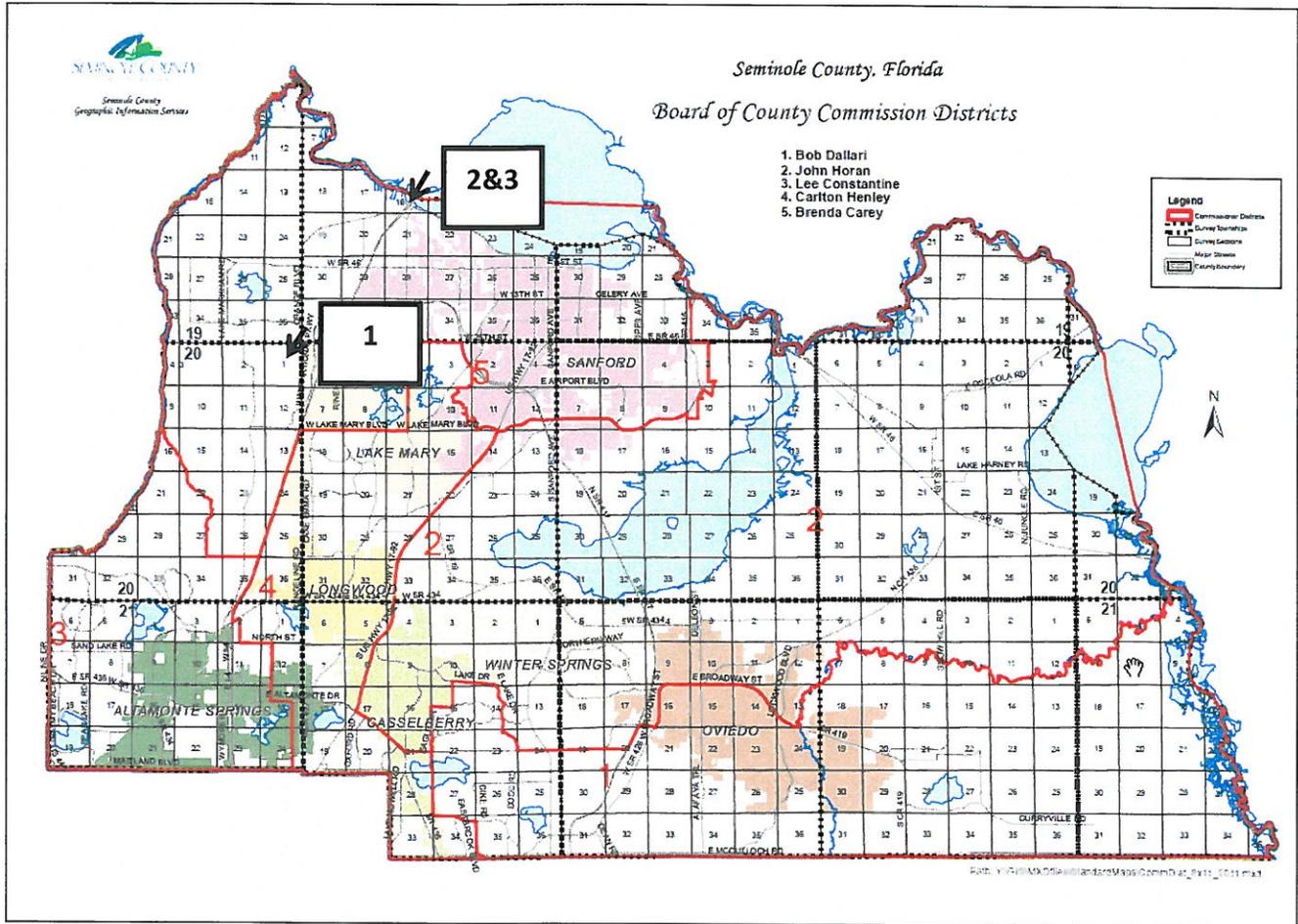


SEMINOLE COUNTY GOVERNMENT

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 01/16/2013



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	DR - SUBDIVISIONS	PROJNO 12-05500020	TIME 9:00 AM
PROJECT NAME	COVENTRY AT HEATHROW - FINAL SUBDIVISION	PROJECT MANAGER	CYNTHIA SWEET (407) 665-7443
APPLICANT	TAYLOR MORRISON OF FLORIDA	CHRIS TYREE	(321) 397-7523
CONSULTANT	MADDEN, MOORHEAD & GLUNT	CHAD MOORHEAD	(407) 629-8330
PROJECT DESC	FINAL SUBDIVISION APPROVAL FOR A 75 LOT SUBDIVISION LOCATED ON 32.37 ACRES ZONED PUD		
LOCATION	WEST SIDE OF BANANA LAKE RD SOUTH OF CR 46A		
PARCEL ID	01-20-29-501-0000-001A, 001B, 001C, 0020		
BCC DISTRICT	5-CAREY		

ITEM NO: 2	PZ - PUD/PCD	PROJ NO 12-20000008	TIME 9:20 AM
PROJECT NAME	1-4 COMMERCIAL SITE - REZONE	PROJECT MANAGER	JOY WILLIAMS (407) 665-7399
APPLICANT	DAVE SCHMITT, PE	3680 AVALON PARK, SUITE 310	(407) 207-9088
PROJECT DESC	REZONE FROM A-1 TO PUD FOR COMMERCIAL & INDUSTRIAL USES ON 2.5 ACRES		
LOCATION	WEST SIDE OF ELDER RD & EAST OF I-4		
PARCEL ID	16-19-30-5AC-0000-0300		
BCC DISTRICT	5-CAREY		

ITEM NO: 3	PZ - PD	PROJ NO 12-20500026	TIME 9:40 AM
PROJECT NAME	1-4 COMMERCIAL SITE - REZONING TO PUD	PROJECT MANAGER	JOY WILLIAMS (407) 665-7399
APPLICANT	DAVE SCHMITT, P.E.	3680 AVALON PARK, SUITE 310	(407) 207-9088
PROJECT DESC	REZONE FROM A-1 TO PD FOR COMMERCIAL & INDUSTRIAL USES ON 5 ACRES		
LOCATION	WEST SIDE OF ELDER RD & EAST OF I-4		
PARCEL ID	16-19-30-5AC-0000-030A		
BCC DISTRICT	5-CAREY		

Notice to Applicant: A copy of the staff comments and recommendations will be faxed to the applicant and the consultant **by 12:00 noon on the Tuesday before the scheduled meeting**. If you have any questions, please contact 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.

DRC
1/16/12



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 E-Plan 12-05500020

APPLICANT: Taylor Morrison of Florida, Inc.	CONTACT: Chris Tyree
ADDRESS: 151 Southhall Lane, Ste. 200	
CITY: Maitland	STATE: FL ZIP: 32751
PHONE: 321-397-7523	FAX: 407-670-1448 EMAIL: ctyree@taylormorrison.com

CONSULTANT INFORMATION

ENGINEER/SURVEYOR: Madden, Moorhead + Glunt, Inc.	CONTACT: Chad Moorhead
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:	01-20-29-501-0000-001A, -001C & -0020	01-20-29-501-0000-001B
ADDRESS:	Kirk W K Jr & Kirk Nancy C & Kirk John S ET AL	243 Dutton Interests LLC
CITY:	PO Box 1873	1275 Lake Heathrow Lane
PHONE:	Orlando, FL 32802-1873	Heathrow, FL 32746

Eplan Contact Nicole@madden-eng.com
Martia

SUBDIVISION INFORMATION

PARCEL ID #: 01-20-29-501-0000-001A, -001B, -001C + -0020	
PROJECT NAME: Coventry at Heathrow	
DESCRIPTION OF PROJECT: single family residential	
LOCATION: West side of Banana Lake Rd. / South of C.R. 46A	
NUMBER OF LOTS: 75	TOTAL ACREAGE: 32.37
ZONING: PUD	FUTURE LAND USE: PD

UTILITIES

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

ARBOR

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

RECEIVED DEC 20 2012

FEEES

- 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.)

<input type="checkbox"/> 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.
<input type="checkbox"/> 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: _____
<input checked="" type="checkbox"/> 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: 11/27/12
Sang Lee, Vice President

OFFICIAL USE	
PROJECT #:	PLANNER ASSIGNED:

LETTER OF TRANSMITTAL

MADDEN, MOORHEAD & GLUNT, INC.

431 E. Horatio Avenue Suite 260
Maitland, Florida 32751
Telephone (407)629-8330 * FAX (407)629-8336
nicole@madden-eng.com

TO: Seminole County
1101 East First Street
Sanford, FL 32771

DATE: 12/20/2012
JOB #: 11054

ATTN: Jodi Doyle

RE: COVENTRY AT HEATHROW

We are sending you via: BUSINESS EXPRESS the following items:

QUANTITY	DESCRIPTION
1 each	Check #16000-00018794
1 each	Final Subdivision Application

THE ABOVE WAS SENT:

- For approval Approved as submitted Resubmit ____ copies for approval
 For your use Approved as noted Submit ____ copies for distribution
 As requested Returned for corrections Return ____ corrected prints
 For review and comment OTHER (please specify) _____

REMARKS: Please feel free to contact our office with questions or comments. Thank you.

Nicole Martin
Permitting Manager

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 # 12-20000008
PROJ # ZONING
FLUA # _____

APPROVED DEC 14 2012

**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 \$ <u>2,075.00</u>	
SIGNATURE OF STAFF PROJECT MANAGER CERTIFYING THAT THE APPLICATION IS SUFFICIENT	

APPLICATION TYPE - PLEASE CHECK ALL THAT APPLY

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

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

- REZONING (WITHOUT SITE PLAN) FROM: _____ TO: _____
- REZONING TO PUD, PCD, OP, RP, RM-2, RM-3, R-3, R-3A, or R-4 FROM: A-1 TO: 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	Park Tec Lake Monroe, LLC	Dave Schmitt, P.E.
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	109 Central Park Place Sanford, FL 32771 Attn: Regan Bloss	
PHONE 1	321-257-2000	
PHONE 2	407-617-8244	
FAX		
E-MAIL		
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 Dave Schmitt (407) 207-9088

PROJECT INFORMATION

PROJECT NAME	I-4 Commercial Site
SITE ADDRESS	West side of Elder Road, East of I-4
BCC DISTRICT	5-Carey
EXISTING USE(S)	Vacant and General Industrial
PROPOSED USE(S)	PUD - Commercial, Industrial, Target Industries
PROPERTY ID NUMBER(S)	16-19-30-5AC-0000-0300
SIZE OF PROPERTY	2.5 +/- Ac. acres
GENERAL LOCATION	West Side of Elder Road, East of I-4
SOURCE OF WATER	Seminole County Utilities
SOURCE OF SEWER	Seminole County Utilities
RECLAIM PROVIDER	Seminole County Utilities

CONCURRENCY REVIEW MANAGEMENT SYSTEM (PLEASE CHECK ONE)

X	I elect to defer the Concurrency Review that is required by Chapter 163, Florida Statutes, per Seminole County's Comprehensive Plan for the above listed property until a point as late as Site Plan and/or Final Engineering submittals for this proposed development plan. I further specifically acknowledge that any proposed development on the subject property will be required to undergo Concurrency Review and meet all Concurrency requirements in the future. PCD Final Site Plan/PCD Final Site Plan Amendment may not defer.	
	I hereby declare and assert that the aforementioned proposal and property described are covered by a valid previously issued Certificate of Vesting or a prior Concurrency determination (Test Notice issued within the past (two years) as identified below: (Please attach a copy of the Certificate of Vesting or Test Notice.)	
	<u>TYPE OF CERTIFICATE:</u> VESTING: TEST NOTICE:	<u>CERTIFICATE NUMBER:</u> CV- _____ _____
	<u>DATE ISSUED:</u> _____ _____	
	Concurrency Application and appropriate fee are attached. I wish to encumber capacity at an early point in the development process and understand that only upon approval of the development order and the full payment of applicable facility reservation fees is a Certificate of Concurrency issued and entered into the Concurrency Management monitoring system.	

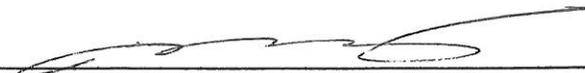
By my signature hereto, I do hereby certify that the information contained in this application is true and correct to the best of my knowledge, and understand that deliberate misrepresentation of such information may be grounds for denial or reversal of this application and / or revocation of any approval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

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

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

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

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


 _____ 10-23-12
SIGNATURE OF AUTHORIZED APPLICANT* **DATE**

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

 REGAN B. BLOSS
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 Park Tec Lake Monroe, LLC, the fee simple owner of the following
(Owner's Name)
described property (Provide Legal Description or Tax Parcel ID Number(s) 16-19-30-5AC-0000-0300

hereby affirm that Dave Schmitt, P.E. is hereby designated to act as my / our authorized agent for the filing of the attached application for: Rezoning and

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

and make binding statements and commitments regarding the request.

Owner's Signature

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

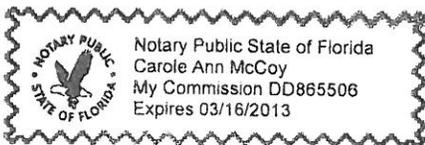
SWORN TO AND SUBSCRIBED before me this 23rd day of Oct., 2012.

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared Regan Bloss, 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 23rd day of October, 2012.

Carole Ann McCoy
Notary Public in and for the County and State
Aforementioned

My Commission Expires: 03/16/2013



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
PARKTEC MGT. CORP.	MEMBER.	109 CENTRAL PARK PLACE, SANFORD.	100.

(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: Park Tec Lake Monroe, LLC

NAME	TITLE	ADDRESS	% OF INTEREST
INDEX LLC	MANAGER	109 CENTRAL PARK PLACE SANFORD FL. 32771.	
PARKTEC MGT CORP	MEMBER	(AS ABOVE)	100%

(Use additional sheets for more space.)

6. In the circumstances of a **contract for purchase**, list the name and address of each contract purchaser. If the purchaser is a corporation, trust, 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.

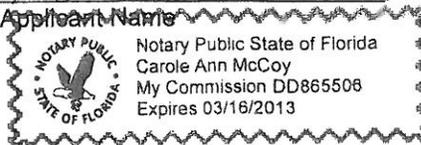
6. As to any type of owner referred to above, a change of ownership occurring subsequent to this application, shall be disclosed in writing to the Planning and Development Director prior to the date of the public hearing on the application.
7. I affirm that the above representations are true and are 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.

10-23-12.
Date

[Signature]
Owner, Agent, Applicant Signature

STATE OF FLORIDA
COUNTY OF SEMINOLE

Sworn to (or affirmed) and subscribed before me by Regan Bloss, on this 23rd day of October, 20 12.
Owner, Agent, Applicant Name



Carole Ann McCoy
Signature of Notary Public

Print, Type or Stamp Name of Notary Public

Personally Known OR Produced Identification _____

Type of Identification Produced _____



3680 Avalon Park East Blvd., Suite 310
 Orlando, FL 32828
 (407) 207-9088 Fax (407) 207-9089

Letter of Transmittal

Date: December 14, 2012	Complete Job No.: HDC-10a
To: Seminole County Planning & Development Div. 1101 East First Street, Room 2028 Sanford, FL 32771	Project Name: I-4 Commercial Site - 2.5 acres
Attn: Brian Walker	Re: Rezoning Application

WE ARE TRANSMITTING THE FOLLOWING:

- | | | |
|------------------------------------------------|-------------------------------------------------------|-------------------------------------------------|
| <input checked="" type="checkbox"/> Site Plans | <input checked="" type="checkbox"/> Initial Submittal | <input type="checkbox"/> Permit |
| <input checked="" type="checkbox"/> Other | <input type="checkbox"/> Response to Comments | <input checked="" type="checkbox"/> Application |

TRANSMITTED VIA:

- | | | |
|----------------------------------|---------------------------------------------------|------------------------------------|
| <input type="checkbox"/> US Mail | <input checked="" type="checkbox"/> Hand Delivery | <input type="checkbox"/> Fed Ex. |
| <input type="checkbox"/> Pick Up | <input type="checkbox"/> Courier | <input type="checkbox"/> Phone No. |

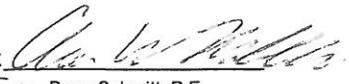
Copies	Date	Description
1	10/23/12	Application to PUD
1	10/24/12	Check # 0000000003 for \$2,075.00 for Application Fee
1	10/23/12	Property Owner's Authorization Form
1	10/23/12	Ownership Disclosure Form
1	10/03/12	Property Owner Printout from Property Appraiser's Website
1	12/14/12	CD of Legal Description, Draft DCA, and 11"x17" PDF of Master Plan
2	12/14/12	Boundary Survey
16	12/14/12	Final Master Plan

THESE ARE TRANSMITTED:

- | | | |
|---------------------------------------------------|------------------------------------------------|---------------------------------------|
| <input checked="" type="checkbox"/> For Approval | <input type="checkbox"/> Approved as Noted | <input type="checkbox"/> As Requested |
| <input checked="" type="checkbox"/> For Review | <input type="checkbox"/> Approved as Submitted | <input type="checkbox"/> For Bids Due |
| <input type="checkbox"/> Returned for Corrections | | <input type="checkbox"/> Other: |

MESSAGE: If you have any questions or concerns, please call me at Dave Schmitt Engineering, Inc. at (407) 207-9088.

Copies: Regan Bloss
File

Signed: 
 For: Dave Schmitt, P.E.
 President
 Dave Schmitt Engineering Inc.

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 # 12-20500026
 PROJ #
 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 16 FULL-SIZE SETS OF SITE PLANS OR MASTER PLANS AND AN 11" X 17" PDF FILE (COMPACT DISK OR EMAIL ONLY)	
<input type="checkbox"/> APPLICATION FEE \$ <u>2,125.00</u>	
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]

- | |
|---------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> REZONING (WITHOUT SITE PLAN) FROM: _____ TO: _____ |
| <input checked="" type="checkbox"/> REZONING TO PUD, PCD, OP, RP, RM-2, RM-3, R-3, R-3A, or R-4 FROM: <u>A-1</u> TO: <u>PUD</u> |
| <input type="checkbox"/> PUD/PCD MAJOR AMENDMENT |
| <input type="checkbox"/> PUD/PCD MINOR AMENDMENT |
| <input type="checkbox"/> PUD FINAL MASTER PLAN |
| <input type="checkbox"/> DEVELOPMENT OF REGIONAL IMPACT NOPC |
| <input type="checkbox"/> MYRTLE STREET CONSERVATION VILLAGE |

PROPERTY OWNER / AUTHORIZED AGENT INFORMATION		
	PROPERTY OWNER	AUTHORIZED AGENT *
NAME	SRY Elder, RD LLC	Dave Schmitt, P.E.
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 470040 Lake Monroe, FL 32741	
PHONE 1		
PHONE 2		
FAX		
E-MAIL		
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 Dave Schmitt (407) 207-9088

PROJECT INFORMATION	
PROJECT NAME	I-4 Commercial Site
SITE ADDRESS	West side of Elder Road, East of I-4
BCC DISTRICT	5-Carey
EXISTING USE(S)	Vacant and Residential and Industrial
PROPOSED USE(S)	PUD - Commercial, Industrial, Target Industries
PROPERTY ID NUMBER(S)	16-19-30-5AC-0000-029A, 16-19-30-5AC-0000-030A, 16-19-30-5AC-0000-030B, 16-19-30-5AC-0000-030C, 16-19-30-5AC-0000-030D, 16-19-30-5AC-0000-030E, 16-19-30-5AC-0000-030G, 16-19-30-5AC-0000-030H, 16-19-30-5AC-0000-030K
SIZE OF PROPERTY	5.0 acres
GENERAL LOCATION	West Side of Elder Road, East of I-4
SOURCE OF WATER	Seminole County Utilities
SOURCE OF SEWER	Seminole County Utilities
RECLAIM PROVIDER	Seminole County Utilities

CONCURRENCY REVIEW MANAGEMENT SYSTEM (PLEASE CHECK ONE)

X	I elect to defer the Concurrency Review that is required by Chapter 163, Florida Statutes, per Seminole County's Comprehensive Plan for the above listed property until a point as late as Site Plan and/or Final Engineering submittals for this proposed development plan. I further specifically acknowledge that any proposed development on the subject property will be required to undergo Concurrency Review and meet all Concurrency requirements in the future. PCD Final Site Plan/PCD Final Site Plan Amendment may not defer.	
	I hereby declare and assert that the aforementioned proposal and property described are covered by a valid previously issued Certificate of Vesting or a prior Concurrency determination (Test Notice issued within the past (two years) as identified below: (Please attach a copy of the Certificate of Vesting or Test Notice.)	
	<u>TYPE OF CERTIFICATE:</u> VESTING: TEST NOTICE:	<u>CERTIFICATE NUMBER:</u> CV- _____ _____
	<u>DATE ISSUED:</u> _____ _____	
	Concurrency Application and appropriate fee are attached. I wish to encumber capacity at an early point in the development process and understand that only upon approval of the development order and the full payment of applicable facility reservation fees is a Certificate of Concurrency issued and entered into the Concurrency Management monitoring system.	

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

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

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

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

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


12/11/12

SIGNATURE OF AUTHORIZED APPLICANT* **DATE**

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

STEVEN R. YOUNG
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 SRY Elder, RD LLC, the fee simple owner of the following
(Owner's Name)
described property (Provide Legal Description or Tax Parcel ID Number(s) 16-19-30-5AC-0000-029A
16-19-30-5AC-0000-030A, 16-19-30-5AC-0000-030B, 16-19-30-5AC-0000-030C, 16-19-30-5AC-0000-030D
16-19-30-5AC-0000-030E, 16-19-30-5AC-0000-030G, 16-19-30-5AC-0000-030H, 16-19-30-5AC-0000-030K

hereby affirm that Dave Schmitt, P.E. is hereby designated to act as
my / our authorized agent for the filing of the attached application for: Rezoning

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

and make binding statements and commitments regarding the request.

[Signature]
Owner's Signature

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

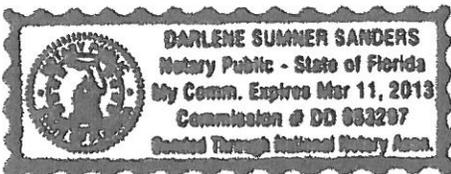
SWORN TO AND SUBSCRIBED before me this 11th day of December, 2012.

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared STEVEN YOUNG, 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 11 day of DECEMBER, 2012.

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

My Commission Expires: MARCH 11, 2013



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: SRY Elder, RD 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.

12/11/12
Date

[Signature]
Owner, Agent, Applicant Signature

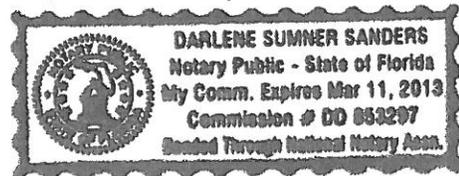
STATE OF FLORIDA
COUNTY OF SEMINOLE

Sworn to (or affirmed) and subscribed before me by STEVEN R. YOUNG, on this 11 day of DECEMBER, 2012.
Owner, Agent, Applicant Name

[Signature]
Signature of Notary Public

DARLENE SUMNER SANDERS
Print, Type or Stamp Name of Notary Public

Personally Known OR Produced Identification _____
Type of Identification Produced _____



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
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