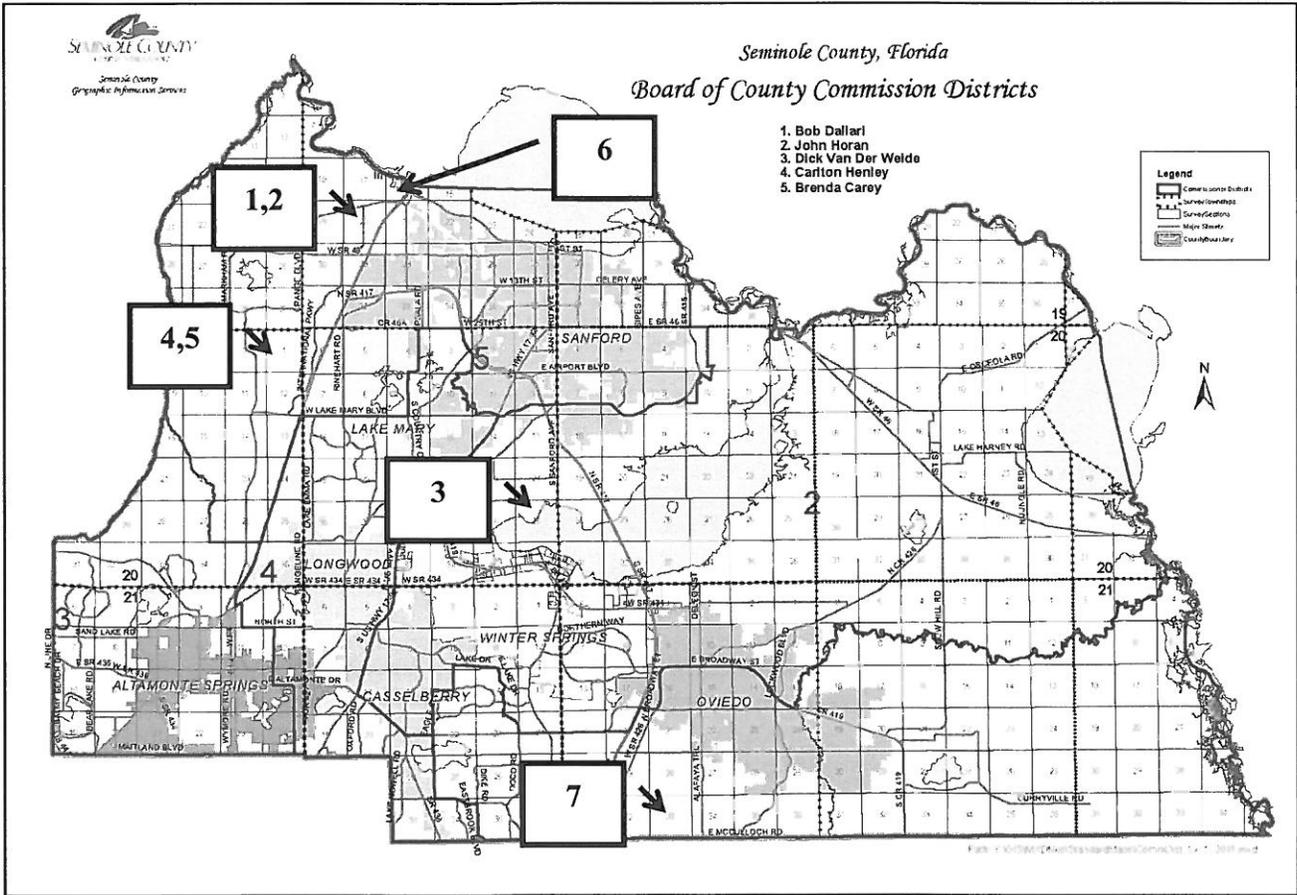


SEMINOLE COUNTY GOVERNMENT

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

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 10/24/2012**



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

ITEM NO: 1	PZ - PUD/PCD	PROJ NO 12-20500019	TIME 9:00AM
PROJECT NAME	SILVERLEAF PARK FINAL MASTER PLAN	PROJECT MANAGER	BRIAN WALKER (407) 665-7337
APPLICANT	KB HOME ORLANDO, LLC	GEORGE GLANCE, PRESIDENT	(407) 587-3497
CONSULTANT	MADDEN, MOORHEAD & GLUNT	DAVID STOKES	(407) 629-8330
PROJECT DESC	FINAL MASTER PLAN APPROVAL		
LOCATION	EAST SIDE OF OREGON AVE APPROXIMATELY 2/3 OF A MILE NORTH OF SR 46		
PARCEL ID	20-19-30-300-004F-0000+		
BCC DISTRICT	5-CAREY		

ITEM NO: 2	DR - SUBDIVISIONS	PROJ NO 12-05500013	TIME 9:20AM
PROJECT NAME	SILVER LEAF PARK PSP	PROJECT MANAGER	BRIAN WALKER (407) 665-7337
APPLICANT	KB HOME ORLANDO, LLC	JEREMY CAMP	(407) 587-3497
CONSULTANT	MADDEN, MOORHEAD, & GLUNT, INC	DAVID A STOKES, PE	(407) 629-8330
PROJECT DESC	PRELIMINARY SUBDIVISION APPROVAL FOR 114 SFR LOTS ZONED PUD		
LOCATION	EAST SIDE OF OREGON AVE APPROXIMATELY 2/3 OF A MILE NORTH SR 46		
PARCEL ID	20-19-30-300-004F-0000		
BCC DISTRICT	5-CAREY		

ITEM NO: 3	PZ - PUD/PCD	PROJ NO 12-20500018	TIME 9:40AM
PROJECT NAME	FLORIDA AVENUE LSFLUA & REZONE	PROJECT MANAGER	CYNTHIA SWEET (407) 665-7443
APPLICANT	INDEV INC	S BIERLY	(407) 422-5456
CONSULTANT	MADDEN, MOORHEAD, & GLUNT	431 E. HORATIO AVE	(407) 629-8330
PROJECT DESC	LARGE SCALE FUTURE LAND USE AMENDMENT FROM R-5 TO PD AND REZONE FROM A-5 TO PUD FOR 38.13 ACRES		
LOCATION	SOUTHWEST CORNER OF FLORIDA AVE & LAKE CHARM DR		
PARCEL ID	25-20-31-5BA-0000-0490		
BCC DISTRICT	2-HORAN		

ITEM NO: 4	PZ - PUD/PCD	PROJ NO 12-20500017	TIME 10:00AM
PROJECT NAME	COVENTRY AT HEATHROW - FINAL MASTER PLAN	PROJECT MANAGER	CYNTHIA SWEET (407) 665-7443
APPLICANT	TAYLOR MORRISON OF FLORIDA	ANAS IQBAL	(407) 629-0077
CONSULTANT	MADDEN, MOORHEAD & GLUNT	CHAD MOORHEAD	(407) 629-8330
PROJECT DESC	APPROVAL OF A PUD FINAL MASTER PLAN & DEVELOPER'S COMMITMENT AGREEMENT FOR 32.37 ACRES (COVENTRY AT HEATHROW)		
LOCATION	WEST SIDE OF BANANA LAKE RD APPROXIMATELY 800 LF SOUTH OF CR 46A		
PARCEL ID	01-20-29-501-0000-001A,001B, 001C, 0020		
BCC DISTRICT	5-CAREY		

ITEM NO: 5	DR - SUBDIVISIONS	PROJ NO 12-05500012	TIME 10:20AM
PROJECT NAME	COVENTRY AT HEATHROW - PSP	PROJECT MANAGER	CYNTHIA SWEET (407) 665-7443
APPLICANT	TAYLOR MORRISON OF FLORIDA	ANAS IQBAL	(407) 629-0077
CONSULTANT	MADDEN, MORRHEAD & GLUNT	CHAD MOORHEAD, PE	(407) 629-8330
PROJECT DESC	PRELIMINARY SUBDIVISION PLAN APPROVAL FOR 75 SINGLE FAMILY RESIDENTIAL LOTS LOCATED ON 32.37 ACRES ZONED PUD		
LOCATION	WEST SIDE OF BANANA LAKE RD, SOUTH OF CR46A, & SOUTH OF HEATHROW BLVD		
PARCEL ID	01-20-29-501-0000-001A, 001B, 001C, 0020		
BCC DISTRICT	5-CAREY		

ITEM NO: 6	PZ - REZONE (EXCL PUD/PCD)	PROJ NO 12-20000005	TIME 10:40AM
PROJECT NAME	HALSEY AVE (950) REZONE	PROJECT MANAGER	CYNTHIA SWEET (407) 665-7443
APPLICANT	OCTAVIUS CLARK	950 HALSEY AVE	(407) 300-3149
PROJECT DESC	REZONE FROM A-1 TO R-1 FOR 3.15 ACRES		
LOCATION	WEST SIDE OF HALSEY AVE SOUTH OF DOUGLAS AND NORTH OF RICHARD ALLEN		
PARCEL ID	16-19-30-5AB-0200-0040		
BCC DISTRICT	5-CAREY		

ITEM NO: 7	DR - SITE PLAN	PROJ NO 12-06000057	TIME 11:00AM
PROJECT NAME	GANESH BUSINESS CENTER LOT 1 - SITE PLAN	PROJECT MANAGER	JOY WILLIAMS (407) 665-7399
APPLICANT	GANESH HOLDINGS, INC	KIRAN NATHOO	(407) 947-9635
CONSULTANT	AMERICAN CIVIL ENGINEERING CO.	JOHN HERBERT, PE	(407) 327-7700
PROJECT DESC	SITE PLAN APPROVAL FOR A 12,500SF OFFICE BUILDING LOCATED ON 1.673 ACRES		
LOCATION	ZONED M-1A NORTHERN TERMINUS OF DOT COM CT		
PARCEL ID	33-21-31-508-0000-0020		
BCC DISTRICT	1-DALLARI		

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 the 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 the Planning and Development Division so the agenda may be adjusted accordingly.

Thank you.

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 # 72012-028
 PROJ # 12-20500019
 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**
<input type="checkbox"/> COPY OF PRE-APPLICATION REVIEW INFORMATION, IF APPLICABLE	
<input type="checkbox"/> PROPERTY OWNER PRINTOUT FROM PROPERTY APPRAISER'S WEBSITE	
<input type="checkbox"/> PROPERTY OWNER'S AUTHORIZATION FORM (ADDITIONAL DOCUMENTATION REQUIRED IF OWNER IS A TRUST OR CORPORATION)	
<input type="checkbox"/> OWNERSHIP DISCLOSURE FORM	
<input type="checkbox"/> SCHOOL IMPACT ANALYSIS (CONTACT SCHOOL BOARD FOR APPLICATION)	
<input type="checkbox"/> CONCURRENCY APPLICATION/DEFERRAL AFFIDAVIT AND FEE IF REQUIRED \$ _____	
<input type="checkbox"/> BOUNDARY SURVEY (2 COPIES)	
<input type="checkbox"/> ELECTRONIC LEGAL DESCRIPTION IN DIGITAL WORD FORMAT (COMPACT DISK OR EMAIL ONLY)	
<input type="checkbox"/> PUD/PCD FINAL MASTER/SITE PLAN REQUIRES A DRAFT DCA IN DIGITAL WORD FORMAT (COMPACT DISK OR EMAIL ONLY)	
<input 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 type="checkbox"/> APPLICATION FEE \$ _____	
SIGNATURE OF STAFF PROJECT MANAGER CERTIFYING THAT THE APPLICATION IS SUFFICIENT	

APPLICATION TYPE – PLEASE CHECK ALL THAT APPLY

- | | |
|---|-----------------------|
| <input type="checkbox"/> LARGE SCALE FUTURE LAND USE AMENDMENT (LSFLUA) | FROM: _____ TO: _____ |
| <input type="checkbox"/> SMALL SCALE FUTURE LAND USE AMENDMENT (SSFLUA) | FROM: _____ TO: _____ |
| <input type="checkbox"/> 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

PROPERTY OWNER / AUTHORIZED AGENT INFORMATION		
	PROPERTY OWNER	AUTHORIZED AGENT *
NAME	KB Home Orlando, LLC	
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 : <u>George Glance, President</u>		
ADDRESS	9102 S. Park Center Loop Suite 100 Orlando, FL 32819	
PHONE 1	407-587-3497	
PHONE 2		
FAX	407-587-2329	
E-MAIL	jcamp@kbhome.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 David A. Stokes, P.E.
407-629-8330

PROJECT INFORMATION	
PROJECT NAME	Silverleaf Park
SITE ADDRESS	N. Oregon Avenue
BCC DISTRICT	
EXISTING USE(S)	vacant
PROPOSED USE(S)	114 lots single family residential
PROPERTY ID NUMBER(S)	20-19-30-300-004F-0000 20-19-30-300-004G-0000
SIZE OF PROPERTY	28.25 acres
GENERAL LOCATION	N. Oregon Avenue
SOURCE OF WATER	Seminole County
SOURCE OF SEWER	Seminole County
RECLAIM PROVIDER	Seminole County

CONCURRENCY REVIEW MANAGEMENT SYSTEM (PLEASE CHECK ONE)

	<p>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.</p>	
✓	<p>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.)</p>	
<p><u>TYPE OF CERTIFICATE:</u></p> <p>VESTING:</p> <p>TEST NOTICE:</p>	<p><u>CERTIFICATE NUMBER:</u></p> <p>CV- _____</p> <p>_____</p>	<p><u>DATE ISSUED:</u></p> <p>_____</p> <p>_____</p>
<p>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.</p>		

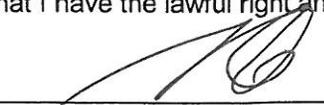
By my signature hereto, I do hereby certify that the information contained in this application is true and correct to the best of my knowledge, and understand that deliberate misrepresentation of such information may be grounds for denial or reversal of this application and / or revocation of any approval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




SIGNATURE OF AUTHORIZED APPLICANT* **DATE**

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

George Glance, President

PRINT OR TYPE NAME

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 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 of LLC: KB Home Orlando 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.

Date

7/18/12

X
 Owner, Agent, Applicant Signature
George Glance, President

STATE OF FLORIDA

COUNTY OF Orange

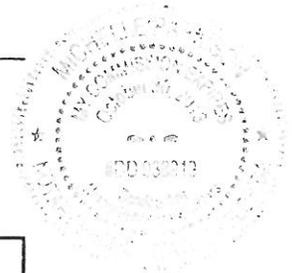
Sworn to (or affirmed) and subscribed before me this 18 day of July, 2012 by George O Glance

Michelle Parkison
 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: _____



**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

12-05500013

APPLICANT: 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

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: 407-629-8336 EMAIL: dstokes@madden-eng.com

OWNER INFORMATION

IS OWNER'S AUTHORIZATION ATTACHED? YES NO

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

SUBDIVISION INFORMATION

PARCEL ID #: 20-19-30-300-004F-0000, 20-19-30-300-004G-0000	
PROJECT NAME: Silverleaf Park	
DESCRIPTION OF PROJECT: 114 lots	single family residential
LOCATION: N. Oregon Avenue	
NUMBER OF LOTS:	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

see attached - 8

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 type="checkbox"/> NO <input type="checkbox"/>

BCC - S. Carey

Preliminary Plan

AT+T

FPL

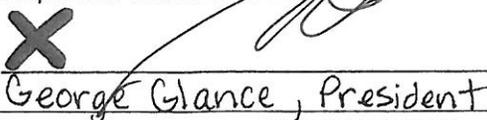
FEES

- DEVELOPMENT PLAN --- \$250.00 + \$5.00 PER LOT
 - PRELIMINARY PLAN --- \$1,000.00 + \$15.00 PER LOT ^{114 LOTS} (\$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: _____
George Glance, President

OFFICIAL USE	
PROJECT #:	PLANNER ASSIGNED:

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 # Z2012-026
PROJ # 12-20500018
FLUA # 2012.Flum.LS.02

**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**
<input type="checkbox"/> COPY OF PRE-APPLICATION REVIEW INFORMATION, IF APPLICABLE	
<input type="checkbox"/> PROPERTY OWNER PRINTOUT FROM PROPERTY APPRAISER'S WEBSITE	
<input type="checkbox"/> PROPERTY OWNER'S AUTHORIZATION FORM (ADDITIONAL DOCUMENTATION REQUIRED IF OWNER IS A TRUST OR CORPORATION)	
<input type="checkbox"/> OWNERSHIP DISCLOSURE FORM	
<input type="checkbox"/> SCHOOL IMPACT ANALYSIS (CONTACT SCHOOL BOARD FOR APPLICATION)	
<input type="checkbox"/> CONCURRENCY APPLICATION/DEFERRAL AFFIDAVIT AND FEE IF REQUIRED \$ _____	
<input type="checkbox"/> BOUNDARY SURVEY (2 COPIES)	
<input type="checkbox"/> ELECTRONIC LEGAL DESCRIPTION IN DIGITAL WORD FORMAT (COMPACT DISK OR EMAIL ONLY)	
<input type="checkbox"/> PUD/PCD FINAL MASTER/SITE PLAN REQUIRES A DRAFT DCA IN DIGITAL WORD FORMAT (COMPACT DISK OR EMAIL ONLY)	
<input 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 type="checkbox"/> 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: R5 TO: PD
- 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-5 TO: PUD
- 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 *
NAME	Galloway Holdings of Central FL, Ltd.	Indev Inc.
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 :		
ADDRESS	P.O. Box 1050 Apopka, FL 32704	801 N. Orange Ave., Ste. 820 Orlando, FL 32801
PHONE 1		407-422-5456
PHONE 2		
FAX		407-841-1626
E-MAIL		stbierly@msn.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 Chad Moorhead
407-629-8330

PROJECT INFORMATION

PROJECT NAME	Florida Avenue Property	
SITE ADDRESS	Florida Avenue	
BCC DISTRICT	2 - Horan 	
EXISTING USE(S)	vacant	
PROPOSED USE(S)	single family residential	
PROPERTY ID NUMBER(S)	25-20-31-5BA-0000-0490	
SIZE OF PROPERTY	38.13	acres
GENERAL LOCATION	southwest corner of Florida Ave. and Lake Charm Dr.	
SOURCE OF WATER	Well	
SOURCE OF SEWER	Septic	
RECLAIM PROVIDER		

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>	<u>CERTIFICATE NUMBER:</u>	<u>DATE ISSUED:</u>
VESTING:	CV- _____	_____
TEST NOTICE:	_____	_____
	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.

X  _____ 9/24/12

SIGNATURE OF AUTHORIZED APPLICANT*

DATE

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

SCOTT CAHILL

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 _____, the fee simple owner of the following
(Owner's Name)
described property (Provide Legal Description or Tax Parcel ID Number(s) 25-20-31-5BA-0000-0490)

hereby affirm that InDer Inc. 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.* Large Scale Future Land Use Amendment / Rezoning

and make binding statements and commitments regarding the request.

X

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 _____ day of _____, 20____.

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

WITNESS my hand and official seal in the County and State last aforesaid this ___ day of _____, 20____.



Notary Public in and for the County and State
Aforementioned

My Commission Expires: _____

APPLICATION FEE SCHEDULE

Rezoning Application Fees	
REZONING FEES (Excluding PUD / PCD)	
Single-Family / Duplex / Agriculture	\$1,500.00 + \$50.00 / Acre up to \$3,000.00
All Other Classifications (Excluding PD's)	\$2,000.00 + \$70.00 / Acre up to \$3,800.00
REZONING FEES (PUD / PCD)	
Residential Rezoning & Preliminary Master Plan / Site Plan/Myrtle Street Conservation Village	\$2,000 + \$10.00 / DU up to \$5,300.00 (20)
Nonresidential Rezoning & Preliminary Master Plan / Site Plan	\$2,000 + \$25.00 / Acre up to \$5,300.00
Final Master Plan Review	\$2,300.00
Final Master Plan Filing Extension	\$135.00
Major Revisions to PUD / PCD Master Plan	\$2,000.00
Minor Revisions to PUD / PCD Master Plan	\$600.00
Concurrent Rezoning & FLU Amendment or DRI	50% of the Regular Rezoning Fee *
MISCELLANEOUS FEES	
Non-Substantial Change of Site Plan / Use in RP District	\$450.00
Substantial Change of Site Plan / Use in RP District	Same as Rezoning Fee
Myrtle Street Conservation Village	Same as PUD Rezoning Fee
Future Land Use Amendment Fees	
Residential Large Scale Amendment (> 10 Acres)	\$200.00 / Acre up to \$3,500.00
Residential Small Scale Amendment (< 10 Acres)	\$2,000.00
Non-Residential Large Scale Amendment (> 10 Acres)	\$350.00 / Acre up to \$7,500.00
Non-Residential Small Scale Amendment (< 3 Acres)	\$2,000.00
Non-Residential Small Scale Amendment (3 - 10 Acres)	\$3,500.00
DRI Fees	
DRI with Plan Amendment	\$10,000.00
DRI without Plan Amendment	\$7,000.00
Application for Determination of Substantial Deviation to DRI	\$2,800.00

Total Fee: \$4,600

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 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
Galloway Holdings of Central FL Ltd.	P.O. Box 1050 Apopka, FL 32704	

(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.

9/24/12
Date

[Signature]
Owner, Agent, Applicant Signature

STATE OF FLORIDA
COUNTY OF ORANGE

Sworn to (or affirmed) and subscribed before me by SCOTT CAHILL, on this 24 day
of September, 2012.
Owner, Agent, Applicant Name

[Signature]
Signature of Notary Public

PAMELLA R. FINNE
Print, Type or Stamp Name of Notary Public

Personally Known OR Produced Identification _____
Type of Identification Produced _____



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).

X Norma L. Bay, the fee simple owner of the following
 (Owner's Name)
 described property (Provide Legal Description or Tax Parcel ID Number(s)) 25-20-31-58A-0000-0490

hereby affirm that Index Inc. 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. Large Scale Future Land Use Amendment / Rezoning

and make binding statements and commitments regarding the request.

X Norma L. Bay
 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.

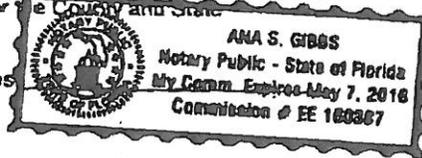
SWORN TO AND SUBSCRIBED before me this 26th day of Sept. 2012.

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

WITNESS my hand and official seal in the County and State aforesaid this 26th day of Sept. 2012.



ANA S. GIBBS
 Notary Public in and for the County and State
 Aforesaid
 My Commission Expires _____



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 # Z2012-025
PROJ # 12-20500017
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**
<input type="checkbox"/> COPY OF PRE-APPLICATION REVIEW INFORMATION, IF APPLICABLE	
<input type="checkbox"/> PROPERTY OWNER PRINTOUT FROM PROPERTY APPRAISER'S WEBSITE	
<input type="checkbox"/> PROPERTY OWNER'S AUTHORIZATION FORM (ADDITIONAL DOCUMENTATION REQUIRED IF OWNER IS A TRUST OR CORPORATION)	
<input type="checkbox"/> OWNERSHIP DISCLOSURE FORM	
<input type="checkbox"/> SCHOOL IMPACT ANALYSIS (CONTACT SCHOOL BOARD FOR APPLICATION)	
<input type="checkbox"/> CONCURRENCY APPLICATION/DEFERRAL AFFIDAVIT AND FEE IF REQUIRED \$ _____	
<input type="checkbox"/> BOUNDARY SURVEY (2 COPIES)	
<input type="checkbox"/> ELECTRONIC LEGAL DESCRIPTION IN DIGITAL WORD FORMAT (COMPACT DISK OR EMAIL ONLY)	
<input type="checkbox"/> PUD/PCD FINAL MASTER/SITE PLAN REQUIRES A DRAFT DCA IN DIGITAL WORD FORMAT (COMPACT DISK OR EMAIL ONLY)	
<input 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 type="checkbox"/> 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

RECEIVED SEP 13 2012

PROPERTY OWNER / AUTHORIZED AGENT INFORMATION

NAME	PROPERTY OWNER	AUTHORIZED AGENT *
	Information Below	Taylor Morrison of Florida, Inc.
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 :		
ADDRESS	01-20-29-501-0000-001A, -001C & 0020 Kirk W K Jr & Kirk Nancy C & Kirk John S ET AL PO Box 1873, Orlando, FL 32802-1873 01-20-29-501-0000-001B 243 Dutton Interests LLC 1275 Lake Heathrow Lane Heathrow, FL 32746	151 Southhall Lane Suite 200 Maitland, FL 32751
PHONE 1		407-629-0077
PHONE 2		
FAX		407-670-1448
E-MAIL		aigbal@taylormorrison.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 Chad Moorhead,
Madden, Moorhead + Glunt, Inc. 407-629-8330 chad@madden-eng.com

PROJECT INFORMATION

PROJECT NAME	Coventry at Heathrow
SITE ADDRESS	Banana Lake Road
BCC DISTRICT	
EXISTING USE(S)	vacant
PROPOSED USE(S)	single family residential
PROPERTY ID NUMBER(S)	01-20-29-501-0000-001A, -001B, -001C + -0020
SIZE OF PROPERTY	32.37 acres
GENERAL LOCATION	West side of Banana Lake Rd. / South of CR 46A
SOURCE OF WATER	Seminole County
SOURCE OF SEWER	Seminole County
RECLAIM PROVIDER	Seminole County

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>	<u>CERTIFICATE NUMBER:</u>
	VESTING:	CV- _____
	TEST NOTICE:	_____
	<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.	

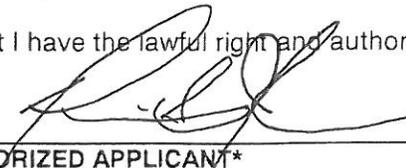
By my signature hereto, I do hereby certify that the information contained in this application is true and correct to the best of my knowledge, and understand that deliberate misrepresentation of such information may be grounds for denial or reversal of this application and / or revocation of any approval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

X  _____ 9/12/12
 SIGNATURE OF AUTHORIZED APPLICANT* DATE

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

Maurice Johnson
 PRINT OR TYPE NAME

SEMINOLE COUNTY APPLICATION AUTHORIZATION FORM

(Original Only)

An authorized applicant is defined as:

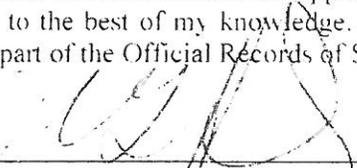
- The property owner of record; or
- An agent of said property owner (power of attorney to represent and bind the property owner must be submitted with the application); or
- Contract purchaser (a copy of a fully executed sales contract must be submitted with the application containing a clause or clauses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

We, the undersigned, as the fee simple owner of the following described property (Provide Legal Description or Tax Parcel ID Number(s))

01-20-29-501-0000-001A, -001C, and -0020

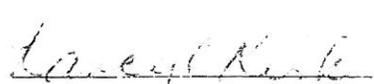
hereby affirm that Taylor Morrison of Florida, Inc., is hereby designated to act as our authorized agent for the filing of the attached application for: Future Land Use Amendment and Rezoning and make binding statements and commitments regarding the request.

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.



 William L. Kirk, Jr. (individually and as Trustee under Trust Agreement known as the Bill and Jerri Kirk Trust for William Scott Kirk dated December 1, 1987 and Trust Agreement known as Bill and Jerri Kirk Trust for John Scott Kirk, Jr., dated December 14, 1988 and Trust Agreement known as Bill and Jerri Kirk Trust for Elizabeth Leigh Kirk dated December 1, 1987)

Date: ^{May} April 1, 2012



 Nancy C. Kirk (individually and as Trustee under Trust Agreement known as the Bill and Jerri Kirk Trust for Jonathan Lee Kirk dated December 1, 1987 and the Trust Agreement known as the Bill and Jerri Kirk Trust for Susan Elizabeth Kirk dated December 1, 1987)

Date: ^{May} April 1, 2012

 Judith C. Kirk (individually and as Trustee under Trust Agreement known as the Bill and Jerri Kirk Trust for Jonathan Lee Kirk dated December 1, 1987 and the Trust Agreement known as the Bill and Jerri Kirk Trust for Susan Elizabeth Kirk dated December 1, 1987)

Date: ^{May} April 1, 2012

 John Scott Kirk (individually and as Trustee under Trust Agreement known as the Bill and Jerri Kirk Trust for Jonathan Lee Kirk dated December 1, 1987 and the Trust Agreement known as the Bill and Jerri Kirk Trust for Susan Elizabeth Kirk dated December 1, 1987)

Date: ^{May} April 1, 2012

SEMINOLE COUNTY APPLICATION 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).

We, the undersigned, as the fee simple owner of the following described property (Provide Legal Description or Tax Parcel ID Number(s))

01-20-29-501-0000-001A, -001C, and -0020

hereby affirm that Taylor Morrison of Florida, Inc., is hereby designated to act as our authorized agent for the filing of the attached application for: Future Land Use Amendment and Rezoning and make binding statements and commitments regarding the request.

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.

William L. Kirk, Jr. (individually and as Trustee under Trust Agreement known as the Bill and Jerri Kirk Trust for William Scott Kirk dated December 1, 1987 and Trust Agreement known as Bill and Jerri Kirk Trust for John Scott Kirk, Jr., dated December 14, 1988 and Trust Agreement known as Bill and Jerri Kirk Trust for Elizabeth Leigh Kirk dated December 1, 1987)

Date: April 1, 2012

Judith C. Kirk

Judith C. Kirk (individually and as Trustee under Trust Agreement known as the Bill and Jerri Kirk Trust for Jonathan Lee Kirk dated December 1, 1987 and the Trust Agreement known as the Bill and Jerri Kirk Trust for Susan Elizabeth Kirk dated December 1, 1987)

Date: ^{May} April 1, 2012

Nancy C. Kirk (individually and as Trustee under Trust Agreement known as the Bill and Jerri Kirk Trust for Jonathan Lee Kirk dated December 1, 1987 and the Trust Agreement known as the Bill and Jerri Kirk Trust for Susan Elizabeth Kirk dated December 1, 1987)

Date: April 1, 2012

John Scott Kirk

John Scott Kirk (individually and as Trustee under Trust Agreement known as the Bill and Jerri Kirk Trust for Jonathan Lee Kirk dated December 1, 1987 and the Trust Agreement known as the Bill and Jerri Kirk Trust for Susan Elizabeth Kirk dated December 1, 1987)

Date: ^{May} April 1, 2012

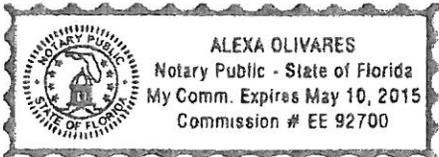
SWORN TO AND SUBSCRIBED before me this 1st day of May, 2012.

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgements, personally appeared **William L. Kirk, Jr.** (individually and as Trustee under Trust Agreement known as the Bill and Jerri Kirk Trust for William Scott Kirk dated December 1, 1987 and Trust Agreement known as Bill and Jerri Kirk Trust for John Scott Kirk, Jr., dated December 14, 1988 and Trust Agreement known as Bill and Jerri Kirk Trust for Elizabeth Leigh Kirk dated December 1, 1987), who is personally known to me or 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 1st day of May, 2012.

Notary Public in and for the County and State
aforementioned

My Commission Expires: _____



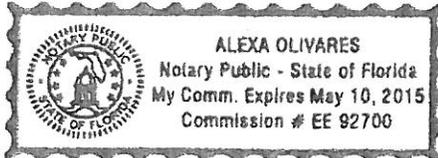
SWORN TO AND SUBSCRIBED before me this 1st day of May, 2012.

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgements, personally appeared **Nancy C. Kirk** (individually and as Trustee under Trust Agreement known as the Bill and Jerri Kirk Trust for Jonathan Lee Kirk dated December 1, 1987 and the Trust Agreement known as the Bill and Jerri Kirk Trust for Susan Elizabeth Kirk dated December 1, 1987), who is personally known to me or 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 1st day of May, 2012.

Notary Public in and for the County and State
aforementioned

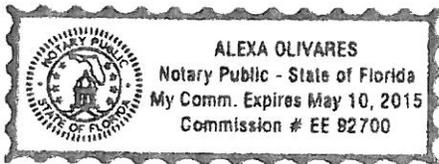
My Commission Expires: _____



SWORN TO AND SUBSCRIBED before me this 1st 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 acknowledgements, personally appeared **Judith C. Kirk** (individually and as Trustee under Trust Agreement known as the Bill and Jeri Kirk Trust for Jonathan Lee Kirk dated December 1, 1987 and the Trust Agreement known as the Bill and Jeri Kirk Trust for Susan Elizabeth Kirk dated December 1, 1987), who is personally known to me or 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 1st day of May, 2012.



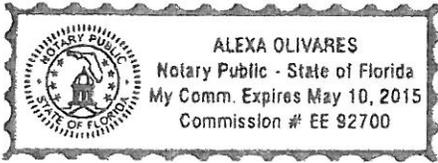
[Signature]
Notary Public in and for the County and State
aforementioned

My Commission Expires: _____

SWORN TO AND SUBSCRIBED before me this 1st 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 acknowledgements, personally appeared **John Scott Kirk** (individually and as Trustee under Trust Agreement known as the Bill and Jeri Kirk Trust for Jonathan Lee Kirk dated December 1, 1987 and the Trust Agreement known as the Bill and Jeri Kirk Trust for Susan Elizabeth Kirk dated December 1, 1987), who is personally known to me or 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 1st day of May, 2012.



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

My Commission Expires: _____

**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 243 Dutton Interests, LLC, the fee simple owner of the following
(Owner's Name)
described property (Provide Legal Description or Tax Parcel ID Number(s)) 012029-501-0000-001B

hereby affirm that Taylor Morrison of Florida, Inc. 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.* Future Land Use Amendment, Rezoning, Site Plan Approval, Concurrent verification and approval, Stormwater management approval, developers agreement and all other applications and approvals related thereto
and make binding statements and commitments regarding the request

243 Dutton Interests, LLC

By: 
Owner's Signature George Apostolicas, Managing Member

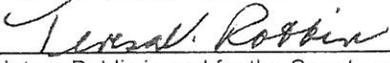
I certify that I have examined the application and that all statements and diagrams submitted are true and accurate to the best of my knowledge. Further, I understand that this application, attachments and fees become part of the Official Records of Seminole County, Florida and are not returnable.

SWORN TO AND SUBSCRIBED before me this 2nd day of May, 2012

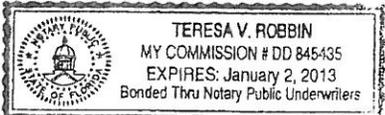
I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared George Apostolicas* who is personally known to me or who has produced _____ as identification and who executed the foregoing instrument and sworn an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

WITNESS my hand and official seal in the County and State last aforesaid this 2nd day of May, 2012.

Notary Stamp


Notary Public in and for the County and State
Aforementioned

My Commission Expires: 1/2/2013



*as Managing Member of 243 Dutton Interests, LLC

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): Please see Exhibit A attached.

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 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 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.

9-12-12
Date

[Signature]
Owner, Agent, Applicant Signature
Maurice Johnson
for Taylor Morrison of Florida, Inc.

STATE OF FLORIDA
COUNTY OF Orange

Sworn to (or affirmed) and subscribed before me by Maurice Johnson, on this 12 day of September, 20 12.
Owner, Agent, Applicant Name

[Signature]
Signature of Notary Public

Debra A. P...
Print, Type or Stamp Name of Notary Public

Personally Known OR Produced Identification _____
Type of Identification Produced _____



Exhibit "A"
to Seminole County
Future Land Use Amendment and Rezoning
Application & Affidavit
Ownership Disclosure Form

Note: The numbering below corresponds to the numbering on the attached Ownership Disclosure Form.

1. Natural Persons:

Addresses for all natural persons: PO Box 1873, Orlando, Florida 32802

W. L. Kirk, Jr., individually and as heir of the estate of Geraldine C. Kirk, deceased

J. Scott Kirk, individually, and John Scott Kirk, as heir of the estate of Geraldine C. Kirk, deceased

Nancy C. Kirk

Judith C. Kirk

2. Corporations (in this instance, Limited Liability Company):

243 Dutton Interests, LLC (not traded publicly; ownership information not required/provided)

Officers and Directors

George Apostolikas, Managing Member
1275 Lake Heathrow Lane, Heathrow, FL 32746

3. Trusts:

Address for all trusts/trustees/beneficiaries: PO Box 1873, Orlando, Florida 32802

Trust Name: Bill & Jerri Kirk Trust for William Scott Kirk dated December 1, 1988

Trustee: William L. Kirk, Jr.

Beneficiary: William Scott Kirk (100%)

Trust Name: Bill & Jerri Kirk Trust for John Scott Kirk, Jr. dated December 14, 1988

Trustee: William L. Kirk, Jr.

Beneficiary: John Scott Kirk, Jr. (100%)

Trust Name: Bill & Jerri Kirk Trust for Elizabeth Leigh Kirk dated December 1, 1987

Trustee: William L. Kirk, Jr.

Beneficiary: Elizabeth Leigh Kirk (100%)

Trust Name: Bill & Jerri Kirk Trust for Jonathan Lee Kirk dated December 1, 1987

Trustee: John Scott Kirk

Beneficiary: Jonathan Lee Kirk (100%)

Trust Name: Bill & Jerri Kirk Trust for Susan Elizabeth Kirk dated December 1, 1987
Trustee: John Scott Kirk
Beneficiary: Susan Elizabeth Kirk (100%)

5. Contract Purchaser:

Taylor Morrison of Florida, Inc., a Florida corporation (not traded publicly; shareholder information not required/provided)

Address: 151 Southhall Lane, Suite 200, Maitland, FL 32751

Date of Contract: November 30, 2011

Contract Contingency: The contract purchaser may terminate the contract in the event the applied for changes are not granted.

Officers and Directors

S. Todd Merrill, Assistant Secretary
1211 N. Westshore Blvd, Suite 512
Tampa, FL 33607

Louis E. Steffens, Director & President
1211 N. Westshore Blvd, Suite 512
Tampa, FL 33607

Title V

Stephen J. Wethor, Vice President
4900 N. Scottsdale Road, Suite 2000
Scottsdale. AZ 85251

Douglas D. Miller, Vice President
1211 N. Westshore Blvd, Suite 512
Tampa, FL 33607

John S. Kempton, Director and Vice President
501 N. CATTLEMEN RD., #100
SARASOTA FL 34232 US

Maurice Johnson, Director and Vice President
151 Southhall Lane, Ste 200
Maitland, FL 32751



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

12-05500012

APPLICANT: Taylor Morrison of Florida, Inc.	CONTACT: Anas Iqbal
ADDRESS: 151 Southhall Lane, Ste. 200	
CITY: Maitland	STATE: FL ZIP: 32751
PHONE: 407-629-0077	FAX: 407-670-1448 EMAIL: aigbal@taylormorrison.com

CONSULTANT INFORMATION

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

OWNER INFORMATION

IS OWNER'S AUTHORIZATION ATTACHED? YES NO

OWNER: Please see attached.	CONTACT:
ADDRESS:	
CITY:	STATE: ZIP:
PHONE:	FAX: EMAIL:

SUBDIVISION INFORMATION

PARCEL ID #: 01-20-29-501-0000-001A, -001B, -001C, -0020
PROJECT NAME: Coventry @ Heathrow
DESCRIPTION OF PROJECT:
LOCATION: West side of Banana Lake Rd / South of CR 46A
NUMBER OF LOTS: 75 TOTAL ACREAGE: 32.37
ZONING: PUD (A-1) FUTURE LAND USE: PD (SE)

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 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"/>

BCC- S CAREY

Power FPL
Phone ATT

RECEIVED SEP 13 2012

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)

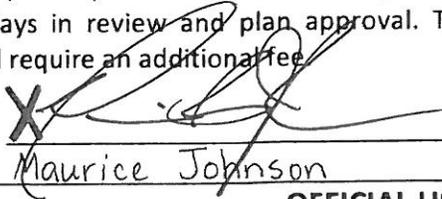
CONCURRENCY REVIEW MANAGEMENT SYSTEM: (Please check one.)

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: 9/12/12
Maurice Johnson

OFFICIAL USE	
PROJECT #:	PLANNER ASSIGNED:

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 # 7 2012-02
 PROJ # 12-20000005
 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**
<input type="checkbox"/> COPY OF PRE-APPLICATION REVIEW INFORMATION, IF APPLICABLE	
<input type="checkbox"/> PROPERTY OWNER PRINTOUT FROM PROPERTY APPRAISER'S WEBSITE	
<input type="checkbox"/> PROPERTY OWNER'S AUTHORIZATION FORM (ADDITIONAL DOCUMENTATION REQUIRED IF OWNER IS A TRUST OR CORPORATION)	
<input type="checkbox"/> OWNERSHIP DISCLOSURE FORM	
<input type="checkbox"/> SCHOOL IMPACT ANALYSIS (CONTACT SCHOOL BOARD FOR APPLICATION)	
<input type="checkbox"/> CONCURRENCY APPLICATION/DEFERRAL AFFIDAVIT AND FEE IF REQUIRED \$ _____	
<input type="checkbox"/> BOUNDARY SURVEY (2 COPIES)	
<input type="checkbox"/> ELECTRONIC LEGAL DESCRIPTION IN DIGITAL WORD FORMAT (COMPACT DISK OR EMAIL ONLY)	
<input type="checkbox"/> PUD/PCD FINAL MASTER/SITE PLAN REQUIRES A DRAFT DCA IN DIGITAL WORD FORMAT (COMPACT DISK OR EMAIL ONLY)	
<input 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 type="checkbox"/> APPLICATION FEE \$ _____	
<hr/>	
SIGNATURE OF STAFF PROJECT MANAGER CERTIFYING THAT THE APPLICATION IS SUFFICIENT	

APPLICATION TYPE – PLEASE CHECK ALL THAT APPLY

- | | |
|---|-----------------------|
| <input type="checkbox"/> LARGE SCALE FUTURE LAND USE AMENDMENT (LSFLUA) | FROM: _____ TO: _____ |
| <input type="checkbox"/> SMALL SCALE FUTURE LAND USE AMENDMENT (SSFLUA) | FROM: _____ TO: _____ |
| <input type="checkbox"/> 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: AG TO: R-1
- 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

PROPERTY OWNER / AUTHORIZED AGENT INFORMATION

	PROPERTY OWNER	AUTHORIZED AGENT *
NAME	Octavius Clark Octavius Clark	
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	950 Halsey Ave Lake Monroe, Fl 32747	
PHONE 1	407-300-3149	
PHONE 2		
FAX		
E-MAIL	OctaviusClark1@a 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 _____

PROJECT INFORMATION

PROJECT NAME	
SITE ADDRESS	950 Halsey Ave Lake Monroe, Fl 32747
BCC DISTRICT	5-Carey
EXISTING USE(S)	Agricultural
PROPOSED USE(S)	Residential
PROPERTY ID NUMBER(S)	16-19-30-5AB-0200-0040
SIZE OF PROPERTY	3.15 Acres acres
GENERAL LOCATION	Bookertown Community
SOURCE OF WATER	Seminole County
SOURCE OF SEWER	Seminole County
RECLAIM PROVIDER	

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>	<u>CERTIFICATE NUMBER:</u>	<u>DATE ISSUED:</u>
VESTING:	CV- _____	_____
TEST NOTICE:	_____	_____

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.

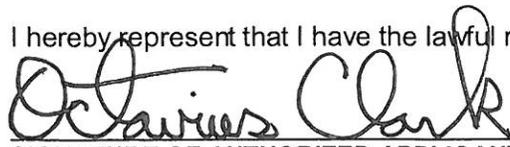
By my signature hereto, I do hereby certify that the information contained in this application is true and correct to the best of my knowledge, and understand that deliberate misrepresentation of such information may be grounds for denial or reversal of this application and / or revocation of any approval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

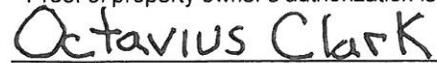




SIGNATURE OF AUTHORIZED APPLICANT*

DATE

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



PRINT OR TYPE NAME

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
Octavius Clark	450 Halsey Ave Lake Monroe FL	407-300-3149
Helen Ward	P.O. Box 470223 Lake Monroe, FL	407-322-7988
James Bradwell		407-322-8147
Desirae Bradwell		

(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

(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.

Sept 26, 2012
Date

Octavius Clark
Owner, Agent, Applicant Signature

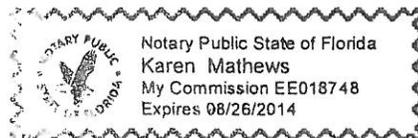
STATE OF FLORIDA
COUNTY OF Seminole

Sworn to (or affirmed) and subscribed before me by Octavius Clark, on this 26 day
of September, 2012
Owner, Agent, Applicant Name

Signature of Notary Public Karen Mathews

Print, Type or Stamp Name of Notary Public

Personally Known _____ OR Produced Identification Karen Mathews
Type of Identification Produced Florida's Drivers License



**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 James Bradwell, Jr., the fee simple owner of the following
(Owner's Name)
described property (Provide Legal Description or Tax Parcel ID Number(s)) 16-19-30-5AB-0200-0040

hereby affirm that Octavius Clark 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. Rezone

and make binding statements and commitments regarding the request.

James Bradwell, Jr.

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.

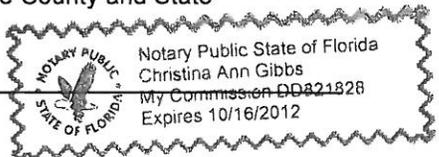
SWORN TO AND SUBSCRIBED before me this 27th day of Sept, 2012

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared James Bradwell, who is personally known to me or who has produced Duplicate as identification and who executed the foregoing instrument and sworn an oath.
12634440421780

WITNESS my hand and official seal in the County and State last aforesaid this 27th day of Sept, 2012.

Notary Public in and for the County and State
Aforementioned

My Commission Expires:



**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 Desiree Bradwell, the fee simple owner of the following
(Owner's Name)
described property (Provide Legal Description or Tax Parcel ID Number(s)) 16-19-30-5AB-0200-0040

hereby affirm that Octavius Clark 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.~~ Rezone

and make binding statements and commitments regarding the request.

Desiree Bradwell

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.

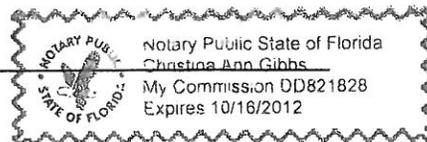
SWORN TO AND SUBSCRIBED before me this 27th day of Sept, 2012.

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared Desiree Bradwell, who is personally known to me or who has produced De Lancey as identification and who executed the foregoing instrument and sworn an oath.
2634163-0029-0

WITNESS my hand and official seal in the County and State last aforesaid this 27th day of September, 2012.

Notary Public in and for the County and State
Aforementioned

My Commission Expires: _____



**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 Helen Ward, the fee simple owner of the following
(Owner's Name)
described property (Provide Legal Description or Tax Parcel ID Number(s) 16-19-30-5AB-0200-0040

hereby affirm that Octavius Clark 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.* Rezone

and make binding statements and commitments regarding the request.

Helen Ward

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.

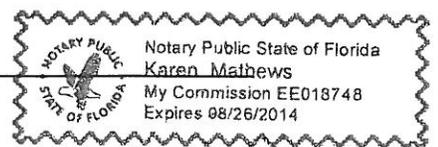
SWORN TO AND SUBSCRIBED before me this 26 day of Sep, 2012.

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared Helen Ward, who is personally known to me or who has produced Fla Drivers License 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 26 day of Sept., 2012.

Karen Mathews
Notary Public in and for the County and State
Aforementioned

My Commission Expires: _____



12-06000057



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: GANESH HOLDINGS, INC.	CONTACT: KIRAN NATHOO
ADDRESS: 5700 DOT COM CT.	
CITY: OUIDO	STATE: FL ZIP: 32765
PHONE: 407.947.9635	FAX: 352.383.2329 EMAIL: cnbump@comcast.net

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: john.herbert@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 #: 33-21-31-508-0000-0020
PROJECT NAME: GANESH BUSINESS CENTER - LOT 1
DESCRIPTION OF PROJECT: CONSTRUCT A 3-STORY, 36,450 SF OFFICE BUILDING
INTENDED USE OF PROPERTY: OFFICE-GENERAL
LOCATION: LOT 1 - GANESH BUSINESS CENTER Northern Terminus of Dotcom Ct
ZONING: M2A FUTURE LAND USE: IND TOTAL ACREAGE: 1.673 BCC DISTRICT: 1

per plan sheet
6 of 18

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 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 type="checkbox"/>

RECEIVED SEP 19 2012

ADDITIONAL SITE INFORMATION

IMPERVIOUS SURFACE AREA :					
BUILDING AREA:		EXISTING:		NEW:	12,500
PAVEMENT AREA:		EXISTING:		NEW:	54,620
IF DREDGE & FILL, HOW MANY CUBIC YARDS OF FILL IS PROPOSED? N/A					

FEEES

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 http://www.seminolecountyfl.gov/gm/pd_calc.asp	Fee Amount: \$ 2,342.40
$\Sigma \quad \$1000+ \left[\frac{67,120 \text{ New Impervious}}{1000} \right] \times \$20 = \text{Fee Amount}$	

CONCURRENCY REVIEW MANAGEMENT SYSTEM: (Please check one.)

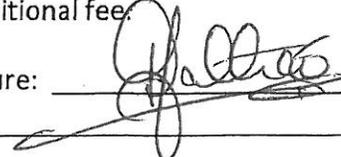
<http://www.seminolecountyfl.gov/gm/devrev/concurrency.asp>

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:  Date: 9/5/12

OFFICIAL USE	
PROJECT #:	PLANNER ASSIGNED:



Parcel: 33-21-31-508-0000-0020

Owner: GANESH HOLDINGS INC

Property Address: 5707 DOT COM CT OVIEDO, FL 32765

< Back Save Layout Reset Layout New Search

Parcel: 33-21-31-508-0000-0020

Property Address: 5707 DOT COM CT
 Owner: GANESH HOLDINGS INC
 Mailing: 5700 DOT COM CT
 OVIEDO, FL 32765
 Facility Name: 5700 & 5707 DOT COM COURT BUILDING
 Tax District: 01-COUNTY-TX DIST 1
 Exemptions:
 DOR Use Code: 4102-COMMERCE CENTER

ECON RIVER PL

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

Value Summary

	2012 Working Values	2011 Certified Values
Valuation Method	Income	Income
Number of Buildings	1	1
Depreciated Bldg Value		
Depreciated EXFT Value		
Land Value (Market)		
Land Value Ag		
Just/Market Value **	\$3,527,325	\$3,662,612
Portability Adj		
Save Our Homes Adj	\$0	\$0
Amendment 1 Adj	\$0	\$0
Assessed Value	\$3,527,325	\$3,662,612

Tax Amount without SOH: \$56,913
2011 Tax Bill Amount \$56,913
 Tax Estimator **TRIM Notice**
 Save Our Homes Savings: \$0

* Does NOT INCLUDE Non Ad Valorem Assessments

Legal Description

LEG LOTS 2 THRU 5 GANESH BUSINESS PARK PB 62 PG 58

Tax Details

Taxing Authority	Assessment Value	Exempt Values	Taxable Value
County General Fund	\$3,527,325	\$0	\$3,527,325
Schools	\$3,527,325	\$0	\$3,527,325
Fire	\$3,527,325	\$0	\$3,527,325
Road District	\$3,527,325	\$0	\$3,527,325
SJWM(Saint Johns Water Management)	\$3,527,325	\$0	\$3,527,325
County Bonds	\$3,527,325	\$0	\$3,527,325

Sales

Deed	Date	Book	Page	Amount	Vac/Imp	Qualified
------	------	------	------	--------	---------	-----------

[Find Comparable Sales within this Subdivision](#)

Land

Method	Frontage	Depth	Units	Unit Price	Land Value
ACREAGE			.740	400.00	\$296
SQUARE FEET			281,398.000	3.00	\$633,146

Building Information

#	Description	Year Built	Stories	Total SF	Ext Wall	Adj Value	Repl Value	Appendages
1	MASONRY	2006	1	92,110.00	CONCRETE TILT UP -	\$3,591,396	\$3,882,590	

*Eplan
Review*

RECEIVED SEP 19 2012

*10/24/12 DEC
Meeting Date*

LETTER OF TRANSMITTAL

AMERICAN CIVIL ENGINEERING COMPANY

207 NORTH MOSS ROAD SUITE 211
WINTER SPRINGS, FLORIDA 32708
PH. (407) 327-7700
FAX (407) 327-0227

DATE: 9/19/2012

TO: **JOY WILLIAMS, PLANNER**
Seminole County Development Review
1101 East First Street, 2nd floor
Sanford, Florida 32771

FROM: **John Herbert, P.E.**

RE: **GANESH BUSINESS CENTER – LOT 1
(site plan application)**

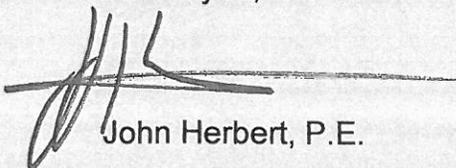
SENT VIA: hand

MESSAGE: Please find enclosed the following items:

- | | | |
|----|--------------------------------------|--------|
| 1. | Site Plan Application | 1 each |
| 2. | application check (\$ 2,342.50) | 1 each |
| 3. | Site Plans | 2 each |
| 4. | Stormwater Report with Soils Report) | 1 each |

Please let me know if you need anything else.

Thank you,


John Herbert, P.E.