\$491,923</td> </tr> <tr> <td>Portability Adj</td> <td></td> <td></td> </tr> <tr> <td>Save Our Homes Adj</td> <td style="text-align: right;">\$0</td> <td style="text-align: right;">\$0</td> </tr> <tr> <td>Amendment 1 Adj</td> <td style="text-align: right;">\$0</td> <td style="text-align: right;">\$0</td> </tr> <tr> <td><b>Assessed Value</b></td> <td style="text-align: right;"><b>\$491,923</b></td> <td style="text-align: right;"><b>\$491,923</b></td> </tr> </tbody> </table> <p style="text-align: right; margin-top: 10px;">                 Tax Amount without SOH: \$7,644  <b>2011 Tax Bill Amount</b> \$7,644                  Tax Estimator                  Save Our Homes Savings: \$0             </p> <p style="font-size: small; text-align: right;">* Does NOT INCLUDE Non Ad Valorem Assessments</p>		2012 Working Values	2011 Certified Values	Valuation Method	Cost/Market	Cost/Market	Number of Buildings	1	1	Depreciated Bldg Value			Depreciated EXFT Value			Land Value (Market)	\$491,923	\$491,923	Land Value Ag			<b>Just/Market Value **</b>	\$491,923	\$491,923	Portability Adj			Save Our Homes Adj	\$0	\$0	Amendment 1 Adj	\$0	\$0	<b>Assessed Value</b>	<b>\$491,923</b>	<b>\$491,923</b>
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- Map
  - Aerial
  - Both
  - Footprint
  - +
  - 
  - Extents
  - Center
- [Larger Map](#)     [Dual Map View - External](#)

<b>Legal Description</b>							
LEG S 1/2 OF LOT 67 & N 1/2 OF VACD ST ADJ ON S ST JOSEPHS PB 1 PG 114							
<b>Tax Details</b>							
	<b>Taxing Authority</b>		<b>Assessment Value</b>		<b>Exempt Values</b>		<b>Taxable Value</b>
	County General Fund		\$491,923		\$0		\$491,923
	Schools		\$491,923		\$0		\$491,923
	Fire		\$491,923		\$0		\$491,923
	Road District		\$491,923		\$0		\$491,923
	SJWM(Saint Johns Water Management)		\$491,923		\$0		\$491,923
	County Bonds		\$491,923		\$0		\$491,923
<b>Sales</b>							
	<b>Deed</b>	<b>Date</b>	<b>Book</b>	<b>Page</b>	<b>Amount</b>	<b>Vac/Imp</b>	<b>Qualified</b>
	QUIT CLAIM DEED	10/2008	<u>07078</u>	<u>0376</u>	\$100	Improved	No
	ADMINISTRATIVE DEED	09/2005	<u>05949</u>	<u>1106</u>	\$564,600	Improved	No
	PROBATE RECORDS	05/2001	<u>04070</u>	<u>1604</u>	\$100	Improved	No
	QUIT CLAIM DEED	09/1999	<u>03727</u>	<u>1380</u>	\$100	Improved	No
	WARRANTY DEED	02/1998	<u>03370</u>	<u>1343</u>	\$100	Improved	No
<b>Find Comparable Sales within this Subdivision</b>							
<b>Land</b>							
	<b>Method</b>	<b>Frontage</b>	<b>Depth</b>	<b>Units</b>	<b>Unit Price</b>		<b>Land Value</b>
	ACREAGE	0	0	4.910	100,188.00		\$491,923
<b>Building Information</b>							

#	Description	Year Built	Fixtures	Base Area	Total SF	Heated SF	Ext Wall	Adj Value	Repl Value	Appendages														
1	SINGLE FAMILY	1987	3	864.00	2,028.00	1,384.00	CONC BLOCK	\$0	\$0	<table border="1"> <thead> <tr> <th>Description</th> <th>Area</th> </tr> </thead> <tbody> <tr> <td>UTILITY UNFINISHED</td> <td>56</td> </tr> <tr> <td>BASE</td> <td>256</td> </tr> <tr> <td>CARPORT UNFINISHED</td> <td>400</td> </tr> <tr> <td>DETACHED UTILITY UNFINISHED</td> <td>120</td> </tr> <tr> <td>ENCLOSED PORCH FINISHED</td> <td>264</td> </tr> <tr> <td>OPEN PORCH UNFINISHED</td> <td>68</td> </tr> </tbody> </table>	Description	Area	UTILITY UNFINISHED	56	BASE	256	CARPORT UNFINISHED	400	DETACHED UTILITY UNFINISHED	120	ENCLOSED PORCH FINISHED	264	OPEN PORCH UNFINISHED	68
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OPEN PORCH UNFINISHED	68																							

Permits

Permit #	Type	Agency	Amount	CO Date	Permit Date
08036	Addition - Residential	County	\$2,498		09/01/1999

Extra Features

Description	Year Blt	Units	Value	Cost New

12-06000038



SEMINOLE COUNTY GROWTH MANAGEMENT  
PLANNING & DEVELOPMENT DIVISION  
1101 EAST FIRST STREET ROOM 2028  
SANFORD, FL 32771  
(407) 665-7441 PHONE (407) 665-7385 FAX  
www.seminolecountyfl.gov/gm

SMALL SITE PLAN LESS THAN 2,500 SF: YES  NO

DREDGE & FILL: YES  NO

**APPLICANT INFORMATION**

APPLICANT: ST. JAMES HOUSE OF PRAYER		CONTACT: JACQUELYN COOPER	
ADDRESS: 2146 CHURCH ST.			
CITY: SANFORD	STATE: FL	ZIP: 32771	
PHONE: 407.405.8295	FAX: NONE	EMAIL: johnnycooper75@gmail.com	

**CONSULTANT INFORMATION**

ENGINEER: AMERICAN CIVIL ENGINEERING CO.		CONTACT: JOHN HERBERT, P.E.	
ADDRESS: 207 N. MOSS RD., SUITE 211			
CITY: WINTER SPRINGS	STATE: FL	ZIP: 32708	
PHONE: 407.327.7700	FAX: 407.327.0227	EMAIL: johnherbert@bellSouth.net	

**OWNER INFORMATION**

Is Owner's Authorization Attached? YES  NO

OWNER: SAME AS APPLICANT		CONTACT:	
ADDRESS:			
CITY:	STATE:	ZIP:	
PHONE:	FAX:	EMAIL:	

**SITE INFORMATION**

PARCEL ID #: 32-19-31-300-0070-0000			
PROJECT NAME: ST. JAMES HOUSE OF PRAYER			
DESCRIPTION OF PROJECT: CONSTRUCT A 13,800 SF CHURCH			
INTENDED USE OF PROPERTY: CHURCH			
LOCATION: CELERY AVE., MIDWAY			
ZONING: A-1	FUTURE LAND USE: SE	TOTAL ACREAGE: 18.6	BCC DISTRICT: 5

**UTILITIES**

WATER PROVIDER: CITY		SEWER PROVIDER: ON-SITE SEPTIC	
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 checked="" 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"/>	FEE ATTACHED:	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

RECEIVED JUN - 4 2012

**ADDITIONAL SITE INFORMATION**

IMPERVIOUS SURFACE AREA :	49,823.5				
BUILDING AREA:	YES	EXISTING:	0	NEW:	13,800
PAVEMENT AREA:	YES	EXISTING:	0	NEW:	
IF DREDGE & FILL, HOW MANY CUBIC YARDS OF FILL IS PROPOSED? 0					

**FEES** ARBOR 2.71 AC x \$25.00 = \$67.75

SMALL SITE PLAN OR FILL:	\$200.00
DREDGE & FILL:	\$650.00
REGULAR SITE PLAN : Sq. ft. of all NEW Impervious Surfaces (rounded to 2 decimal points)	49,823.50
To calculate regular site plan application fee, please use the formula below or the fee calculator <a href="http://www.seminolecountyfl.gov/gm/pd_calc.asp">http://www.seminolecountyfl.gov/gm/pd_calc.asp</a>	Fee Amount: \$ 1,996.47
$\Sigma \quad \$1000+ \left[ \frac{\text{New Impervious}}{1000} \right] \times \$20$	+ 67.75 = Fee Amount 2,064.22

**CONCURRENCY REVIEW MANAGEMENT SYSTEM: (Please check one.)**

<http://www.seminolecountyfl.gov/gm/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: SEE ATTACHED LETTER 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: Jackie D. Cooper Date: 6-1-12

OFFICIAL USE	
PROJECT #:	PLANNER ASSIGNED: