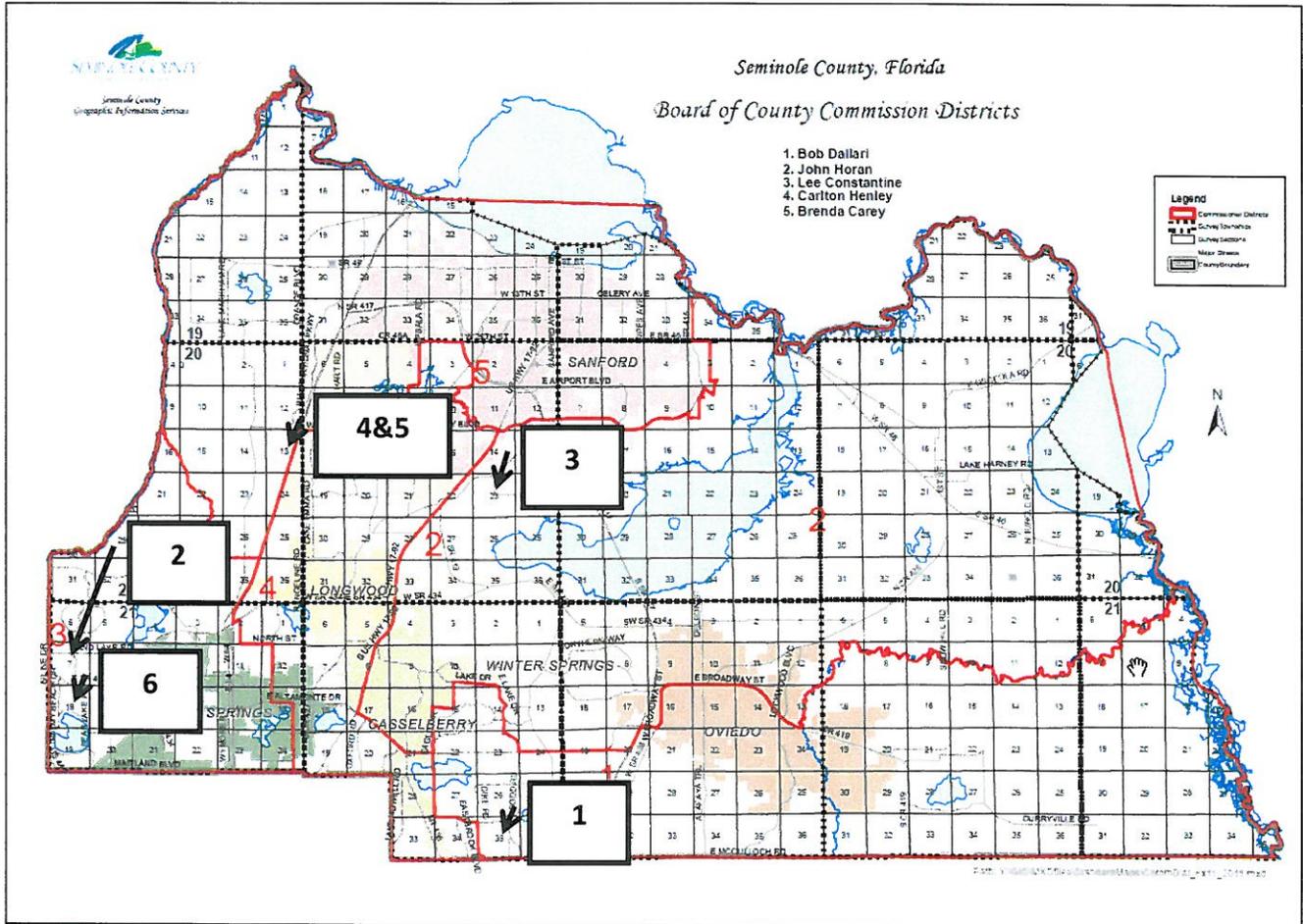


# SEMINOLE COUNTY GOVERNMENT

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 2/27/2013**



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>13-05500002</b>	<b>TIME</b>	<b>9:00 AM</b>
<b>PROJECT NAME</b>	<b>SANCTUARY AT ALOMA - PSP</b>	<b>PROJECT MANAGER</b>		<b>BRIAN WALKER</b>	<b>(407) 665-7337</b>
<b>APPLICANT</b>	DAVE SCHMITT, P.E.	3873 AVALON PARK BLVD		(407) 207-9088	
<b>CONSULTANT</b>	DAVE SCHMITT, P.E.	3873 AVALON PARK BLVD		(407) 207-9088	
<b>PROJECT DESC</b>	PSP APPROVAL FOR A 23-LOT SUBDIVISION LOCATED ON 9.31 ACRES ZONED R-1				
<b>LOCATION</b>	GROVE AVE & NORTH OF ALOMA				
<b>PARCEL ID</b>	35-21-30-502-2900-0010				
<b>BCC DISTRICT</b>	1-DALLARI				

<b>ITEM NO: 2</b>	<b>PZ - PD</b>	<b>PROJ NO</b> 13-20500003	<b>TIME</b> 9:20 AM
<b>PROJECT NAME</b>	<b>LINE DRIVE TOWNHOMES REZONE</b>	<b>PROJECT MANAGER</b>	<b>BRIAN WALKER 407 665-7337</b>
<b>APPLICANT</b>	JACK REYNOLDS	312 FOREST AVE	407 262-9176
<b>PROJECT DESC</b>	SMALL SCALE FLUA AND REZONE FROM PD TO PD		
<b>LOCATION</b>	EAST SIDE OF LINE DRIVE & SOUTH OF SAND LAKE RD		
<b>PARCEL ID</b>	07-21-29-300-019C-0000		
<b>BCC DISTRICT</b>	3-CONSTANTINE		

<b>ITEM NO: 3</b>	<b>DR - SUBDIVISIONS</b>	<b>PROJ NO</b> 13-05500004	<b>TIME</b> 9:40 AM
<b>PROJECT NAME</b>	<b>EUGENE'S RESERVE - PSP</b>	<b>PROJECT MANAGER</b>	<b>BRIAN WALKER 407-665-7337</b>
<b>APPLICANT</b>	ARTHUR L SAMS	2424 S MARSHALL AVE	321-696-3001
<b>CONSULTANT</b>	BLAIR KITNER	2597 S. SANFORD AVE	407-322-2000
<b>PROJECT DESC</b>	PSP APPROVAL FOR A 4 LOT SUBDIVISION ON 7.5277 ACRES ZONED A-1		
<b>LOCATION</b>	HESTER AVE & SOUTH OF MYRTLE ST		
<b>PARCEL ID</b>	23-20-30-5AQ-0000-114A		
<b>BCC DISTRICT</b>	2-HORAN		

<b>ITEM NO: 4</b>	<b>DR - SUBDIVISIONS</b>	<b>PROJ NO</b> 13-05500005	<b>TIME</b> 10:00 AM
<b>PROJECT NAME</b>	<b>L &amp; L ACRES - PSP</b>	<b>PROJECT MANAGER</b>	<b>JOY WILLIAMS (407) 665-7399</b>
<b>APPLICANT</b>	TAYLOR MORRISON OF FLORIDA	CHRIS TYREE	(407) 629-0077
<b>CONSULTANT</b>	MADDEN, MOORHEAD & GLUNT INC	CHAD MOORHEAD	(407) 629-8330
<b>PROJECT DESC</b>	SUBDIVISION FOR 142 LOTS SINGLE FAMILY RESIDENTIAL ON 116.74 ACRES ZONED PD		
<b>LOCATION</b>	SOUTH SIDE OF LAKE MARY BLVD BETWEEN MARKHAM WOODS RD		
<b>PARCEL ID</b>	13-20-29-300-0020-0000+		
<b>BCC DISTRICT</b>	5-CAREY		

<b>ITEM NO: 5</b>	<b>PZ - PD</b>	<b>PROJ NO</b> 13-20500004	<b>TIME</b> 10:20 AM
<b>PROJECT NAME</b>	<b>L &amp; L ACRES - PD FINAL MASTER PLAN</b>	<b>PROJECT MANAGER</b>	<b>JOY WILLIAMS (407) 665-7399</b>
<b>APPLICANT</b>	TAYLOR MORRISON OF FLORIDA	CHRIS TYREE	(407) 629-0077
<b>CONSULTANT</b>	MADDEN, MOORHEAD & GLUNT INC	CHAD MOORHEAD	(407) 629-8330
<b>PROJECT DESC</b>	FINAL MASTER PLAN APPROVAL ON 116.74 ACRES ZONED PD		
<b>LOCATION</b>	SOUTH SIDE OF LAKE MARY BLVD BETWEEN MARKHAM WOODS RD		
<b>PARCEL ID</b>	13-20-29-300-0020-0000+		
<b>BCC DISTRICT</b>	5-CAREY		

<b>ITEM NO: 6</b>	<b>DR - SITE PLAN</b>	<b>PROJ NO</b>	<b>13-0600006</b>	<b>TIME</b>	<b>10:40 AM</b>
<b>PROJECT NAME</b>	<b>KERRY D LUELLEN OFFICE BUILDING - SP</b>	<b>PROJECT MANAGER</b>	<b>JIMETTE COOK (407) 665-7339</b>		
<b>APPLICANT</b>	CPH ENGINEERING, INC	JASON TOOLE	(850) 563-1490		
<b>PROJECT DESC</b>	PROPOSED SITE PLAN APPROVAL FOR NEW 1,950 SQ FT OFFICE BLDG ON .273 ACRES ZONED RP				
<b>LOCATION</b>	NORTH OF CHADWICK RD & WEST OF AVERY LN				
<b>PARCEL ID</b>	18-21-29-504-0000-0040				
<b>BCC DISTRICT</b>	3-CONSTANTINE				

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

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

Thank you.



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

13-05500002

**APPLICANT INFORMATION**

APPLICANT:	Dave Schmitt Engineering, Inc.	CONTACT:	Dave Schmitt, P.E.
ADDRESS:	3873 Avalon Park Blvd		
CITY:	Orlando	STATE:	FL ZIP: 32828
PHONE:	(407)207-9088	FAX:	(407)207-9089 EMAIL: DAVE.SCHMITT@DSEORL.COM

**CONSULTANT INFORMATION**

ENGINEER/SURVEYOR:	Dave Schmitt Engineering, Inc.	CONTACT:	Dave Schmitt, P.E.
ADDRESS:	3873 Avalon Park Blvd		
CITY:	Orlando	STATE:	FL ZIP: 32828
PHONE:	(407)207-9088	FAX:	(407)207-9089 EMAIL: DAVE.SCHMITT@DSEORL.COM

**OWNER INFORMATION**

IS OWNER'S AUTHORIZATION ATTACHED? YES  NO

OWNER:	Ryland Homes	CONTACT:	David Salanitro
ADDRESS:	2822 Commerce Park Drive, Suite 100		
CITY:	Orlando	STATE:	FL ZIP: 32819
PHONE:	(407)207-9088	FAX:	(407)226-3600 EMAIL: DSALANITRO@RYLAND.COM

**SUBDIVISION INFORMATION**

PARCEL ID #:	35-21-30-502-2900-0010 / 35-21-30-502-2900-0230 / 35-21-30-502-3200-0010		
PROJECT NAME:	Sanctuary at Aloma		
DESCRIPTION OF PROJECT:	23 Lot Single-Family subdivision		
LOCATION:	Grove Avenue North of Aloma		
NUMBER OF LOTS:	23	TOTAL ACREAGE:	9.31 acres
ZONING:	R-1	FUTURE LAND USE:	LDR

**UTILITIES**

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

**ARBOR**

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

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**FEES**

- DEVELOPMENT PLAN** --- \$250.00 + \$5.00 PER LOT
  - PRELIMINARY PLAN** --- \$1,000.00 + \$15.00 PER LOT (\$2,270.00 MAXIMUM FEE) (\$1345.00)
  - FINAL ENGINEERING PLAN** --- \$3,500.00 + \$25.00 PER LOT (\$5,300.00 MAXIMUM FEE)
  - FINAL PLAT ASSOCIATED WITH FINAL ENGINEERING** --- \$200.00\*
- \*A PLAT SUBMITTED AS A SEPARATE REVIEW FROM THE FINAL ENGINEERING REQUIRES A \$200.00 FEE FOR EACH SUBMITTAL
- FINAL PLAT** --- (IF NO FINAL ENGINEERING IS REQUIRED) \$1,750.00 + \$25.00 PER LOT
  - MINOR PLAT** ---- \$1,000.00 + \$75.00 PER LOT (MAXIMUM 4 LOTS/RESIDENTIAL – MAXIMUM 2 LOTS/COMMERCIAL)

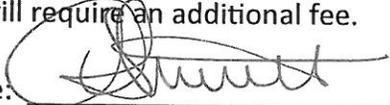
**CONCURRENCY REVIEW MANAGEMENT SYSTEM: (Please check one.)**

I elect to defer the Concurrency Review determination for the above listed property until a point as late as Final Engineering Submittal. (Minor Plat and Final Engineering require Concurrency Test Review.) I further specifically acknowledge that any proposed development on the subject property will be required to undergo Concurrency Review and meet all Concurrency requirements in the future.

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

Concurrency Application and appropriate fee is attached. I wish to encumber capacity at an early point in the development process and understand that only upon approval of the development order and full payment of applicable facility reservation fees is a Certificate of Concurrency issued and entered into the Concurrency Management Monitoring System.

I understand that the application for subdivision plan review must include all required submittals as specified in Chapter 35, Part 4, of the Seminole County Land Development Code. Submission of incomplete plans may create delays in review and plan approval. The review fee provides for two plan reviews. Additional reviews will require an additional fee.

Applicant's Signature:  Date: 1/16/13

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

**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
(SEE ATTACHED)			

(Use additional sheets for more space.)

3. In the case of a trust, list the name and address of each trustee and the name and address of the beneficiaries of the trust and the percentage of interest of each beneficiary. If any trustee or beneficiary of a trust is a corporation, please provide the information required in paragraph 2 above.

Trust Name: \_\_\_\_\_

NAME	TRUSTEE OR BENEFICIARY	ADDRESS	% OF INTEREST

(Use additional sheets for more space.)

4. For partnerships, including limited partnerships, list the name and address of each principal in the partnership, including general or limited partners. If any partner is a corporation, please provide the information required in paragraph 2 above.

NAME	ADDRESS	% OF INTEREST

(Use additional sheets for more space.)

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

Name of LLC: \_\_\_\_\_

NAME	TITLE	ADDRESS	% OF INTEREST

(Use additional sheets for more space.)

6. In the circumstances of a **contract for purchase**, list the name and address of each contract purchaser. If the purchaser is a corporation, trust, partnership, or LLC, provide the information required for those entities in paragraphs 2, 3, 4 and/or 5 above.

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

NAME	ADDRESS	% OF INTEREST

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

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

6. As to any type of owner referred to above, a change of ownership occurring subsequent to this application, shall be disclosed in writing to the Planning and Development Director prior to the date of the public hearing on the application.
7. I affirm that the above representations are true and are based upon my personal knowledge and belief after all reasonable inquiry. I understand that any failure to make mandated disclosures is grounds for the subject rezone, future land use amendment, special exception, or variance involved with this Application to become void. I certify that I am legally authorized to execute this Application and Affidavit and to bind the Applicant to the disclosures herein.

\_\_\_\_\_  
Date

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

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me by \_\_\_\_\_, on this \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_\_.  
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 \_\_\_\_\_

Title VP/S

GECKLE, TIMOTHY J  
3011 TOWNSGATE ROAD, SUITE 200  
WESTLAKE VILLAGE CA 91361

Title D/P

NICHOLSON, LARRY T  
3011 TOWNSGATE ROAD, SUITE 200  
WESTLAKE VILLAGE CA 91361

Title VCFO

MILNE, GORDON A  
3011 TOWNSGATE ROAD, SUITE 200  
WESTLAKE VILLAGE CA 91361

Title V/AT

MENTCH, RENE L  
3011 TOWNSGATE ROAD, SUITE 200  
WESTLAKE VILLAGE CA 91361

Title AVP

SABELLA, JOSEPH E  
3030 N. ROCKY POINT DRIVE, WEST #350  
TAMPA FL 33607

Title AT

MARKHAM, SHERI L  
3011 TOWNSGATE ROAD, SUITE 200  
WESTLAKE VILLAGE CA 91361

---



3873 Avalon Park East Blvd.,  
Orlando, FL 32828  
Office (407) 207-9088  
Fax (407) 207-9089

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# Letter of Transmittal

<b>Date:</b> January 18, 2013	<b>Complete Job No.:</b> RH-4
<b>To:</b> Seminole County Government 1101 East First Street Sanford, FL 32771-1468	<b>Project Name:</b> Sanctuary at Aloma
<b>Attn:</b> Development Review Division	<b>Re:</b> Subdivision Plan Review Preliminary Subdivision Plan (PSP)

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

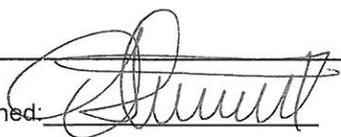
Copies	Date	Description
12	1/17/13	Subdivision Plans
2	1/17/13	Reduced Sized Subdivision Plans
1	1/16/13	Check # 00506836 for \$1,345.00
1	1/16/13	Application for Subdivision Plan Review
1	1/16/13	Ownership Disclosure Form
2	11/9/12	Soils Reports (Nodarse & Associates)

**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: David Salanitro, Ryland Homes  
File

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

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13-20500003

**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 # 13-20500003  
PROJ # 72013-003  
FLUA # 0713-SS-01

**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 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 <b>16</b> FULL-SIZE SETS OF SITE PLANS OR MASTER PLANS AND AN <b>11" X 17" PDF FILE</b> (COMPACT DISK OR EMAIL ONLY)	
<input type="checkbox"/> APPLICATION FEE \$ _____ <i>1set</i>	
<b>SIGNATURE OF STAFF PROJECT MANAGER CERTIFYING THAT THE APPLICATION IS SUFFICIENT</b>	

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

- LARGE SCALE FUTURE LAND USE AMENDMENT (LSFLUA) FROM: \_\_\_\_\_ TO: \_\_\_\_\_
- SMALL SCALE FUTURE LAND USE AMENDMENT (SSFLUA) FROM: PD TO: PD
- 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: PUD TO: PUD
- PUD/PCD MAJOR AMENDMENT
- PUD/PCD MINOR AMENDMENT
- PUD FINAL MASTER PLAN
- DEVELOPMENT OF REGIONAL IMPACT NOPC
- MYRTLE STREET CONSERVATION VILLAGE

**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, H. Moiz Botee, the fee simple owner of the following  
(Owner's Name)

described property (Provide Legal Description or Tax Parcel ID Number(s)) \_\_\_\_\_  
07-21-29-300-019C-0000

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

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

and make binding statements and commitments regarding the request.

  
\_\_\_\_\_

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 14 day of May, 2012.

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared Moiz Botee, 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 14 day of May, 2012.

Christine S. Reynolds  
Notary Public in and for the County and State  
Aforementioned

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



PROPERTY OWNER / AUTHORIZED AGENT INFORMATION		
	PROPERTY OWNER	AUTHORIZED AGENT *
NAME	Huned Moiz Botee	Jack Reynolds
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	PO Box 162905 Altamonte Springs, FL 32716	312 Forest Ave Altamonte Springs, Fl. 32701
PHONE 1	407-687-5245	407-262-9176
PHONE 2		
FAX		407-262-9170
E-MAIL	moiz.botee@gmail.com	jackreynolds@embarqmail.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 Jack Reynolds  
407-262-9176

PROJECT INFORMATION	
PROJECT NAME	Line Drive Townhomes
SITE ADDRESS	East side of Line Drive, 300' south of Sand Lake Rd.
BCC DISTRICT	#3
EXISTING USE(S)	Vacant
PROPOSED USE(S)	7 single family townhomes
PROPERTY ID NUMBER(S)	07-21-29-300-019C-0000
SIZE OF PROPERTY	0.62 <b>acres</b>
GENERAL LOCATION	ES of Line Drive, 300' south of Sand Lake Rd.
SOURCE OF WATER	Seminole County
SOURCE OF SEWER	Seminole County
RECLAIM PROVIDER	N/A

**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
H.M. Botee	POB 162905	407-687-5245
	Altamonte Springs, Fl.	
	32716	

(Use additional sheets for more space.)

2. For each corporation, list the name, address, and title of each officer; the name and address of each director of the corporation; and the name and address of each shareholder who owns two percent (2%) or more of the stock of the corporation. Shareholders need not be disclosed if a corporation's stock are traded publicly on any national stock exchange.

NAME	TITLE OR OFFICE	ADDRESS	% OF INTEREST

(Use additional sheets for more space.)

3. In the case of a trust, list the name and address of each trustee and the name and address of the beneficiaries of the trust and the percentage of interest of each beneficiary. If any trustee or beneficiary of a trust is a corporation, please provide the information required in paragraph 2 above.

Trust Name: \_\_\_\_\_

NAME	TRUSTEE OR BENEFICIARY	ADDRESS	% OF INTEREST

(Use additional sheets for more space.)

4. For partnerships, including limited partnerships, list the name and address of each principal in the partnership, including general or limited partners. If any partner is a corporation, please provide the information required in paragraph 2 above.

NAME	ADDRESS	% OF INTEREST

(Use additional sheets for more space.)

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

Name of LLC: \_\_\_\_\_

NAME	TITLE	ADDRESS	% OF INTEREST

(Use additional sheets for more space.)

6. In the circumstances of a **contract for purchase**, list the name and address of each contract purchaser. If the purchaser is a corporation, trust, partnership, or LLC, provide the information required for those entities in paragraphs 2, 3, 4 and/or 5 above.

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

NAME	ADDRESS	% OF INTEREST

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

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

6. As to any type of owner referred to above, a change of ownership occurring subsequent to this application, shall be disclosed in writing to the Planning and Development Director prior to the date of the public hearing on the application.
7. I affirm that the above representations are true and are based upon my personal knowledge and belief after all reasonable inquiry. I understand that any failure to make mandated disclosures is grounds for the subject rezone, future land use amendment, special exception, or variance involved with this Application to become void. I certify that I am legally authorized to execute this Application and Affidavit and to bind the Applicant to the disclosures herein.

5/14/12  
Date

*Meiza Botee*  
Owner, Agent, Applicant Signature

STATE OF FLORIDA  
COUNTY OF Seminole

Sworn to (or affirmed) and subscribed before me this 14 day of May, 2012 by Meiza Botee

*Christine S. Reynolds*  
Signature of Notary Public

Christine Reynolds  
Print, Type or Stamp Name of Notary Public

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



**For Use by Planning & Development Staff**

Date: \_\_\_\_\_ Application Number: \_\_\_\_\_

B-05500004

RECEIVED JAN 24 2013



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

APPLICANT INFORMATION

APPLICANT: Arthur L. Sams CONTACT: 321 696-3001
ADDRESS: 2424 S. Marshall Av.
CITY: Sanford STATE: FL ZIP: 32771
PHONE: 321 696-3001 FAX: 407 321-7974 EMAIL: N/A

CONSULTANT INFORMATION

ENGINEER/SURVEYOR: Kitner Surveying CONTACT: Blair Kitner
ADDRESS: 2597 S Sanford Ave
CITY: Sanford STATE: FL ZIP: 32771
PHONE: 407-322-2000 FAX: EMAIL:

OWNER INFORMATION

OWNER'S AUTHORIZATION ATTACHED: YES [ ] NO [ ]

OWNER: Arthur L. Sams CONTACT: Arthur
ADDRESS: 2424 S. Marshall Av.
CITY: Sanford STATE: FL ZIP: 32771
PHONE: 321 696-3001 FAX: 407 322-2003 EMAIL: Kitner Survey @ CFL.RR. Com

SUBDIVISION INFORMATION

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

PARCEL ID #: 23-20-30-5A0-0000-114A
PROJECT NAME: Eugene's Reserve
DESCRIPTION OF PROJECT:
LOCATION: South Hester Av. Sanford, FL
NUMBER OF LOTS: 4 TOTAL ACREAGE: 7.5277
ZONING: A1 FUTURE LAND USE: Suburban Estates

UTILITIES

WATER PROVIDER: Seminole County SEWER PROVIDER:
IS PROPERTY SERVED BY WELL? YES [ ] NO [x]
IS PROPERTY SERVED BY SEPTIC? YES [x] NO [ ] FEE ATTACHED: YES [ ] NO [ ]

ARBOR

ARE ANY TREES BEING REMOVED? YES [ ] NO [x]
ARBOR PERMIT APPLICATION ATTACHED: YES [ ] NO [x]

**FEES**

[http://www.seminolecountyfl.gov/pd/planreview\\_calc.asp](http://www.seminolecountyfl.gov/pd/planreview_calc.asp)

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

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

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

- I elect to defer the Concurrency Review determination for the above listed property until a point as late as Final Engineering Submittal. (Minor Plat and Final Engineering require Concurrency Test Review.) I further specifically acknowledge that any proposed development on the subject property will be required to undergo Concurrency Review and meet all Concurrency requirements in the future.
- I hereby declare and assert that the aforementioned proposal and property described are covered by a valid previously issued and unexpired Certificate of Vesting or prior Concurrency determination as identified below: (Please attach a copy of the Certificate of Vesting or Prior Test/Concurrency Notice.)  
Vesting Certificate/Test Notice Number: \_\_\_\_\_ Date issued: \_\_\_\_\_
- Concurrency Application and appropriate fee is attached. I wish to encumber capacity at an early point in the development process and understand that only upon approval of the development order and full payment of applicable facility reservation fees is a Certificate of Concurrency issued and entered into the Concurrency Management Monitoring System.

I understand that the application for subdivision plan review must include all required submittals as specified in Chapter 35, Part 4, of the Seminole County Land Development Code. Submission of incomplete plans may create delays in review and plan approval. The review fee provides for two plan reviews. Additional reviews will require an additional fee.

Applicant's Signature: Arthur Adams Date: 1/24/13

OFFICIAL USE	
PROJECT #:	PLANNER ASSIGNED:

13-05500005

RECEIVED JAN 30 2013



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

**APPLICANT INFORMATION**

APPLICANT: Taylor Morrison of Florida, Inc.		CONTACT: Chris Tyree
ADDRESS: 151 Southhall Lane, Ste. 200		
CITY: Maitland	STATE: FL	ZIP: 32751
PHONE: 407-629-0077	FAX: 407-670-1448	EMAIL:

**CONSULTANT INFORMATION**

ENGINEER/SURVEYOR: Madden, Moorhead + Glunt, Inc.		CONTACT: Chad Moorhead
ADDRESS: 431 E. Hbratio 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: Lois Mae Paulucci Trust		CONTACT:
ADDRESS: 201 W. First Street		
CITY: Sanford	STATE: FL	ZIP: 32771
PHONE:	FAX:	EMAIL:

**SUBDIVISION INFORMATION**

PARCEL ID #: 13-20-29-300-0020-0000, 13-20-29-300-002A-0000, 11-20-29-300-007A-0000	
PROJECT NAME: L + L Acres	
DESCRIPTION OF PROJECT: single family residential	
LOCATION: south side of Lake Mary Blvd between Markham Woods Rd. and I-4	
NUMBER OF LOTS: 142	TOTAL ACREAGE: 116.74
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 type="checkbox"/>	

**ARBOR**

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

**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.)**

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: Chris Tyree Date: 1/28/2013  
 Chris Tyree, North Florida Director of Land Development + Planning

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

\* 1/30/13 SEMINOLE COUNTY GOVERNMENT - PROJECT FEES RECEIPT 13:44:09  
 PROJ # 13-05500005 RECEIPT # 0334252  
 OWNER:  
 JOB ADDRESS: LOT #:

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PRELIMINARY SUBDIVISION	2270.00	2270.00	.00
-------------------------	---------	---------	-----

TOTAL FEES DUE.....: 2270.00

AMOUNT RECEIVED.....: 2270.00

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

---

COLLECTED BY: DRCS01	BALANCE DUE.....:	.00
CHECK NUMBER.....:	00000019220	
CASH/CHECK AMOUNTS....:	2270.00	
COLLECTED FROM:	TAYLOR HORSBORN OF FLORIDA	
DISTRIBUTION.....:	1 - COUNTY 2 - CUSTOMER 3 -	4 - FINANCE

# 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:** 1/30/2013  
**JOB #:** 12057

**ATTN:** Jodi Doyle

**RE:** L & L Acres

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

QUANTITY	DESCRIPTION
1 each	Check #16000-00019219, Amount \$2,230 (Final Master Plan Review Fee)
1 each	Check #16000-00019220, Amount \$2,270 (PSP Review Fee) ✓
1 each	PSP Application
1 each	FMP 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

13-20500004

**PROPERTY OWNER / AUTHORIZED AGENT INFORMATION**

	PROPERTY OWNER	AUTHORIZED AGENT *
NAME	Lois Mae Paulucci Trust	Taylor Morrison of Florida, Inc.
IF THE OWNER IS A CORPORATION OR TRUST, GIVE THE NAME AND TITLE OF THE PERSON WHO CAN LEGALLY SIGN ON BEHALF OF THE CORPORATION AND PROVIDE DOCUMENTATION THAT THEY HAVE LEGAL AUTHORITY :		
ADDRESS	201 W. First Street Sanford, FL 32771	151 Southhall Lane Suite 200 Maitland, FL 32751
PHONE 1		407-629-0077
PHONE 2		
FAX		407-670-1448
E-MAIL		ctyree @taylor Morrison.com

If you have a consultant that is not listed on the application and you would like us to contact them directly and give them the DRC comments, provide their contact information on a separate sheet, otherwise any questions and/or comments will be directed to the property owner or authorized agent listed above.

\* Proof of property owner's authorization is required with submittal if signed by authorized agent.  
 NAME AND PHONE NUMBER OF PERSON WHO WILL POST PLACARD Chad Moorhead  
407-629-8330

**PROJECT INFORMATION**

PROJECT NAME	L + L Acres	
SITE ADDRESS	Lake Mary Blvd.	
BCC DISTRICT		
EXISTING USE(S)	Grazing / Pasture Lands	
PROPOSED USE(S)	Single family residential (142 lots)	
PROPERTY ID NUMBER(S)	13-20-29-300-0020-0000, 13-20-29-300-002A-0000, 11-20-29-300-007A-0000	
SIZE OF PROPERTY	116.74	acres
GENERAL LOCATION	South side of Lake Mary Blvd. between Markham Woods Rd. and I-4	
SOURCE OF WATER	Seminole County	
SOURCE OF SEWER	Seminole County	
RECLAIM PROVIDER		

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

✓	I elect to defer the Concurrency Review that is required by Chapter 163, Florida Statutes, per Seminole County's Comprehensive Plan for the above listed property until a point as late as Site Plan and/or Final Engineering submittals for this proposed development plan. I further specifically acknowledge that any proposed development on the subject property will be required to undergo Concurrency Review and meet all Concurrency requirements in the future. PCD Final Site Plan/PCD Final Site Plan Amendment may not defer.	
	I hereby declare and assert that the aforementioned proposal and property described are covered by a valid previously issued Certificate of Vesting or a prior Concurrency determination (Test Notice issued within the past (two years) as identified below: (Please attach a copy of the Certificate of Vesting or Test Notice.)	
	<u>TYPE OF CERTIFICATE:</u>  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.

X Chris Tyree 1/29/2013  
 SIGNATURE OF AUTHORIZED APPLICANT\* DATE  
 \* Proof of property owner's authorization is required with submittal if signed by someone other than the property owner.  
Chris Tyree, North Florida Director of Land Development + Planning  
 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).

Larry W. Nelson and David H. Simmons,

I as Co-Trustees of the Lois Mae Paulucci Trust, the fee simple owner of the following  
(Owner's Name)

described property (Provide Legal Description or Tax Parcel ID Number(s) 13-20-29-300-0020-0000,  
13-20-29-300-002A-0000, 11-20-29-300-007A-0000

hereby affirm that Taylor Morrison of Florida, Inc. is hereby designated to act as my / our authorized agent for the filing of the attached application for:

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

and make binding statements and commitments regarding the request.

X

X

Larry W. Nelson, as Co-Trustee of the  
Owner's Signature Lois Mae Paulucci Trust, and  
not individually

David H. Simmons, as Co-Trustee of the  
Lois Mae Paulucci Trust, and not individually

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

SWORN TO AND SUBSCRIBED before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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

WITNESS my hand and official seal in the County and State last aforesaid this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\*

\_\_\_\_\_  
Notary Public in and for the County and State  
Aforementioned

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

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): Revocable Trust, which became irrevocable upon the death of Mrs. Lois Paulucci

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: Lois Mae Paulucci Trust

NAME	TRUSTEE OR BENEFICIARY	ADDRESS	% OF INTEREST
SEE		201 W. 1st Street	SEE
ATTACHED		Sanford, FL 32771	ATTACHED

(Use additional sheets for more space.)

4. For **partnerships**, including limited partnerships, list the name and address of each principal in the partnership, including general or limited partners. If any partner is a corporation, please provide the information required in paragraph 2 above.

NAME	ADDRESS	% OF INTEREST

(Use additional sheets for more space.)

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

Name of LLC: \_\_\_\_\_

NAME	TITLE	ADDRESS	% OF INTEREST

(Use additional sheets for more space.)

6. In the circumstances of a contract for purchase, list the name and address of each contract purchaser. If the purchaser is a corporation, trust, partnership, or LLC, provide the information required for those entities in paragraphs 2, 3, 4 and/or 5 above.

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

NAME	ADDRESS	% OF INTEREST

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

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

6. As to any type of owner referred to above, a change of ownership occurring subsequent to this application, shall be disclosed in writing to the Planning and Development Director prior to the date of the public hearing on the application.
7. I affirm that the above representations are true and are based upon my personal knowledge and belief after all reasonable inquiry. I understand that any failure to make mandated disclosures is grounds for the subject rezone, future land use amendment, special exception, or variance involved with this Application to become void. I certify that I am legally authorized to execute this Application and Affidavit and to bind the Applicant to the disclosures herein.

Date 1/29/2013

Chris Tyree  
 Owner, Agent, Applicant Signature  
 Chris Tyree  
 for Taylor Morrison of Florida, Inc.

STATE OF FLORIDA  
 COUNTY OF Orange

Sworn to (or affirmed) and subscribed before me by Chris Tyree, on this 29 day of January, 2013.  
 Owner, Agent, Applicant Name

[Signature]  
 Signature of Notary Public

Debra A Riggs  
 Print, Type or Stamp Name of Notary Public

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



**Attachment to Seminole County's  
Ownership Disclosure Form (Question #3)**

<b><u>Name</u></b>	<b><u>Relationship</u></b>	<b><u>Address</u></b>
David H. Simmons	Co-Trustee	332 North Magnolia Avenue Orlando, Florida 32801
Larry W. Nelson	Co-Trustee	201 West First Street Sanford, Florida 32771

The terms of the Tenth Complete Amendment to Trust Agreement of Lois Mae Paulucci require that the Property that is the subject of this application is to be distributed in accordance with the Trust's residuary provisions to following entities in the following specified percentages:

<b><u>Name</u></b>	<b><u>Relationship</u></b>	<b><u>Address</u></b>	<b><u>Residuary Percentage</u></b>
The Paulucci Family Trust	Beneficiary	201 West First Street Sanford, Florida 32771	52.725%
Trust for the primary benefit of Michael J. Paulucci during his lifetime	Beneficiary	201 West First Street Sanford, Florida 32771	18.05%
Trust for the primary benefit of Cynthia J. Selton during her lifetime	Beneficiary	201 West First Street Sanford, Florida 32771	18.05%
Trust for the primary benefit of Gina J. Paulucci during her lifetime	Beneficiary	201 West First Street Sanford, Florida 32771	5.70%
The Jeno and Lois Paulucci Family Foundation II, Inc.	Beneficiary	201 West First Street Sanford, Florida 32771	5.0%
Trust for the primary benefit of Thomas Scott Mellin during his lifetime	Beneficiary	201 West First Street Sanford, Florida 32771	0.475%

## APPLICATION FEE SCHEDULE

<b>Rezoning Application Fees</b>	
<b>REZONING FEES (Excluding PUD / PCD)</b>	
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
<b>REZONING FEES (PUD / PCD)</b>	
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
<b>MISCELLANEOUS FEES</b>	
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
<b>Future Land Use Amendment Fees</b>	
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
<b>DRI Fees</b>	
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

\* 1/30/13 SEMINOLE COUNTY GOVERNMENT - PROJECT FEES RECEIPT 15:42:42  
 PRINT # 13-20500004 RECEIPT # 0034251  
 OWNER:  
 JOB ADDRESS: LOT #:

---

FINAL MASTER PLAN REVIEW FUD	2300.00	2300.00	.00
------------------------------	---------	---------	-----

TOTAL FEES DUE.....: 2300.00

AMOUNT RECEIVED.....: 2300.00

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

---

COLLECTED BY: BKCS01	BALANCE DUE.....:	.00
CHECK NUMBER.....:	00000019219	
CASH/CHECK AMOUNTS....:	2300.00	
COLLECTED FROM:	TAYLOR MORRISON OF FLORID	
DISTRIBUTION.....:	1 - COUNTY 2 - CUSTOMER 3 -	4 - FINANCE



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

~~SMALL~~ SITE PLAN LESS THAN 2,500 SF: YES  NO   
Site Plan Application

DREDGE & FILL: YES  NO

### APPLICANT INFORMATION

APPLICANT: CPH Engineers, Inc.	CONTACT: Jason Toole, P.E.
ADDRESS: 1031-C West 23rd Street	
CITY: Panama City	STATE: Florida ZIP: 32405
PHONE: 850-563-1490	FAX: 850-563-1495 EMAIL: jtoole@cphengineers.com
ePlan Contact: Kayna Shipp, E.I., kshipp@cphengineers.com	

### CONSULTANT INFORMATION

ENGINEER: CPH Engineers, Inc.	CONTACT: Jason Toole, P.E.
ADDRESS: 1031-C West 23rd Street	
CITY: Panama City	STATE: Florida ZIP: 32405
PHONE: 850-563-1490	FAX: 850-563-1495 EMAIL: jtoole@cphengineers.com

### OWNER INFORMATION

Is Owner's Authorization Attached? YES  NO

OWNER: Kerry Luellen, LLC	CONTACT: Kerry Luellen
ADDRESS:	
CITY: Orlando	STATE: Florida ZIP: 32801
PHONE: 407-924-4749	FAX: EMAIL: kerry@theluellens.com

### SITE INFORMATION

PARCEL ID #: 18-21-29-504-0000-0040
PROJECT NAME: Kerry D. Luellen Office Building
DESCRIPTION OF PROJECT: Existing vacant parcel.
INTENDED USE OF PROPERTY: Proposed 1,950 sf office building.
LOCATION: Lot 4 of Ilesdale Manor, PB 11, PG 89
ZONING: RP FUTURE LAND USE: OFF TOTAL ACREAGE: 0.273 +/- BCC DISTRICT: <sup>3-Van</sup> Der Weide

### UTILITIES

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

### ARBOR

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

### ADDITIONAL SITE INFORMATION

IMPERVIOUS SURFACE AREA:	Total Proposed = 8,170.98 +/- SF				
BUILDING AREA:		EXISTING:	0 SF	NEW:	1,950 +/- SF
PAVEMENT AREA:		EXISTING:	3,129.5 +/- SF	NEW:	6,220.98 +/- SF
IF DREDGE & FILL, HOW MANY CUBIC YARDS OF FILL IS PROPOSED?					

### FEES

SMALL SITE PLAN OR FILL:	\$200.00
DREDGE & FILL:	\$650.00
REGULAR SITE PLAN : <i>Sq. ft. of all NEW Impervious Surfaces (rounded to 2 decimal points)</i>	
To calculate regular site plan application fee, please use the formula below or the fee calculator <a href="http://www.seminolecountyfl.gov/gm/pd_calc.asp">http://www.seminolecountyfl.gov/gm/pd_calc.asp</a>	Fee Amount: \$ 1,099.46
$\Sigma \quad \$1000+ \left[ \frac{4,973 - \text{New Impervious}}{1000} \right] \times \$20 = \text{Fee Amount}$	

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

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

I elect to defer the Concurrency Review determination for the above listed property until a point as late as Final Engineering Submittal. (Minor Plat and Final Engineering require Concurrency Test Review.) I further specifically acknowledge that any proposed development on the subject property will be required to undergo Concurrency Review and meet all Concurrency requirements in the future.

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

Concurrency Application and appropriate fee is attached. I wish to encumber capacity at an early point in the development process and understand that only upon approval of the development order and full payment of applicable facility reservation fees is a Certificate of Concurrency issued and entered into the Concurrency Management Monitoring System. Concurrency application to be completed online.

I understand that the application for site plan review must include all required submittals as specified in Chapter 40, Part 4, of the Seminole County Land Development Code. Submission of incomplete plans may create delays in review and plan approval. The review fee provides for two plan reviews. Additional reviews will require an additional fee.

Applicant's Signature:  Date: 1-28-13

OFFICIAL USE	
PROJECT #:	PLANNER ASSIGNED:



# ARBOR APPLICATION/TREE REMOVAL Seminole County, Florida

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

PERMIT #: \_\_\_\_\_ PARCEL ID #: 18-21-29-504-0000-0040

Address of Location: Address not assigned/Lot 4 of Ilesdale Manor (PB 11, PG 89)

Project Name: Kerry D. Luellen Office Building # of Acres: 0.273 +/-

Reason for tree removal: To construct needed parking spaces.

	TREE SPECIES	NUMBER TO BE REMOVED
<input type="checkbox"/> Located in building area	_____	_____
<input type="checkbox"/> Located in street right-of-way	_____	_____
<input checked="" type="checkbox"/> OTHER Please describe:	<u>Oak</u>	<u>1</u>
	TREE SPECIES	NUMBER TO BE RETAINED
<input type="checkbox"/> SPECIES AND NUMBER OF TREES TO BE RETAINED ON PROPERTY:	<u>N/A</u>	<u>N/A</u>

APPLICANT: CPH Engineers, Inc.  
 ADDRESS: 1031-C West 23rd Street Panama City, FL 32405  
 PHONE: 850-563-1490 EMAIL: jtoole@cphengineers.com  
 SIGNATURE: *[Signature]* FAX: 850-563-1495

### INSTRUCTIONS:

**Exemption: Developed single family lots, 5 acres or less, with a house do not require an arbor permit for removal of trees on their property.**

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

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

### FOR OFFICE USE ONLY

APPROVED                       DISAPPROVED

CONDITIONS: **PERMIT SHALL EXPIRE 1 YEAR FROM DATE OF APPROVAL**

\_\_\_\_\_

\_\_\_\_\_

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

FEE: \_\_\_\_\_ APPROVED BY: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ PHONE: \_\_\_\_\_

APPROVAL DATE: \_\_\_\_\_



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

**CHECKLIST FOR SITE PLAN REVIEW**

<i>Applicant's Initial</i>	<b>APPLICATION SUBMITTAL CHECKLIST</b>	<i>Staff's Initial</i>	
N/A	<b>Dated copy of School Impact Analysis submitted to the School Board (Residential Projects Only)</b>		
X	<b>Transmittal Letter</b>		
X	<b>Completed Application</b>		
X	<b>Fee-Check#</b> 719 <span style="float: right;"><b>Amount:</b> \$1,009.46</span>		
X	<b>Concurrency Application</b>		
X	<b>Fee-Check#</b> 720 <span style="float: right;"><b>Amount:</b> \$250.00</span>		
X	<b>Arbor Application</b>		
X	<b>Fee-Check#</b> 721 <span style="float: right;"><b>Amount:</b> \$25.00</span>		
N/A	<b>Health Department Fees</b>		
N/A	<b>Fee-Check#</b> _____ <span style="float: right;"><b>Amount:</b> _____</span>		
**	<b>Complete sets of Site Plan (12 folded copies)</b>		
**	Landscape plans <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="text-align: center;">X</td></tr></table> attached	X	
X			
N/A	Lighting plans <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="text-align: center;">N/A</td></tr></table> attached, (if applicable)	N/A	
N/A			
**	Irrigation plans <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="text-align: center;">X</td></tr></table> attached	X	
X			
N/A	<b>Stormwater Calculations (2 copies)</b>		
**	<b>Soils Report (2 copies) (if applicable)</b>		
N/A	<b>Lift Station Calculations (2 copies) (if applicable)</b>		
N/A	<b>Traffic and Engineering Report (2 copies)</b>		

Staff's Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

**FOR OFFICIAL USE**

**PROJECT#:** \_\_\_\_\_ **PLANNER:** \_\_\_\_\_

Revised May 2010

\*\* - Information shall be submitted via ePlan submittal

**AFFIDAVIT DESIGNATING REPRESENTATION FOR:**

**STATE OF FLORIDA  
COUNTY OF SEMINOLE**

Before me this day personally appeared Kerry D. Luellen, *Owner* of Kerry D. Luellen, LLC who, being duly sworn, hereby proclaims that he is the owner/contract purchaser of the subject property, See Exhibit A, and does hereby authorize CPH Engineers, Inc. to act on his behalf as their agent with regard to permitting of the said site development.

By: *Kerry D. Luellen*

Name: Kerry D. Luellen

Title: *Owner*, Kerry D. Luellen, LLC

The foregoing instrument was acknowledged before me this 28<sup>th</sup> Day of January, 2013, by KERRY D. LUELLEN who is personally known to me or who has produced *Dr. License* as identification and who did/did not take an oath.

**NOTARY PUBLIC:**

Sign: *Rhonda S. Fink* (seal)

Print: Rhonda S. Fink

Notary Public, State of: *Florida*

Commission Number: *#EE 41045*

My Commission Expires: *11/09/2014*