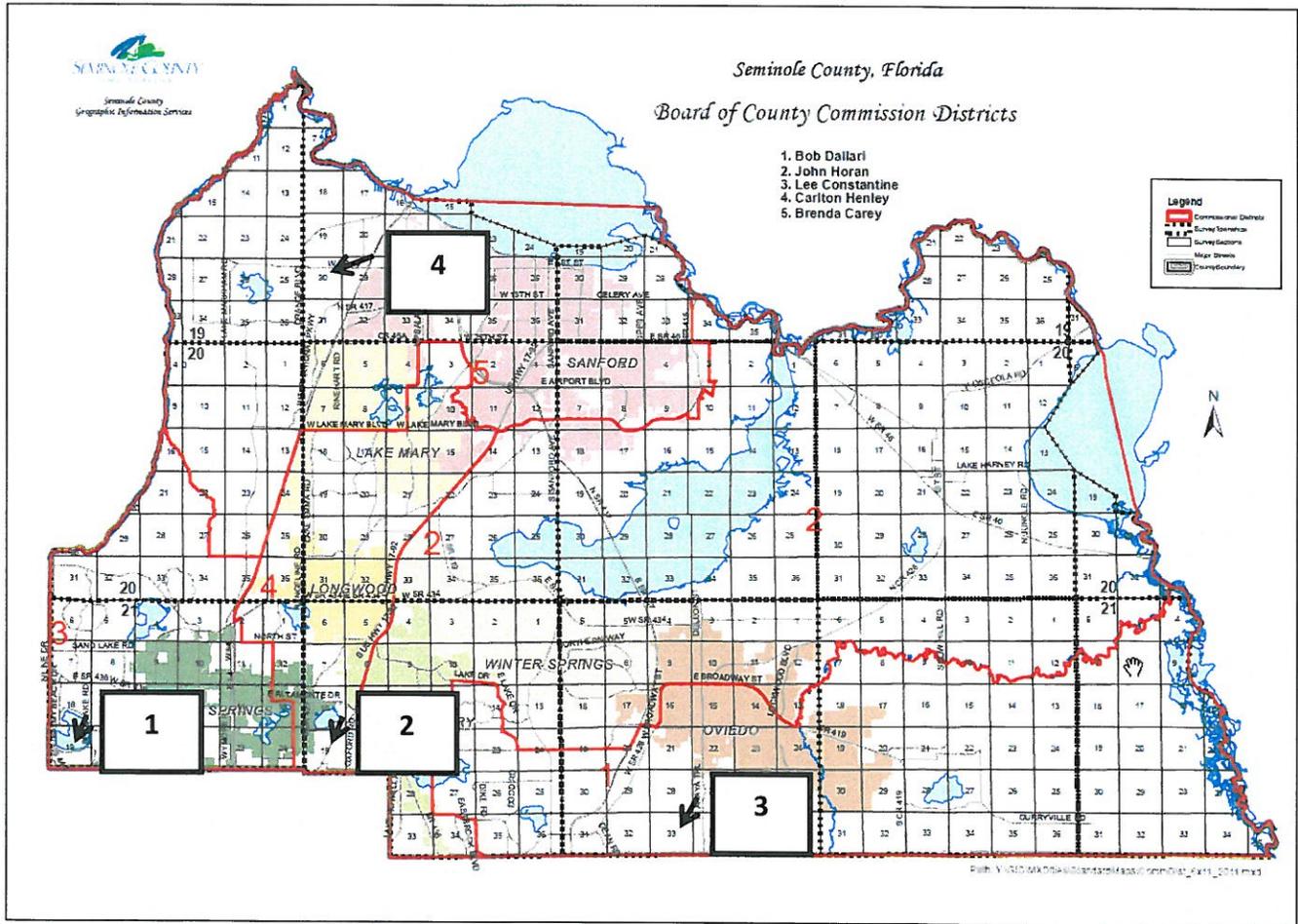


# SEMINOLE COUNTY GOVERNMENT

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

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

**To:** Applicants, Staff and Interested Parties  
**From:** Economic and Community Development Services, Planning & Development Division  
**Subject:** **DEVELOPMENT REVIEW COMMITTEE MEETING FOR WEDNESDAY 2/13/2013**



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.

<b>ITEM NO: 1</b>	<b>DR - SUBDIVISIONS</b>	<b>PROJ NO</b>	<b>13-05500001</b>	<b>TIME</b>	<b>9:00 AM</b>
<b>PROJECT NAME</b>	<b>ENCLAVE AT BEAR LAKE - FS</b>	<b>PROJECT MANAGER</b>		<b>BRIAN WALKER (407) 665-7337</b>	
<b>APPLICANT</b>	BRIAN DALRYMPLE	400 INT'L PKWY, STE# 470, LAKE MARY FL 32746		407 531-5133	
<b>CONSULTANT</b>	CHAD MOORHEAD	431 E. HORATIO AVE			
<b>PROJECT DESC</b>	FINAL ENGINEERING PLAN FOR 35 SINGLE-FAMILY LOTS ON 10.71 ACRES ZONED A-1				
<b>LOCATION</b>	SW CORNER OF BEAR LAKE RD AND JESSICA DR				
<b>PARCEL ID</b>	19-21-29-300-0100-0000+				
<b>BCC DISTRICT</b>	3-CONSTANTINE				

ITEM NO: 2	SPECIAL EXCEPTION	PROJ NO	13-3200001	TIME	9:20 AM
PROJECT NAME	S. US HWY 17-92 (9495)	PROJECT MANAGER		JOY WILLIAMS	(407) 665-7399
APPLICANT	STUART ANDERSON INTERPLAN	604 COURTLAND ST		(407) 645-5008	
PROJECT DESC	REQUEST FOR A SPECIAL EXCEPTION FOR A CONVENIENCE STORE W/GAS PUMPS IN THE C-2 ZONING DISTRICT				
LOCATION	NORTH EAST CORNER OF SPARTAN DR & HWY 17-92				
PARCEL ID	19-21-30-300-0630-0000				
BCC DISTRICT	4-HENLEY				

ITEM NO: 3	PZ - PD	PROJ NO	13-2050001	TIME	9:40 AM
PROJECT NAME	GANESH BUSINESS CENTER REZONE	PROJECT MANAGER		JOY WILLIAMS	(407) 665-7399
APPLICANT	JOHN HERBERT	207 N MOSS RD #211		(407) 327-7700	
PROJECT DESC	REZONE FROM M-1A TO PD FOR 17.6 ACRES				
LOCATION	NW CORNER OF S ECON CIR & ECON RIVER PL				
PARCEL ID	33-21-31-508-0000-0020+				
BCC DISTRICT	1-DALLARI				

ITEM NO: 4	PZ - PD	PROJ NO	13-2050002	TIME	10:00 AM
PROJECT NAME	SAVANNAH PARK AT HEATHROW - MAJOR AMENDM	PROJECT MANAGER		KATHY HAMMEL	(407) 665-7389
APPLICANT	MICHELLE BAIRLEY	429 S. KELLER RD, SUITE #200		(407) 660-2766	
PROJECT DESC	PROPOSED MAJOR AMENDMENT TO ADD RETAIL/OFFICE/MULTI-FAMILY ON 9.85 ACRES ZONED PD				
LOCATION	WEST SIDE ON INTERNATIONAL PKWY BETWEEN WAYSIDE DR & WILSON RD				
PARCEL ID	30-19-30-519-0A00-0000				
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.

13-05500001



SEMINOLE COUNTY GROWTH MANAGEMENT  
PLANNING & DEVELOPMENT DIVISION  
1101 EAST FIRST STREET ROOM 202B  
SANFORD, FL 32771  
(407) 665-7441 PHONE (407) 665-7385 FAX  
www.seminolecountyfl.gov/gm

**APPLICANT INFORMATION**

*EPlan Review Project*

APPLICANT: MI Homes of Orlando, LLC	CONTACT: P. Brian Dalrymple
ADDRESS: 400 International Pkwy., Ste. 470	
CITY: Lake Mary	STATE: FL ZIP: 32746
PHONE: 407-531-5133	FAX: 407-531-5244 EMAIL: bdalrymple@mihomes.com

**CONSULTANT INFORMATION**

*EPlan Contact Nicole @ madden-eng.com*

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

**SUBDIVISION INFORMATION**

PARCEL ID #: 19-21-29-300-0100-0000, 19-21-29-300-0100-0000	
PROJECT NAME: Bear Lake Road Property Enclave at Bear Lake	
DESCRIPTION OF PROJECT: single family residential	
LOCATION: Bear Lake Road	
NUMBER OF LOTS: 35	TOTAL ACREAGE: 10.71
ZONING: PUD	FUTURE LAND USE: 9.57ac = PD + 1.14 ac = LDR

**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"/>



**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) \$4,375
- FINAL PLAT ASSOCIATED WITH FINAL ENGINEERING --- \$200.00\*  
(35 LOTS)

\*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)

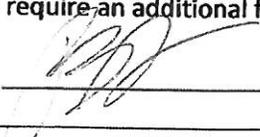
**CONCURRENCY REVIEW MANAGEMENT SYSTEM: (Please check one.)**

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.

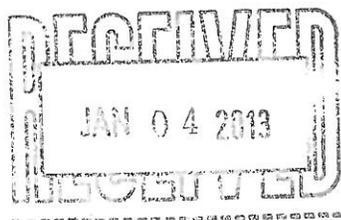
I hereby declare and assert that the aforementioned proposal and property described are covered by a valid previously issued and unexpired Certificate of Vesting or prior Concurrency determination as identified below: (Please attach a copy of the Certificate of Vesting or Prior Test/Concurrency Notice.)  
 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: 12.18.12

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](mailto:nicole@madden-eng.com)

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

**DATE:** 1/4/2013  
**JOB #:** 11047

**ATTN:** Jodi Doyle

**RE: ENCLAVE AT BEAR LAKE**

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

QUANTITY	DESCRIPTION
1 each	Check #2459, Amount \$5,175.00
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

1/04/13 SEMINOLE COUNTY GOVERNMENT - PROJECT FEES RECEIPT.15:36:31  
 PROJ # 13-05500001 RECEIPT # 000467B

OWNER:

JOB ADDRESS: LOT #:

MAJOR CONCURRENCY TEST	800.00	800.00	.00
FINAL SUBDIVISION/FINAL PLAT	4375.00	4375.00	.00

TOTAL FEES DUE.....: 5175.00

AMOUNT RECEIVED.....: 5175.00

\* DEPOSITS NON-REFUNDABLE \*  
 \*\* THERE IS A PROCESSING FEE RETAINAGE FOR ALL REFUNDS \*\*

COLLECTED BY: LHM01	BALANCE DUE.....:	.00
CHECK NUMBER.....:	00000002459	
CASH/CHECK AMOUNTS....:	5175.00	
COLLECTED FROM:	M/T HOMES OF ORLANDO LLC	
DISTRIBUTION.....:	1 - COUNTY 2 - CUSTOMER 3 -	4 - FINANCE

Fee: \$370.00

01-11-13 11:05 IN

13-3200001

Application # BS2013-01

Meeting Date 1/11/2013

C-2/MXB



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

APPLICATION FOR SPECIAL EXCEPTION

PROPERTY OWNER / APPLICANT (If you are not the owner please provide a letter of authorization from the owner)

Name: Stuart Anderson, Interplan, LLC - Agent

Address: 604 Courtland Street, Suite 100 City: Orlando Zip code: 32804

Project Address: 9495 S. US Hwy. 17-92 City: Fern Park Zip code: 32751

Phone number(s): 407-645-5008

Email address: sanderson@interplanllc.com

What is this request for?

- [ ] Church
[ ] Daycare
[ ] School
[ ] Group Home
[ ] Assisted Living Facility (ALF)
[ ] Kennel
[ ] Riding Stable
[ ] Alcoholic Beverage Establishment
[ ] Communication Tower

[X] Other: (please explain below)

Convenience Store w/ Gas Pumps

Is the property available for inspection without an appointment? [X] Yes [ ] No

What is the current use of the property? Vacant

NO APPLICATION WILL BE ACCEPTED AND/OR SCHEDULED unless the required Pre-Application Conference has been held and all of the required information in the Special Exception application and submittal checklist is provided to the Planning & Development Division.

Signed: [Signature]

FOR OFFICE USE ONLY

Form with fields: Date Submitted, Reviewed By, Tax Parcel Number, Zoning/FLU, Legally created parcel, Platted Lot, Lot size, Meets minimum size and width, Past approval #, Application and checklist complete, Notes.

## SUBMITTAL CHECKLIST FOR SPECIAL EXCEPTION

A Special Exception is approved to a detailed conceptual site plan. Following approval of the Special Exception by the Board of Adjustment a final engineered site plan is required to be submitted for approval to the Planning & Development Division. See link for Site Plan Review information: <http://www.seminolecountyfl.gov/gm/devrev/plansummary.asp>

X	1. Completed application.
X	2. Provide a statement of the request including a summary of the business operation. Include information such as: square footage of facilities; hours of operation; seating capacity; number of clients, or students; number of staff and how many shifts; and address any other site concerns that may impact adjacent properties.
X	3. Ownership Disclosure Form (Seminole County Application & Affidavit).
X	4. Owner's authorization letter (if needed). This form can be obtained at <a href="http://www.seminolecountyfl.gov/gm/planning/forms.asp">http://www.seminolecountyfl.gov/gm/planning/forms.asp</a>
X	5. A Special Exception is approved to a detailed conceptual site plan and should include, at minimum, the following information:
	o Size and dimensions of the parcel
	o Location of wetland and/or flood plain line, if applicable
	o Location and names of all abutting streets
	o Location of driveways
	o Identification of available utilities <i>(ex: water, sewer, well or septic)</i>
	o Location, size and type of any septic systems, drain field and wells
	o Location of all easements
	o Existing and/or proposed buildings, structures and improvements <i>(Label existing, label proposed, and include square footage and dimension of each)</i>
	o Building height
	o Setbacks from each building to the property lines
	o Proposed fences
	o Location and size of buffers: show existing and proposed landscaping, fences and walls
	o Location, number and size of existing and proposed parking spaces
	o Location of existing and proposed outdoor lighting
	o Location of existing and proposed signage
	o Location of fire lanes
	6. Provide an 8 ½ x 11 reduction of the site plan.

**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	TITLE	ADDRESS	% OF INTEREST
Mark Nasrallah	Managing Partner	3920 Edgewater Dr., Ste. 101, Orlando	50%
Gary Jensen	Managing Partner	3920 Edgewater Dr., Ste. 100, Orlando	50%

(Use additional sheets for more space.)

6. In the circumstances of a **contract for purchase**, list the name and address of each contract purchaser. If the purchaser is a corporation, trust, or partnership, provide the information required for those entities in paragraphs 2, 3, and/or 4 above.

Name of Purchaser: \_\_\_\_\_

NAME	ADDRESS	% OF INTEREST

Date of Contract: \_\_\_\_\_

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

6. As to any type of owner referred to above, a change of ownership occurring subsequent to this application, shall be disclosed in writing to the Planning and Development Director prior to the date of the public hearing on the application.
7. I affirm that the above representations are true and are based upon my personal knowledge and belief after all reasonable inquiry. I understand that any failure to make mandated disclosures is grounds for the subject 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.

1/10/13  
Date

[Signature]  
Owner, Agent, Applicant Signature

STATE OF FLORIDA  
COUNTY OF Orange

Sworn to (or affirmed) and subscribed before me this 10<sup>th</sup> day of January, 2013 by Stuart Anderson

[Signature]  
Signature of Notary Public

\_\_\_\_\_  
Print, Type or Stamp Name of Notary Public

Personally Known X OR Produced Identification \_\_\_\_\_  
Type of Identification Produced \_\_\_\_\_



<b>For Use by Planning &amp; Development Staff</b>	
Date: _____	Application Number: _____

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 GARY JENSEN (MANAGING PARTNER)  
MARK NASRALLAH (MANAGING PARTNER)  
 (Owner's Name) the fee simple owner of the following  
 described property (Provide Legal Description or Tax Parcel ID Number(s) 19-21-30-300-0630-0000  
LEG SEC 19 TWP 21S RGE 30E N 210 FT OF SE 1/4 OF SW 1/4 E OF ST RD (LESS S 50 FT)

hereby affirm that Stuart Anderson - Interplan, LLC is hereby designated to act as  
 my / our authorized agent for the filing of the attached application for:

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

and make binding statements and commitments regarding the request.

[Signature]  
[Signature]  
 Owners 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.

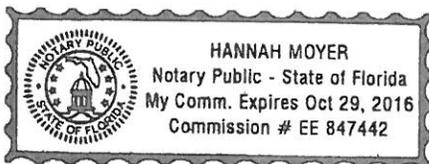
SWORN TO AND SUBSCRIBED before me this 26<sup>th</sup> day of DEC, 2012

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared Mark Nasrallah 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 26<sup>th</sup> day of December, 2012.

Hannah Moyer  
 Notary Public in and for the County and State  
 Aforementioned

My Commission Expires: 10/29/2016



January 10, 2013

**Seminole County Planning & Development Division**

1101 East First Street, West Wing, 2<sup>nd</sup> Floor  
Sanford, FL 32771  
(407) 665-6456

**Reference: Special Exception Request Project Narrative**

IP # 2012.0511

Parcel ID 19-21-30-300-0630-0000

7-Eleven Store # 36690 – US 17-92 & Spartan Dr.

To whom it may concern:

The proposed 7-Eleven project is the development of a vacant commercial property at the NE corner of US 17-92 & Spartan Drive. The site is currently zoned C-2 commercial. This project proposes to construct a 2,940 SF 7-Eleven convenience store with 6 fuel dispensers (12 fueling positions). The 7-Eleven site plan proposes 20 parking spaces on site, a new driveway access along Spartan Dr. and to maintain the existing access driveway on US 17-92. New utility connections will need to be made for water and sewer service. Stormwater management will be provided via underground exfiltration system.

A convenience store with gas sales is consistent with C-2 uses requiring a Special Exception.

If you should have any questions or need additional information, please contact me at (407) 645-5008 or via email at [sanderson@interplanllc.com](mailto:sanderson@interplanllc.com).

Respectfully,  
**INTERPLAN LLC**



Stuart Anderson, PE  
Director of Civil Engineering

enclosures

cc: IP file

p:\lendleaseconstruction\2012.0511 - 7-eleven, us 17-92 @ spartan dr, fern park, fl15 submittals & comments\special exception submittal\special use project narrative.doc

ORLANDO CHICAGO DALLAS  
ARCHITECTURE ENGINEERING INTERIOR DESIGN PERMITTING

LAS VEGAS ATLANTA FORT LAUDERDALE PHILADELPHIA  
PERMITTING ENTITLEMENTS DUE DILIGENCE





01-11-13 11:05 IN  
Development solutions for restaurant, retail, hospitality and commercial programs.

604 COURTLAND STREET  
SUITE 100  
ORLANDO, FL 32804

ph: 407.645.5008  
fx: 407.655.9124  
AA 003420 1 CA 8640  
www.interplanllc.com

**TRANSMITTAL**

<b>COMPANY NAME:</b>	Seminole County Planning & Development Division	<b>PROJECT#:</b>	2012.0511
<b>COMPANY ADDRESS:</b>	1101 E. First Street Sanford, FL 32771	<b>DATE:</b>	1/10/13
<b>ATTN:</b>	Joy Williams	<b>SHIPPING VIA:</b>	UPS Overnight
<b>PROJECT NAME:</b>	7-11 US 17-92 & Spartan Dr.	<b>PHONE #:</b>	407-655-7399
<b>SUBJECT:</b>	Special Exception Submittal	<b>E-MAIL:</b>	[Type here e-mail]

Copies	Sets	Date	Description
[1]	[.....]	12/19/12	Application Fee – Check # 0021065639 for \$370.00
[1]	[.....]	1/10/13	Completed Special Exception Application
[1]	[.....]	1/10/13	Ownership Disclosure Form
[1]	[.....]	12/26/12	Owner's authorization letter
[1]	[.....]	1/10/13	Project Narrative
[.....]	[11]	1/10/13	Conceptual Site Plan including Site Plan, Landscape Plan, Survey, Elevations & Signage Package
[.....]	[.....]		
[.....]	[.....]		

**REMARKS:**

Joy,

Please find enclosed the submittal for the Special Exception for the 7-11 at US 17-92 & Spartan Dr. Feel free to contact me via email at [sanderson@interplanllc.com](mailto:sanderson@interplanllc.com) or at (407) 645-5008 if you need anything else for the review.

Thanks,

Stuart

**SENDER:** Stuart Anderson **CC** Peter Zent, Mike Bryan

ORLANDO CHICAGO  
 ARCHITECTURE ENGINEERING INTERIOR DESIGN PERMITTING  
 LAS VEGAS PHILADELPHIA  
 PERMITTING ENTITLEMENTS DUE DILIGENCE



Parcel: 19-21-30-300-0630-0000

Owner: SPARTAN/17-92 LLC

Property Address: FERN PARK, FL 32751

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

Parcel: 19-21-30-300-0630-0000

**Property Address:**  
 Owner: SPARTAN/17-92 LLC  
 Mailing: 3920 EDGEWATER DR STE 101  
 ORLANDO, FL 32804

**Subdivision Name:** [\[View Plat\]](#)  
 Tax District: 04-COUNTY- 17-92 REDVDST  
 Exemptions:  
 DOR Use Code: 1013-VAC COMM W/ SITE IMPROVEMENTS

**Value Summary**

	2013 Working Values	2012 Certified Values
Valuation Method	Cost/Market	Cost/Market
Number of Buildings	0	0
Depreciated Bldg Value		
Depreciated EXFT Value	\$585	\$585
Land Value (Market)	\$314,160	\$314,160
Land Value Ag		
<u>Just/Market Value</u>	\$314,745	\$314,745
Portability Adj		
Save Our Homes Adj	\$0	\$0
Amendment 1 Adj	\$0	\$0
<b>Assessed Value</b>	<b>\$314,745</b>	<b>\$314,745</b>

Tax Amount without SOH: \$4,838  
2012 Tax Bill Amount \$4,838  
Tax Estimator  
 Save Our Homes Savings: \$0  
 \* Does NOT INCLUDE Non Ad Valorem Assessments

**SPARTAN DR**

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

**Legal Description**

LEG SEC 19 TWP 21S RGE 30E N 210 FT OF SE 1/4 OF SW 1/4 E OF ST RD (LESS S 50 FT)

**Tax Details**

Taxing Authority	Assessment Value	Exempt Values	Taxable Value
County General Fund	\$314,745	\$0	\$314,745
Schools	\$314,745	\$0	\$314,745
Fire	\$314,745	\$0	\$314,745
Road District	\$314,745	\$0	\$314,745
SJWM(Saint Johns Water Management)	\$314,745	\$0	\$314,745
County Bonds	\$314,745	\$0	\$314,745

**Sales**

Deed	Date	Book	Page	Amount	Vac/Imp	Qualified
SPECIAL WARRANTY DEED	02/2003	<u>04705</u>	<u>1581</u>	\$500,000	Improved	Yes
WARRANTY DEED	08/2000	<u>03905</u>	<u>0001</u>	\$525,000	Improved	Yes
WARRANTY DEED	01/1982	<u>01381</u>	<u>1629</u>	\$285,000	Improved	Yes
WARRANTY DEED	01/1976	<u>01108</u>	<u>0268</u>	\$117,900	Improved	No

[Find Comparable Sales within this Subdivision](#)

**Land**

Method	Frontage	Depth	Units	Unit Price	Land Value
SQUARE FEET	0	0	44,880.000	7.00	\$314,160

**Building Information**

**Permits**

Permit #	Type	Agency	Amount	CO Date	Permit Date
07291	Addition - Commercial	County	\$7,500		04/12/2005
00612	Addition - Commercial	County	\$999	03/20/1997	02/01/1997
07534	Addition - Commercial	County	\$999		11/01/1996
05260	Addition - Commercial	County	\$400		08/01/1994
05765	Personal Property	County	\$0		08/01/1994

Extra Features					
Description	Year Blt	Units	Value	Cost New	
COMMERCIAL ASPHALT DR 2 IN	1979	1,607	\$585	\$1,462	

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**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 # \_\_\_\_\_  
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.

<b>APPLICATION SUBMITTAL CHECKLIST:</b>	<b>*THIS BOX FOR STAFF USE ONLY*</b>
<input checked="" type="checkbox"/> COPY OF PRE-APPLICATION REVIEW INFORMATION, IF APPLICABLE	
<input checked="" type="checkbox"/> PROPERTY OWNER PRINTOUT FROM PROPERTY APPRAISER'S WEBSITE	
<input checked="" type="checkbox"/> PROPERTY OWNER'S AUTHORIZATION FORM (ADDITIONAL DOCUMENTATION REQUIRED IF OWNER IS A TRUST OR CORPORATION)	
<input checked="" type="checkbox"/> OWNERSHIP DISCLOSURE FORM	
<input checked="" type="checkbox"/> SCHOOL IMPACT ANALYSIS (CONTACT SCHOOL BOARD FOR APPLICATION)	
<input checked="" type="checkbox"/> CONCURRENCY APPLICATION/DEFERRAL AFFIDAVIT AND FEE IF REQUIRED \$ _____	
<input checked="" type="checkbox"/> BOUNDARY SURVEY (2 COPIES)	
<input checked="" type="checkbox"/> ELECTRONIC LEGAL DESCRIPTION IN DIGITAL WORD FORMAT (COMPACT DISK OR EMAIL ONLY)	
<input checked="" type="checkbox"/> PUD/PCD FINAL MASTER/SITE PLAN REQUIRES A DRAFT DCA IN DIGITAL WORD FORMAT (COMPACT DISK OR EMAIL ONLY)	
<input checked="" type="checkbox"/> REZONING TO PUD, PCD, OP, RP, RM-2, RM-3, R-3, R-3A, R-4 AND MYRTLE STREET CONSERVATION VILLAGE REQUIRES 16 FULL-SIZE SETS OF SITE PLANS OR MASTER PLANS AND AN <u>11" X 17" PDF FILE</u> (COMPACT DISK OR EMAIL ONLY)	
<input checked="" 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: MI-A TO: PD
- 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		
NAME	PROPERTY OWNER	AUTHORIZED AGENT *
	GANESH HOLDINGS	JOHN HERBERT, 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	5700 DOT COM CT. OVIEDO FL 32765.	AMERICAN CIVIL ENG. CO. 207 N. MOSS RD. # 211 WINTER SPRINGS, FL. 32708
PHONE 1	407 706 1622	407.327.7700
PHONE 2	407 924 - 6860	-
FAX	407 977 - 4949	407.327.0227
E-MAIL	KNATHOO@Ganeshmills.com	HERBERTACE@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 JOHN HERBERT 407.327.7700

PROJECT INFORMATION	
PROJECT NAME	GANESH BUSINESS CENTER RE-ZONE
SITE ADDRESS	DOT COM COURT
BCC DISTRICT	#1
EXISTING USE(S)	OFFICE / WAREHOUSE / INDOOR RECREATION
PROPOSED USE(S)	" / " / " / LIMITED BEER & WINE ON-SITE SALES & CONSUMPTION
PROPERTY ID NUMBER(S)	33-21-31-508-0000-0020 (LOTS 2-5) 33-21-31-508-0000-0070 (LOTS 7-8)
SIZE OF PROPERTY	TOTAL SUBDIVISION AREA = 17.6 AC acres
GENERAL LOCATION	DOT COM COURT
SOURCE OF WATER	SEM. CO.
SOURCE OF SEWER	SEM. CO.
RECLAIM PROVIDER	SEM. CO.

# 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 GANEH HOLDINGS INC, the fee simple owner of the following  
(Owner's Name)  
 described property (Provide Legal Description or Tax Parcel ID Number(s)) 33-21-31-508-0000-0020

hereby affirm that JOHN HERBERT 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. CR-20NE

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.

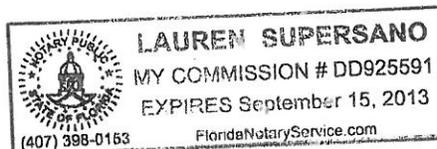
SWORN TO AND SUBSCRIBED before me this 18<sup>th</sup> day of Dec., 2012.

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 \_\_\_\_\_ 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 18<sup>th</sup> day of December, 2012.

Notary Public in and for the County and State  
 Aforementioned

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



**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
KIRAN NATHU	646 W. Palm Valley Dr WINDY 32705	407 928-6460
PRAKASH CHAWHAN	4740 EAST LAKE WINTER SPRING 32708	407 928-6450
RENKA CHAWHAN	" " " " " "	407 928-5830

(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
KIRAN NATHU	V.P.	646 W. Palm Valley WINDY 32705	33 1/2
RENKA CHAWHAN	P-S-T	4740 EAST LAKE WINTER SPRING 32708	33 1/2
PRAKASH CHAWHAN	V.P.	" " " " " "	33 1/2

(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.

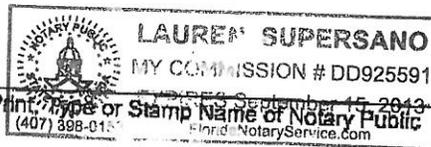
- 6. As to any type of owner referred to above, a change of ownership occurring subsequent to this application, shall be disclosed in writing to the Planning and Development Director prior to the date of the public hearing on the application.
- 7. I affirm that the above representations are true and 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 rezoning, future land use amendment, special exception, or variance involved with this Application to become void. I certify that I am legally authorized to execute this Application and Affidavit and to bind the Applicant to the disclosures herein.

Date 12/18/2012

Owner, Agent, Applicant Signature \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF Seminole

Sworn to (or affirmed) and subscribed before me by Kiran Nathoo on this 18th day of December, 2012.  
Owner, Agent, Applicant Name



Signature of Notary Public \_\_\_\_\_

Personally Known  OR Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_

**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.)

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

**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.

1-8-13

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

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

JOHN HERBERT, P.E.

**PRINT OR TYPE NAME** \_\_\_\_\_





PROPERTY OWNER / AUTHORIZED AGENT INFORMATION		
NAME	PROPERTY OWNER	AUTHORIZED AGENT *
	OXFORD RKP INC	JOHN HERBERT, 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	5700 DOT COM CT. DVIEDO FL 32765	AMERICAN CIVIL ENG. CO. 207 N. MOSS RD. #211 WINTER SPRINGS, FL. 32708
PHONE 1	407 706 1622	407.327.7700
PHONE 2	407 928-6860	-
FAX	407 977-4949	407.327.0227
E-MAIL	KNATHO@GAMESMILLS.COM	HERBERTACE@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 JOHN HERBERT 407.327.7700

PROJECT INFORMATION	
PROJECT NAME	GAMESH BUSINESS CENTER RE-ZONE
SITE ADDRESS	DOT COM COURT
BCC DISTRICT	# 1
EXISTING USE(S)	OFFICE / WAREHOUSE / INDOOR RECREATION
PROPOSED USE(S)	" / " / " / LIMITED BEER & WINE ON-SITE SALES & CONSUMPTION
PROPERTY ID NUMBER(S)	33-21-31-508-0000-0010 (LOT 1) 33-21-31-508-0000-0060 (LOT 6)
SIZE OF PROPERTY	TOTAL SUBDIVISION AREA = 17.6 AC
GENERAL LOCATION	DOT COM COURT
SOURCE OF WATER	SEM. CO.
SOURCE OF SEWER	SEM. CO.
RECLAIM PROVIDER	SEM. CO.

# 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 OXFORD RKP INC, the fee simple owner of the following described property (Provide Legal Description or Tax Parcel ID Number(s) 33-21-31-108-0000-0060

hereby affirm that John Harbert 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. CPE-ZONE

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.

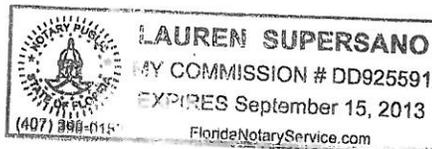
SWORN TO AND SUBSCRIBED before me this 18th day of Dec., 2012.

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared Kiran Nathoo 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 18th day of December, 2012.

Notary Public in and for the County and State  
Aforementioned

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



**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
KIRAN NATHO		407-928-6860
RAKASH CHADHAN		407-928-6480
REUKA CHADHAN		407-928-5430

(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
KIRAN NATHO	V.P.	OVIEDO FZ 32761	
RAKASH NATHO	V.P.	6416 W. Palm Valley Dr	33 1/3
REUKA CHADHAN	PTRESAURER	4740 E. LAKE WINDY STAMP FZ 32708	33 1/3
			23 1/3

(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 6 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 12/18/12

[Signature]  
Owner, Agent, Applicant Signature

STATE OF FLORIDA  
COUNTY OF Seminole

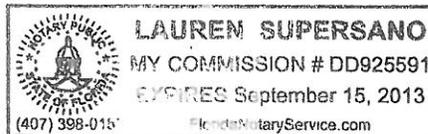
Sworn to (or affirmed) and subscribed before me by Kiran Nathos on this 18th day of December, 2012.  
Owner, Agent, Applicant Name

Signature of Notary Public \_\_\_\_\_

Print, Type or Stamp Name of Notary Public \_\_\_\_\_

Personally Known  OR Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_



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

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

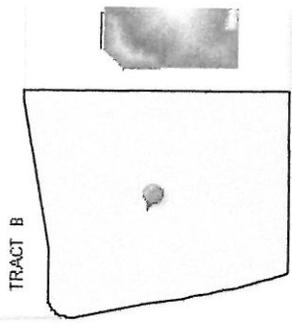
 _____ <b>SIGNATURE OF AUTHORIZED APPLICANT*</b>	1-8-13 _____ <b>DATE</b>
JOHN HERBERT, P.E. <b>PRINT OR TYPE NAME</b>	

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

LOT 1

< Back Save Layout Reset Layout New Search

Parcel: 33-21-31-508-0000-0010  
 Property Address: 5701 DOT COM CT  
 Owner: OXFORD RKP INC  
 Mailing: 5700 DOT COM CT  
 OVIEDO, FL 32765  
 Subdivision Name: GANESH BUSINESS PARK  
 Tax District: 01-COUNTY-TX DIST 1  
 Exemptions:  
 DOR Use Code: 40-VAC INDUSTRIAL GENERAL



Value Summary

Valuation Method	2013 Working Values Cost/Market	2012 Certified Values Cost/Market
Number of Buildings	0	0
Depreciated Bldg Value		
Depreciated EXFT Value		
Land Value (Market)	\$254,826	\$254,826
Land Value Ag		
<b>Just/Market Value **</b>	\$254,826	\$254,826
Portability Adj		
Save Our Homes Adj	\$0	\$0
Amendment 1 Adj	\$0	\$0
Assessed Value	\$254,826	\$254,826

Tax Amount without SOH: \$3,917  
**2012 Tax Bill Amount** \$3,917  
**Tax Estimator**  
 Save Our Homes Savings: \$0

\* Does NOT INCLUDE Non Ad Valorem Assessments

ECON RIVER PL

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

Legal Description

LOT 1 GANESH BUSINESS PARK PB 62 PG 58

Tax Details

Taxing Authority	Assessment Value	Exempt Values	Taxable Value
County General Fund	\$254,826	\$0	\$254,826
Schools	\$254,826	\$0	\$254,826
Fire	\$254,826	\$0	\$254,826
Road District	\$254,826	\$0	\$254,826
SJWM(Saint Johns Water Management)	\$254,826	\$0	\$254,826
County Bonds	\$254,826	\$0	\$254,826

Sales

Deed	Date	Book	Page	Amount	Vac/Imp	Qualified
SPECIAL WARRANTY DEED	07/2007	0676Z	1260	\$100	Vacant	No

Find Comparable Sales within this Subdivision

Land

Method	Frontage	Depth	Units	Unit Price	Land Value
SQUARE FEET			84,942.000	3.00	\$254,826

Building Information

Permits

< Back < Previous Parcel Next Parcel > Save Layout Reset Layout New Search

LOT 6

Parcel: 33-21-31-508-0000-0060

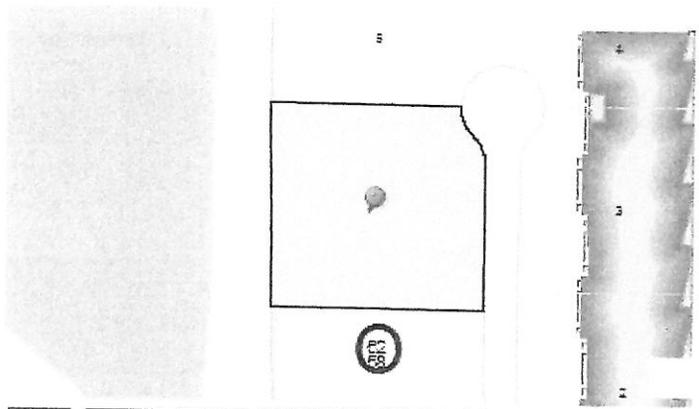
Property Address: 5712 DOT COM CT  
 Owner: OXFORD RKP INC  
 Mailing: 5700 DOT COM CT  
 OVIEDO, FL 32765  
 Facility Name: 5712 DOT COM CT  
 Tax District: 01-COUNTY-TX DIST 1  
 Exemptions:  
 DOR Use Code: 4102-COMMERCE CENTER

Value Summary

	2013 Working Values	2012 Certified Values
Valuation Method	Income	Income
Number of Buildings	1	1
Depreciated Bldg Value		
Depreciated EXFT Value		
Land Value (Market)		
Land Value Ag		
<b>Just/Market Value **</b>	\$1,281,164	\$1,281,164
Portability Adj		
Save Our Homes Adj	\$0	\$0
Amendment 1 Adj	\$0	\$0
<b>Assessed Value</b>	<b>\$1,281,164</b>	<b>\$1,281,164</b>

Tax Amount without SOH: \$19,691  
**2012 Tax Bill Amount** \$19,691  
**Tax Estimator**  
 Save Our Homes Savings: \$0

\* Does NOT INCLUDE Non Ad Valorem Assessments



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

Legal Description

LOT 6 & N 30.55 FT OF LOT 7 GANESH BUSINESS PARK P2 62 PG 58

Tax Details

Taxing Authority	Assessment Value	Exempt Values	Taxable Value
County General Fund	\$1,281,164	\$0	\$1,281,164
Schools	\$1,281,164	\$0	\$1,281,164
Fire	\$1,281,164	\$0	\$1,281,164
Road District	\$1,281,164	\$0	\$1,281,164
SJWM(Saint Johns Water Management)	\$1,281,164	\$0	\$1,281,164
County Bonds	\$1,281,164	\$0	\$1,281,164

Sales

Deed	Date	Book	Page	Amount	Vac/Imp	Qualified
QUIT CLAIM DEED	01/2003	06921	1568	\$100	Improved	No
SPECIAL WARRANTY DEED	07/2007	06767	1260	\$100	Vacant	No

Find Comparable Sales within this Subdivision

Land

Method	Frontage	Depth	Units	Unit Price	Land Value
ACREAGE			.430	400.00	\$172
SQUARE FEET			72,310,000	3.00	\$216,930

Building Information

# E PLAN REVIEW

Michele Bairley  
mbairley@scottarchitects.com



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

13-2050002

PROJ # 13-2050002

RECEIVED JAN 16 2013

PZ # 2013-02

Effective 2013, applicants are required to submit plan amendment and rezone application via the County's Electronic Plan Review (ePlan) process.

## 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 Planning & Development Division.

### APPLICATION SUBMITTAL CHECKLIST:

- COPY OF PRE-APPLICATION REVIEW INFORMATION, IF APPLICABLE
- PROPERTY OWNER PRINTOUT FROM PROPERTY APPRAISER'S WEBSITE
- PROPERTY OWNER'S AUTHORIZATION FORM (ADDITIONAL DOCUMENTATION REQUIRED IF OWNER IS A TRUST OR CORPORATION)
- OWNERSHIP DISCLOSURE FORM (ADDITIONAL DOCUMENTATION REQUIRED IF OWNER IS A TRUST OR CORPORATION)
- SCHOOL IMPACT ANALYSIS (CONTACT SCHOOL BOARD FOR APPLICATION)
- CONCURRENCY APPLICATION/DEFERRAL AFFIDAVIT AND FEE IF REQUIRED \$ \_\_\_\_\_
- BOUNDARY SURVEY
- ELECTRONIC LEGAL DESCRIPTION IN DIGITAL WORD FORMAT (COMPACT DISK OR EMAIL ONLY)
- FINAL DEVELOPMENT PLAN REQUIRES A DRAFT DCA IN DIGITAL WORD FORMAT (COMPACT DISK OR EMAIL ONLY)
- REZONING TO PD, OP, RP, RM-2, RM-3, R-3, R-3A, R-4 AND MYRTLE STREET CONSERVATION VILLAGE REQUIRES FULL-SIZE SETS OF DEVELOPMENT PLANS.
- APPLICATION FEE \$ \$2,000

### 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" & ALL SUPPORT MATERIALS MUST BE SUBMITTED FOR FUTURE LAND USE MAP AMENDMENTS.

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

**PROPERTY OWNER / AUTHORIZED AGENT INFORMATION**

	<b>PROPERTY OWNER</b>	<b>AUTHORIZED AGENT *</b>
<b>NAME</b>	Savannah Meridian Acquisition Group, LLC	Scott Architects, Michelle Bairley / Ray Scott
<b>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 :</b>		
<b>ADDRESS</b>	1175 Peachtree Street, NE Colony Sq. Bldg 100 Suite 840 Atlanta, GA 30361	429 S. Keller Rd. Suite #200 Orlando, FL 32810
<b>PHONE 1</b>	404-229-7271	407-660-2766
<b>PHONE 2</b>		
<b>FAX</b>	404-963-8133	407-875-3276
<b>E-MAIL</b>	Johnd@inlandgroup.com	mbairley@scottarchitects.com
<b>If you have a consultant that is not listed on the application and you would like us to contact them directly and give them the DRC comments, provide their contact information on a separate sheet, otherwise any questions and/or comments will be directed to the property owner or authorized agent listed above.</b>		

\* 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** Michelle Bairley (407) 660-2766

**PROJECT INFORMATION**

<b>PROJECT NAME</b>	Savannah Park at heathrow PUD amendment #3
<b>SITE ADDRESS</b>	International Parkway, Sanford FL
<b>BCC DISTRICT</b>	5
<b>EXISTING USE(S)</b>	Mixed use project
<b>PROPOSED USE(S)</b>	Mixed use - retail / office / mulifamily
<b>PROPERTY ID NUMBER(S)</b>	30-19-30-519-0A00-0000, 30-19-30-519-0B00-0000, 30-19-30-519-0C00-0000, 30-19-30-519-0D00-0000, 30-19-30-519-0000-0020, 30-19-30-519-0000-0010
<b>SIZE OF PROPERTY</b>	9.85 <b>acres</b>
<b>GENERAL LOCATION</b>	Weat side of International Parkway between Wayside drive and Wilson Rd.
<b>SOURCE OF WATER</b>	Seminole County
<b>SOURCE OF SEWER</b>	Seminole County
<b>RECLAIM WATER PROVIDER</b>	Seminole County

**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. PD Final Site Plan/PD 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>  <b>VESTING:</b>  <b>TEST NOTICE:</b>	<u>CERTIFICATE NUMBER:</u>  <b>CV-</b> _____  _____
	<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.

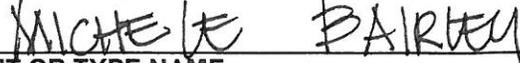
**I further acknowledge** that Seminole County may not defend any challenge to my proposed future land use amendment / rezoning and related development approvals, and that it may be my sole obligation to defend any and all actions and approvals, which authorize the use or development of the subject property. 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.


1/16/13  
 \_\_\_\_\_  
**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**

Savannah Park PUD Major Amendment  
Legal Description

Commence at southeast corner of section 30, township 19 south, range 30 east; thence run S89°37'33"W along the south line of said section 30, 569.09 feet to a point on the westerly boundary line of the Sanford Grant; thence N25°21'37"E along said westerly boundary line, 777.18 feet; thence N00°18'12"E, 195.30 feet to the point of beginning; thence N89°41'00"W, 204.43 feet to a point of curvature of a 20.00 foot radius curve concave to the south; thence westerly along said curve through a central angle of 43°56'18" an arc distance of 15.34 feet to a point of reverse curvature of a 67.00 foot radius curve concave to the northwest; thence southwesterly along said curve through a central angle of 39°35'10" an arc distance of 46.29 feet to a point of non-tangency; thence S25°12'19"W, 33.54 feet; thence N64°47'41"W, 241.12 feet; thence N25°12'19"E, 25.08 feet to a point on a 44.00 foot radius non-tangent curve concave to the northeast whose radius point bears N28°37'31"E; thence northwesterly along said curve through a central angle of 54°13'45" an arc distance of 41.65 feet to a point of non-tangency; thence N89°41'00"W, 20.38 feet; thence N00°19'00"E, 22.36 feet; thence N65°02'35"W, 49.51 feet; thence N00°19'00"E, 572.00 feet; thence S89°41'00"E, 50.00 feet; thence N00°19'00"E, 40.00 feet; thence S89°41'00"E, 18.38 feet to a point on a 3.00 foot radius non-tangent curve concave to the northwest whose radius point bears N00°19'00"E; thence northeasterly along said curve through a central angle of 90°00'00" an arc distance of 4.71 feet to a point of tangency; thence N00°19'00"E, 17.00 feet; thence S89°41'00"E, 130.00 feet; thence S73°18'33"E, 73.61 feet; thence S89°41'00"E, 60.00 feet; thence N88°18'52"E, 41.98 feet; thence N00°19'00"E, 19.62 feet; thence S89°41'00"E, 150.00 feet; thence S00°19'00"W, 20.00 feet; thence S89°41'00"E, 45.99 feet; thence S00°18'12"W, 758.00 feet to the point of beginning.

Said lands containing 428,958 square feet (9.848 acres) more or less.

**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 Savannah Meridian Acquisition Group, LLC, the fee simple owner of the following  
(Owner's Name)  
described property (Provide Legal Description or Tax Parcel ID Number(s) 30-19-30-519-0A00-0000,  
30-19-30-519-0B00-0000, 30-19-30-519-0C00-0000, 30-19-30-519-0D00-0000, 30-19-30-519-0000-0020  
30-19-30-519-0000-0010

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

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

and make binding statements and commitments regarding the request.  
Savannah Meridian Acquisition Group, LLC a Florida Limited Liability Company, By Meridian Pointe LLC, a Florida Limited Liability Company ,  
By Savannah Park Assoc II, a Florida Limited Liability Company, It's Manager, John DiGiovanni, As its Member Manager

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.

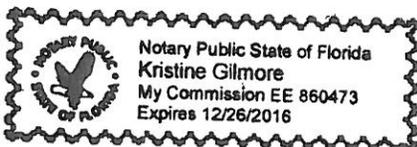
**SWORN TO AND SUBSCRIBED** before me this 16<sup>th</sup> day of Jan., 2013

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared John DiGiovanni, 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 16<sup>th</sup> day of Jan, 2013.

Kristine Gilmore  
Notary Public in and for the County and State  
Aforementioned

My Commission Expires: 12/26/2016





## Smith, Connie

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**From:** Forte, Jami  
**Sent:** Wednesday, January 16, 2013 2:33 PM  
**To:** Doyle, Jodi; Smith, Connie; Mathews, Karen  
**Subject:** FW: Concurrency Review Deferral Affidavit Application for Savannah Park

Hello Ladies,

Below is a copy of a concurrency Deferral application for Savannah Park, I don't think this project has been submitted as of yet as it will be coming in via E Plan, and no fee is due for a Deferral. Please let me know if you have any questions.

Thank you & have a pleasant day,

*Jami Forte*

**Planning Coordinator of Impact Fee's  
& Impact Analysis for**  
Seminole County Economic and Community  
Development Svcs Dept.; Business Office  
1101 East 1st Street  
Sanford, Florida 32771

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



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

---

**From:** Michele Bairley [<mailto:mbairley@scottarchitects.com>]  
**Sent:** Wednesday, January 16, 2013 2:09 PM  
**To:** Riley, Sandra; Forte, Jami  
**Subject:** Concurrency Review Deferral Affidavit Application

A new Concurrency Review Deferral Affidavit Application was submitted online:

### APPLICANT INFORMATION

**Applicant Name:** Michele Bairley  
**Mailing Address:** 429 S. Keller Rd Suite 200  
**City:** Orlando  
**State:** FL  
**Zip:** 32810

**Phone Number:** 407-660-2766 x 2560  
**Fax Number:** 407-875-3276  
**Email:** [mbairley@scottarchitects.com](mailto:mbairley@scottarchitects.com)

**OWNER INFORMATION**

**Owner Name:** Savannah Meridian Acquisition Group LLC  
**Mailing Address:** 1175 Peachtree St. NE Colony Square Bldg 100 Suite 840  
**City:** Atlanta  
**State:** GA  
**Zip:** 30361  
**Phone Number:** 404-229-7271  
**Fax Number:** 404-963-8133  
**Email:** [johnd@inlandgroup.com](mailto:johnd@inlandgroup.com)

**PROJECT INFORMATION**

**Project/Subdivision Name:** The Exchange at Savannah Park  
**Property Address:** International Parkway,  
**City:** Sanford  
**State:** FL  
**Zip:** 32771  
**Tax Parcel I.D. #1:** 30-19-30-519-0A00-0000  
**Tax Parcel I.D. #2:** 30-19-30-519-0B00-0000  
**Tax Parcel I.D. #3:** 30-19-30-519-0C00-0000  
**Tax Parcel I.D. #4:** 30-19-30-519-0D00-0000

**ORDER INFORMATION**

**Order Type:** Without Snapshot (No Fee Required)

**Final Development Orders Needed:**

Development Plans

**CERTIFICATION**

I HEREBY DECLARE AND AFFIRM THAT I WISH TO 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 FINAL ENGINEERING OR SITE PLAN SUBMITTALS FOR THIS PROPOSED DEVELOPMENT PLAN, REZONING, FINAL PUD/PCD MASTER PLAN, PRELIMINARY PLAT, SPECIAL EXCEPTION, COMMERCIAL/MULTI-FAMILY (WAIVER TO) PLAT OR COMMERCIAL/MULTI-FAMILY FINAL SUBDIVISION PLANS/PLATS.

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 CERTIFY THAT THE INFORMATION CONTAINED HERIN IS TRUE AND CORRECT AND THAT I AM EITHER THE TRUE AND SOLE OWNER OF THE SUBJECT PROPERTY, OR I AM

AUTHORIZED TO ACT ON BEHALF OF THE TRUE OWNER(S) IN ALL REGARDS ON THIS MATTTTER, **PURSUANT TO PROOF AND AUTHORIZATION SUBMITTED WITH THE CORRESPONDING DEVELOPMENT APPLICATION OR ATTACHED HERTO.** I HEARBY REPRESENT THAT I HAVE THE LAWFUL RIGHT AND AUTHORITY TO FILE THIS AFFIDAVIT.

I have read and agree with the statements above: Yes