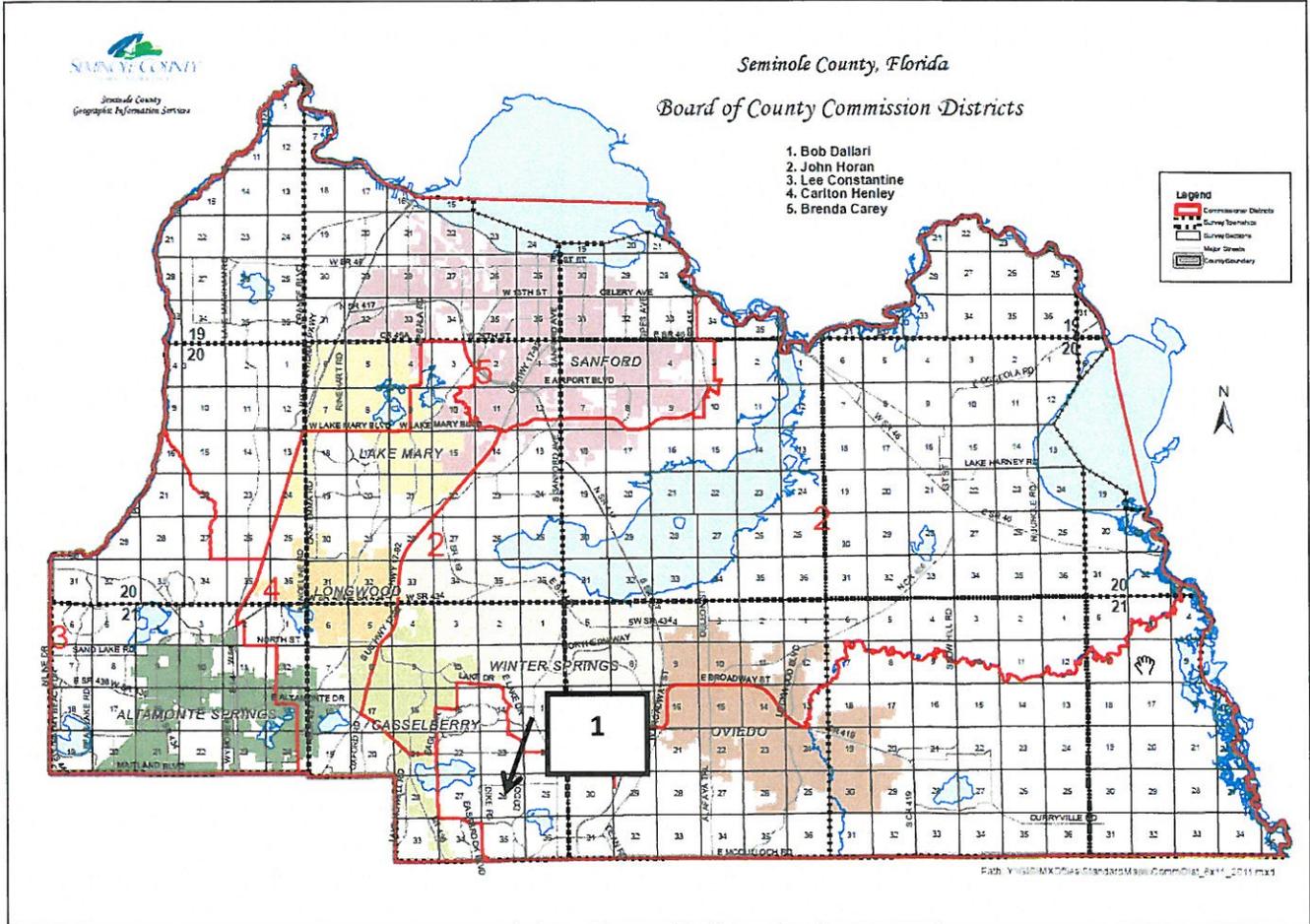


SEMINOLE COUNTY GOVERNMENT

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

www.seminolecountyfl.gov

To: Applicants, Staff and Interested Parties
From: Economic and Community Development Services, Planning & Development Division
Subject: **DEVELOPMENT REVIEW COMMITTEE MEETING FOR WEDNESDAY 3/13/2013**



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.

ITEM NO: 1	PZ - PD	PROJ NO	13-2000001	TIME	9:00 AM
PROJECT NAME	DODD PROPERTY - REZONE	PROJECT MANAGER		CYNTHIA SWEET (407) 665-7443	
APPLICANT	MAJOR STACY	2265 LEE RD #101B		(407) 960-5868	
PROJECT DESC	REZONE FROM A-1 TO PD FOR 29.8 ACRES				
LOCATION	EAST OF GARDEN LAKE ON DODD RD				
PARCEL ID	26-21-30-300-030B-0000+				
BCC DISTRICT	1-DALLARI				

Notice to Applicant: A copy of the staff comments and recommendations will be emailed 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 the 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
PLANNING & DEVELOPMENT DIVISION
1101 EAST FIRST STREET ROOM 2028
SANFORD, FL 32771
(407) 665-7441 PHONE (407) 665-7385 FAX

PZ
EP 13-20000001

PROJ # _____

PZ # Z2013-005

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 \$ 25
- 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 \$ $\$2,000 + \overset{DU}{(39)*10} = \$2,390$

*Not a fee for this.
Returned to applicant in the mail*

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: A-1 TO: PD
- 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

RECEIVED FEB 06 2013

PROPERTY OWNER / AUTHORIZED AGENT INFORMATION

	PROPERTY OWNER	AUTHORIZED AGENT *
NAME	Hanover Dodd Road, LLC	Major Stacy
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	911 Outer Road Orlando, Fl 32814	2265 Lee Road Suite 101B Winter Park, Fl 32789
PHONE 1	407-206-9304	407-960-5868
PHONE 2		407-456-1497
FAX	407-206-9333	866-571-8179 (please email)
E-MAIL	bsnyder@hcpland.com	mstacy@bandseng.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 Major Stacy 407-456-1497

PROJECT INFORMATION

PROJECT NAME	Dodd Property	
SITE ADDRESS	1424 Dodd Rd Winter Park, Fl 32792	
BCC DISTRICT	1 - Dallari	
EXISTING USE(S)	Agriculture	
PROPOSED USE(S)	PD-Residential	
PROPERTY ID NUMBER(S)	26-21-30-300-030B-0000 26-21-30-300-0300-0000	
SIZE OF PROPERTY	Aprx. 29.87	acres
GENERAL LOCATION	East Bank of Garden Lake on Dodd Rd	
SOURCE OF WATER	County	
SOURCE OF SEWER	County	
RECLAIM WATER PROVIDER	County (If Available)	

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

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

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

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

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

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

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



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

Major Stacy

PRINT OR TYPE NAME

SEMINOLE COUNTY
APPLICATION & AFFIDAVIT

Ownership Disclosure Form

The owner of the real property associated with this application is a (check one)

- Individual Corporation Land Trust
 Limited Liability Company Partnership
 Other (describe): _____

1. List all **natural persons** who have an ownership interest in the property, which is the subject matter of this petition, by name and address.

NAME	ADDRESS	PHONE NUMBER

(Use additional sheets for more space.)

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

NAME	TITLE OR OFFICE	ADDRESS	% OF INTEREST

(Use additional sheets for more space.)

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

Trust Name: _____

NAME	TRUSTEE OR BENEFICIARY	ADDRESS	% OF INTEREST

(Use additional sheets for more space.)

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

NAME	ADDRESS	% OF INTEREST

(Use additional sheets for more space.)

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

Name of LLC: Hanover Dodd Road, LLC

NAME	TITLE	ADDRESS	% OF INTEREST
William Orosz Jr.	Managing Member	911 Outer Rd. Orlando, Fl 32814	100

(Use additional sheets for more space.)

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

Name of Purchaser: _____

NAME	ADDRESS	% OF INTEREST

Date of Contract: _____

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

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

February 1, 2013
Date

[Signature]
Owner, Agent, Applicant Signature

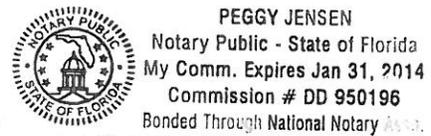
STATE OF FLORIDA
COUNTY OF ORANGE

Sworn to (or affirmed) and subscribed before me by William S. Orosz, on this 1st day of February, 2013.
Owner, Agent, Applicant Name

[Signature]
Signature of Notary Public

Print, Type or Stamp Name of Notary Public

Personally Known OR Produced Identification _____
Type of Identification Produced _____



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

An authorized applicant is defined as:

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

I William Orosz Jr., the fee simple owner of the following
(Owner's Name)
described property (Provide Legal Description or Tax Parcel ID Number(s)) 26-21-30-300-0300-0000 & 26-21-30-030B-0000

hereby affirm that Major Stacy 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.

William Orosz Jr.

Owner's Signature

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

SWORN TO AND SUBSCRIBED before me this 1st day of February 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 William S. Orosz, 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 1st day of February, 2013.

Peggy Jensen

Notary Public in and for the County and State
Aforementioned

My Commission Expires: _____



PEGGY JENSEN
Notary Public - State of Florida
My Comm. Expires Jan 31, 2014
Commission # DD 950196
Bonded Through National Notary Assn.

RECEIVED FEB ' 6 2013