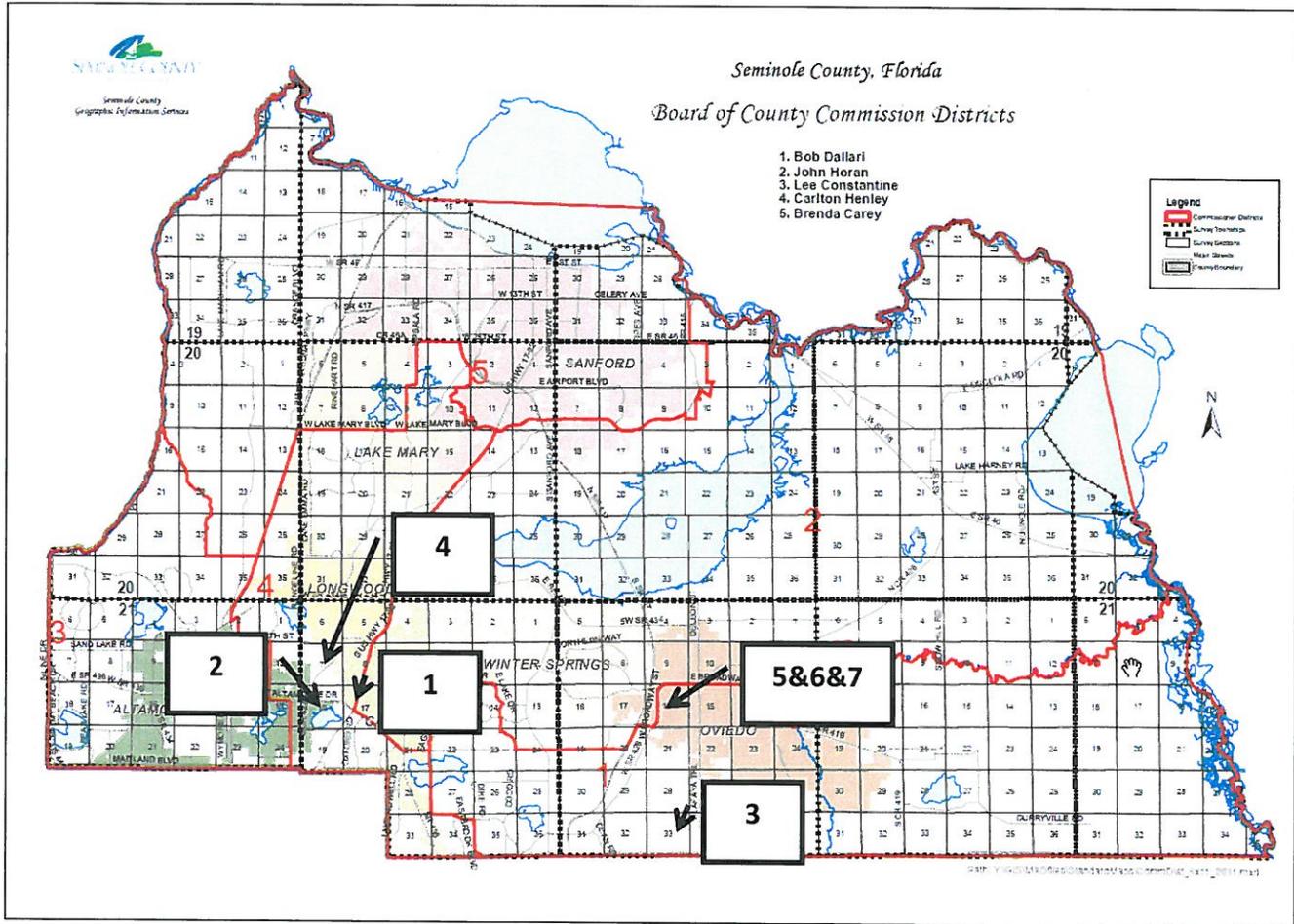


# SEMINOLE COUNTY GOVERNMENT

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 3/27/2013



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 - SITE PLAN</b>	<b>PROJ NO</b>	<b>13-0600008</b>	<b>TIME</b>	<b>9:00 AM</b>
<b>PROJECT NAME</b>	<b>CHICK-FIL-A CASSELBERRY SP</b>	<b>PROJECT MANAGER</b>	<b>BILL WHARTON (407) 665-7398</b>		
<b>APPLICANT</b>	INTERPLAN LLC	604 COURTLAND ST, STE #100	(407) 645-5008		
<b>CONSULTANT</b>	STUART ANDERSON P E	STUART ANDERSON	(407) 645-5008		
<b>PROJECT DESC</b>	PROPOSED SITE PLAN FOR CHICK-FIL-A ON 0.87 ACRES				
<b>LOCATION</b>	SOUTH WEST CORNER OF OXFORD RD & SR 436				
<b>PARCEL ID</b>	17-21-30-510-0000-0020				
<b>BCC DISTRICT</b>	4-HENLEY				

<b>ITEM NO: 2</b>	<b>DR - SITE PLAN</b>	<b>PROJ NO</b> 13-06000010	<b>TIME</b> 9:20 AM
<b>PROJECT NAME</b>	<b>MEDITERRANEAN FRESH GRILL SP</b>	<b>PROJECT MANAGER</b>	<b>BRIAN WALKER (407) 665-7337</b>
<b>APPLICANT</b>	RASHID JAMALABAD	TERRA ENGINEERING CONSULTANT	(407) 767-2599
<b>PROJECT DESC</b>	PROPOSED SITE PLAN FOR 2430 SF BUILDING IMPROVEMENTS ON 0.65 ACRES ZONED C-2		
<b>LOCATION</b>	SOUTH SIDE OF EAST ALTAMONTE DR & WEST OF ANCHOR RD		
<b>PARCEL ID</b>	18-21-30-501-0900-0010		
<b>BCC DISTRICT</b>	4-HENLEY		

<b>ITEM NO: 3</b>	<b>DR - SUBDIVISIONS</b>	<b>PROJ NO</b> 13-05500007	<b>TIME</b> 9:40 AM
<b>PROJECT NAME</b>	<b>SOUTH PARK BUSINESS CENTER PSP</b>	<b>PROJECT MANAGER</b>	<b>BRIAN WALKER (407) 665-7337</b>
<b>APPLICANT</b>	ROGER E OWEN	M&O LIMITED PARTNERSHIP	(407) 971-6300
<b>CONSULTANT</b>	MARK LUKE	HENRICH-LUKE & SWAGGERTY	(407) 647-7346
<b>PROJECT DESC</b>	SUBDIVISION FOR METAL BUILDING ON 2.025 ACRES ZONED PCD		
<b>LOCATION</b>	WEST OF ECON RIVER RD OFF OF ALAFAYA TRL		
<b>PARCEL ID</b>	33-21-31-507-0000-01C0		
<b>BCC DISTRICT</b>	1-DALLARI <b>MEETING CANCELLED AT APPLICANT'S REQUEST</b>		

<b>ITEM NO: 4</b>	<b>PZ - REZONE</b>	<b>PROJ NO</b> 13-20500006	<b>TIME</b> 10:00 AM
<b>PROJECT NAME</b>	<b>MERRITT STREET REZONE (CITY PARK) - MASTER DEVELOPMENT PLAN</b>	<b>PROJECT MANAGER</b>	<b>CYNTHIA SWEET (407) 665-7443</b>
<b>APPLICANT</b>	CHRISTOPHER KELLER	LAND DESIGN SOUTH	(407) 233-1367
<b>PROJECT DESC</b>	REZONE FROM R-1 (RESIDENTIAL) TO PD (PLANNED DEVELOPMENT) FOR 15.5 ACRES		
<b>LOCATION</b>	NORTH SIDE OF MERRITT ST AT FORD DRIVE		
<b>PARCEL ID</b>	07-21-30-300-0710-0000, 07-21-30-514-0000-0190		
<b>BCC DISTRICT</b>	4-HENLEY		

<b>ITEM NO: 5</b>	<b>PZ - REZONE (EXCL PD)</b>	<b>PROJ NO</b> 13-20000003	<b>TIME</b> 10:20 AM
<b>PROJECT NAME</b>	<b>RED BUG JUNCTION - REZONE MASTER DEVELOPMENT PLAN</b>	<b>PROJECT MANAGER</b>	<b>CYNTHIA SWEET (407) 665-7443</b>
<b>APPLICANT</b>	PANAYES DIKEOU	STONE'S BUSINESS CENTER LLC	(303) 825-9192
<b>CONSULTANT</b>	CPH ENGINEERING	MICHELLE TANNER	(407) 425-0452
<b>PROJECT DESC</b>	REZONE FROM A-1/PD TO PD FOR RETAIL COMMERCIAL USE ON 16.57+/- ACRES		
<b>LOCATION</b>	SOUTH OF RED BUG LAKE RD & SLAVIA RD		
<b>PARCEL ID</b>	16-21-31-5CA-0000-0680+		
<b>BCC DISTRICT</b>	1-DALLARI		

<b>ITEM NO: 6</b>	<b>PZ - PD</b>	<b>PROJ NO 13-2050007</b>	<b>TIME 10:40 AM</b>
<b>PROJECT NAME</b>	<b>RED BUG JUNCTION SMALL SCALE LAND USE AMENDMENT</b>	<b>PROJECT MANAGER</b>	<b>CYNTHIA SWEET (407) 665-7443</b>
<b>APPLICANT</b>	PANAYES DIKEOU	JOSEPH & SHERI DENBERG	(303) 825-9192
<b>CONSULTANT</b>	CPH ENGINEERS	MICHELLE TANNER	(407) 425-0452
<b>PROJECT DESC</b>	SMALL SCALE LAND USE AMENDMENT FROM LDR TO PD ON 4.5+/- ACRES		
<b>LOCATION</b>	SOUTH EAST CORNER OF RED BUG LAKE RD & GOLDENEYE POINT		
<b>PARCEL ID</b>	16-21-31-5CA-0000-0830		
<b>BCC DISTRICT</b>	1-DALLARI		

<b>ITEM NO: 7</b>	<b>PZ - PD</b>	<b>PROJ NO 13-2050008</b>	<b>TIME 11:00 AM</b>
<b>PROJECT NAME</b>	<b>RED BUG JUNCTION SMALL SCALE LAND USE AMENDMENT</b>	<b>PROJECT MANAGER</b>	<b>CYNTHIA SWEET (407) 665-7443</b>
<b>APPLICANT</b>	PANAYES DIKEOU	STONE'S BUSINESS CENTER LLC	(303) 825-9192
<b>CONSULTANT</b>	CPH ENGINEERS	MICHELLE TANNER	(407) 425-0452
<b>PROJECT DESC</b>	SMALL SCALE LAND USE AMENDMENT FROM PD TO PD FOR 7.36 ACRES		
<b>LOCATION</b>	SOUTH SIDE OF RED BUG LAKE RD & SLAVIA RD		
<b>PARCEL ID</b>	16-21-31-5CA-0000-067A		
<b>BCC DISTRICT</b>	1-DALLARI		

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

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

Thank you.

13-0600008



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

SMALL SITE PLAN LESS THAN 2,500 SF: YES  NO

DREDGE & FILL: YES  NO

**APPLICANT INFORMATION**

APPLICANT: Interplan LLC c/o Chick-fil-A, Inc		CONTACT: Eileen Graf
ADDRESS: 604 Courtland Street, Suite 100		
CITY: Orlando	STATE: FL	ZIP: 32804
PHONE: (407) 645-5008	FAX: (407) 629-9124	EMAIL: egraf@interplanllc.com

**CONSULTANT INFORMATION**

ENGINEER: Stuart Anderson, P.E., Interplan LLC		CONTACT: Stuart Anderson
ADDRESS: 604 Courtland Street, Suite 100		
CITY: Orlando	STATE: FL	ZIP: 32804
PHONE: (407) 645-5008	FAX: (407) 629-9124	EMAIL: sanderson@interplanllc.com

**OWNER INFORMATION**

Is Owner's Authorization Attached? YES  NO

OWNER: Fern Park Plaza LLC c/o RD Management		CONTACT: Christian Greene
ADDRESS: 810 Seventh Avenue, 10th Floor		
CITY: New York	STATE: NY	ZIP: 10019
PHONE: (212) 265-6600 ext. 362	FAX: (212) 492-8464	EMAIL: cgreene@rdmanagement.com

**SITE INFORMATION**

PARCEL ID #: 17-21-30-510-0000-0020
PROJECT NAME: Chick-fil-A, Casselberry (FSU#3270)
DESCRIPTION OF PROJECT: Demo of existing building and new construction of a Chick-fil-A.
INTENDED USE OF PROPERTY:
LOCATION: SW corner of Oxford Road and SR 436 (199 SR 436).
ZONING: C-2 FUTURE LAND USE: C-2 TOTAL ACREAGE: 0.87 BCC DISTRICT: 4-Henley

**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 checked="" type="checkbox"/> NO <input type="checkbox"/>	FEE ATTACHED: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

**ADDITIONAL SITE INFORMATION**

IMPERVIOUS SURFACE AREA :					
BUILDING AREA:		EXISTING:	2,621sf	NEW:	4,390sf
PAVEMENT AREA:		EXISTING:	29,984sf	NEW:	25,418sf
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: \$ 1,596.16
$\sum \quad \$1000+ \left[ \frac{(29,808) \text{ New Impervious}}{1000} \right] \times \$20 = \text{Fee Amount}$	

**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 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: Gileen King (AGENT) Date: 2-21-13

OFFICIAL USE	
PROJECT #:	PLANNER ASSIGNED:

**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 Fern Park Plaza LLC c/o RD MGMT LLC, the fee simple owner of the following  
(Owner's Name)  
described property (Provide Legal Description or Tax Parcel ID Number(s)) 17-21-30-510-0000-0020.

\_\_\_\_\_ hereby affirm that 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.

\_\_\_\_\_  
Owner's Signature [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 20<sup>th</sup> 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 Christian Greene, who is personally known to me or who has produced NY Drivers License as identification and who executed the foregoing instrument and sworn an oath.

WITNESS my hand and official seal in the County and State last aforesaid this 20<sup>th</sup> day of February, 2013.

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

My Commission Expires: 7/17/13





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

SMALL SITE PLAN LESS THAN 2,500 SF: YES  NO

DREDGE & FILL: YES  NO

### APPLICANT INFORMATION

APPLICANT: Terra Engineering Consultant, Inc.		CONTACT: Rashid H. Jamalabad	
ADDRESS: P.O.Box 5807			
CITY: Winter Park	STATE: Florida	ZIP: 32793	
PHONE: (407) 767-2599	FAX: (407) 767-0323	EMAIL: rashidj@earthlink.net	

### CONSULTANT INFORMATION

ENGINEER: Terra Engineering Consultant, Inc.		CONTACT: Rashid H. Jamalabad	
ADDRESS: P.O.Box 5807			
CITY: Winter Park	STATE: Florida	ZIP: 32793	
PHONE: (407) 767-2599	FAX: (407) 767-0323	EMAIL: tecrashid@earthlink.net	

### OWNER INFORMATION

Is Owner's Authorization Attached? YES  NO

OWNER: AHMAD KHANJAHANBAKHSH		CONTACT: SAME	
ADDRESS: 1380 E. Altamonte Drive			
CITY: Altamonte Springs	STATE: Florida	ZIP: 32701	
PHONE: (407) 947-8206	FAX:	EMAIL:	

### SITE INFORMATION

PARCEL ID #: 18-21-30-501-0900-0010			
PROJECT NAME: Mediterranean Fresh Grill			
DESCRIPTION OF PROJECT: Construction of 2430 SF Building & Related site Improvement			
INTENDED USE OF PROPERTY: Fast food Restaurant (Fresh Grill)			
LOCATION: 1370 E. Altamonte Dr., Altamonte Springs, Florida 32701			
ZONING: C-2	FUTURE LAND USE: Comm	TOTAL ACREAGE: 0.65	BCC DISTRICT: 4-Henley

### UTILITIES

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

### ARBOR

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

**ADDITIONAL SITE INFORMATION**

IMPERVIOUS SURFACE AREA :					
BUILDING AREA:	2707	EXISTING:	3335(removed)	NEW:	2707
PAVEMENT AREA:	12248	EXISTING:	11970	NEW:	278
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: \$ 1005.60
$\Sigma$ \$1000+ $\left[ \frac{\text{New Impervious}}{1000} \right] \times \$20$	= Fee Amount

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

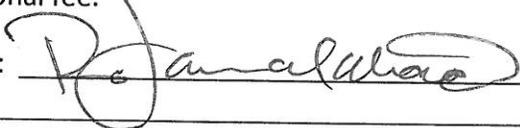
<http://www.seminolecountyfl.gov/gm/devrev/concurrency.asp>

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

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

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

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

Applicant's Signature:  Date: 2/25/2013

OFFICIAL USE	
PROJECT #:	PLANNER ASSIGNED:

**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 ANMAD KHANJAHNBAKHSH, the fee simple owner of the following  
(Owner's Name)  
described property (Provide Legal Description or Tax Parcel ID Number(s)) 18-21-30-501-0900-0010

hereby affirm that Terra Engineering/Rashid Jamalabads 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.

*Raza Khan*  
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 15 day of 2, 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 \_\_\_\_\_, who is personally known to me or who has produced FL-DLIC 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 15 day of 2, 2013.

*Raza Khan*  
Notary Public in and for the County and State Aforementioned

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



13-05500007

RECEIVED FEB 20 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: M & O LIMITED PARTNERSHIP LLC		CONTACT: ROGER E. OWEN	
ADDRESS: 532 S. Econ Circle, Suite 160		Michael Owen 330-338	
CITY: Oviedo	STATE: Florida	ZIP: 32765	7425
PHONE: 407-971-6300	FAX: 407-971-6300	EMAIL: rogerowenrealty@yahoo.com	

**CONSULTANT INFORMATION**

ENGINEER/SURVEYOR: Henrich-Luke & Swaggerty		CONTACT: Mark Luke	
ADDRESS: 165 Middle Street, Suite 1101			
CITY: Lake Mary	STATE: Florida	ZIP: 32746	
PHONE: 407-647-7346	FAX: 407-647-8097	EMAIL: mark@floridalandsurveyor.com	

**OWNER INFORMATION**

 OWNER'S AUTHORIZATION ATTACHED: YES  NO 

OWNER: M & O LIMITED PARTNERSHIP LLC		CONTACT: ROGER E. OWEN	
ADDRESS: 532 South Econ Circle, Suite 160			
CITY: Oviedo	STATE: Florida	ZIP: 32765	
PHONE: 407-971-6300	FAX: 407-971-6300	EMAIL: rogerowenrealty@yahoo.com	

**SUBDIVISION INFORMATION**
<http://www.seminolecountyfl.gov/pd/devrev/subdivsummary.asp>

PARCEL ID #: 33-21-31-507-0000-01C0	
PROJECT NAME: South Park Business Center	
DESCRIPTION OF PROJECT: Plat recording	
LOCATION: 531 and 521 South Econ Circle, Oviedo, Florida	
NUMBER OF LOTS: lot split (1 to 2) TOTAL ACREAGE: 2.025 acres (88,236 sf)	
ZONING: PCD	FUTURE LAND USE: NO CHANGE

**UTILITIES**

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

**ARBOR**

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

**FEES**

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

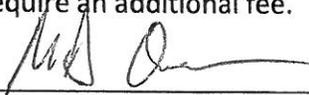
- DEVELOPMENT PLAN --- \$250.00 + \$5.00 PER LOT
- PRELIMINARY PLAN --- \$1,000.00 + \$15.00 PER LOT (\$2,270.00 MAXIMUM FEE WITH 1<sup>ST</sup> SUBMITTAL)
- FINAL ENGINEERING PLAN --- \$3,500.00 + \$25.00 PER LOT (\$5,300.00 MAXIMUM FEE WITH 1<sup>ST</sup> SUBMITTAL)
- FINAL PLAT --- (FEE SHOULD BE 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:  Date: 2/12/2013

OFFICIAL USE	
PROJECT #:	PLANNER ASSIGNED:

**SEMINOLE COUNTY  
APPLICATION AND AFFIDAVIT**

4. For partnerships, including limited partnerships, list the name and address of each principal in the partnership, including general or limited partners.

Name of Partnership: <u>M &amp; O LIMITED PARTNERSHIP LLC</u>	Name of Partnership: <u>M&amp;O LIMITED PARTNERSHIP LLC</u>
Principal: <u>ROGER E. OWEN</u>	Principal: <u>HOWARD W. MYERS</u>
Address: <u>532 S. Econ Circle, Suite 160</u> <u>Oviedo, Fl. 32765</u>	Address: <u>532 S. Econ Circle, Suite 160</u> <u>Oviedo, Fl. 32765</u>

(Use additional sheets for more space.)

5. In the circumstances of a contract for purchase, list the name of each contract vendee, with their names and addresses, the same as required for corporations, trust, or partnerships. In addition, the date of the contract for purchase shall be specified along with any contingency clause relating to the outcome of the consideration of this petition.

Contract Vendee: Name: _____ Address: _____	Contract Vendee: Name: _____ Address: _____
---------------------------------------------------	---------------------------------------------------

(Use additional sheets for more space.)

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.

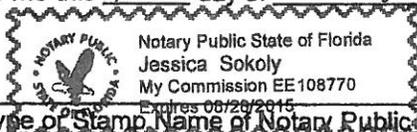
February 13 2013  
Date

[Signature]  
Owner, Agent, Applicant Signature  
ROGER E. OWEN

STATE OF FLORIDA  
COUNTY OF SEMINOLE

Sworn to (or affirmed) and subscribed before me this 13 day of February, 2013 by \_\_\_\_\_

[Signature]  
Signature of Notary Public



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

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

**SEMINOLE COUNTY  
APPLICATION & AFFIDAVIT**

**Ownership Disclosure Form**

Please provide the information as requested below in accordance with Ordinance No. 07-\_\_\_\_\_:

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. M & O LIMITED PARTNERSHIP LLC

Name: <u>Roger E. Owen, General Partner (50%)</u>	Name: <u>Howard Myers, Partner (50%)</u>
Address: <u>532 S. Econ Circle, Ste. 160</u>	Address: <u>134 Merz Blvd., Fairlawn, Ohio 44333</u>
Phone #: <u>Oviedo, Fl. 32765</u>	Phone #: <u>330-864-5011</u>
<u>407-971-6300</u>	

Name: _____	Name: _____
Address: _____	Address: _____
Phone #: _____	Phone #: _____

(Use additional sheets for more space.)

2. For each corporate owner, list the name, address, and title of each officer of the corporation, the name and address of each director of the corporation, and the name and address of each shareholder who owns 2% or more of the stock of the corporation. Shareholders need not be disclosed as to corporations whose shares of stock are traded publicly on any national or regional stock exchange.

Name of Corporation: _____	Name of Corporation: _____
Officers: _____	Officers: _____
Address: _____	Address: _____
Directors: _____	Directors: _____
Address: _____	Address: _____
Shareholders: _____	Shareholders: _____
Address: _____	Address: _____

(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.

Name of Trust: _____	Beneficiaries: _____
Trustees: _____	Address: _____
Address: _____	_____

(Use additional sheets for more space.)

**PROPERTY OWNER / AUTHORIZED AGENT INFORMATION**

	PROPERTY OWNER	AUTHORIZED AGENT *
NAME	FOUNDATION CAPITAL RESOURCES	CHRISTOPHER KELLER LAND DESIGN SOUTH
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	3100 S. OVERLAND AVE SPRINGFIELD MO. 65807	<del>(407) 233-1367</del> 919 LANE BARLOW LANE DELANDO, FL 32814
PHONE 1		(407) 233-1367
PHONE 2		(407) 621-1165
FAX		
E-MAIL		ckeller@landdesignsouth.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.		

Eplan Contact

\* Proof of property owner's authorization is required with submittal if signed by authorized agent.

NAME AND PHONE NUMBER OF PERSON WHO WILL POST PLACARD \_\_\_\_\_

**PROJECT INFORMATION**

PROJECT NAME	CITY PARK AT MERRITT STREET	
SITE ADDRESS	1130 MERRITT STREET	
BCC DISTRICT	4 - HENLEY	
EXISTING USE(S)	REIGOODS INSTITUTION (FLU MDR)	
PROPOSED USE(S)	MULTI FAMILY	
PROPERTY ID NUMBER(S)	07-21-30-514-0000-0190 07-21-30-300-0110-0000	
SIZE OF PROPERTY	15.5 AC ±	acres
GENERAL LOCATION	NORTH SIDE OF MERRITT ST. @ FORD DRIVE	
SOURCE OF WATER	CITY OF ALTIMONTE SPRINGS (City of Longwood per GIS MAP)	
SOURCE OF SEWER	" " "	" (City of Casselberry per GIS MAP)
RECLAIM WATER PROVIDER	N/A	

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

Progress energy century link

✓	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.


2/22/2013  
 \_\_\_\_\_  
**SIGNATURE OF AUTHORIZED APPLICANT\*** **DATE**

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

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



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

EPlan Project

PZ13-20560006

PROJ # 13-800000002

PZ # Z2013-007

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 \$ 3,590.00

**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: R1 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 22 2013

**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 type="checkbox"/> COPY OF PRE-APPLICATION REVIEW INFORMATION, IF APPLICABLE	
<input type="checkbox"/> PROPERTY OWNER PRINTOUT FROM PROPERTY APPRAISER'S WEBSITE	
<input type="checkbox"/> PROPERTY OWNER'S AUTHORIZATION FORM (ADDITIONAL DOCUMENTATION REQUIRED IF OWNER IS A TRUST OR CORPORATION)	
<input type="checkbox"/> OWNERSHIP DISCLOSURE FORM	
<input type="checkbox"/> SCHOOL IMPACT ANALYSIS (CONTACT SCHOOL BOARD FOR APPLICATION)	
<input type="checkbox"/> CONCURRENCY APPLICATION/DEFERRAL AFFIDAVIT AND FEE IF REQUIRED \$ _____	
<input type="checkbox"/> BOUNDARY SURVEY (2 COPIES)	
<input type="checkbox"/> ELECTRONIC LEGAL DESCRIPTION IN DIGITAL WORD FORMAT (COMPACT DISK OR EMAIL ONLY)	
<input type="checkbox"/> PUD/PCD FINAL MASTER/SITE PLAN REQUIRES A DRAFT DCA IN DIGITAL WORD FORMAT (COMPACT DISK OR EMAIL ONLY)	
<input type="checkbox"/> REZONING TO PUD, PCD, OP, RP, RM-2, RM-3, R-3, R-3A, R-4 AND MYRTLE STREET CONSERVATION VILLAGE REQUIRES 16 FULL-SIZE SETS OF SITE PLANS OR MASTER PLANS AND AN 11" X 17" PDF FILE (COMPACT DISK OR EMAIL ONLY)	
<input type="checkbox"/> APPLICATION FEE \$ _____	
<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: \_\_\_\_\_ TO: \_\_\_\_\_
- PLANNED DEVELOPMENT AMENDMENT TO EXISTING PD (LS/SSFLUA) FROM: \_\_\_\_\_ TO: \_\_\_\_\_

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

- REZONING (WITHOUT SITE PLAN) FROM: \_\_\_\_\_ TO: \_\_\_\_\_
- REZONING TO PUD, PCD, OP, RP, RM-2, RM-3, R-3, R-3A, or R-4 FROM: A-1/PUD 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**

	<b>PROPERTY OWNER</b>	<b>AUTHORIZED AGENT *</b>
<b>NAME</b>	1) Robert T & Becky A. Navidomskis/ 2) Joseph I & Sheri T. Denberg/ 3) Stone's Business Center, LLC	Panayes Dikeou
<b>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 :</b>		
<b>ADDRESS</b>	1) 1999 Slavia Road Oviedo, FL 32765 2) 231 W Trotters Drive Maitland, FL 32751 3) 1110 SW Ivanhoe Blvd. Unit 19, Orlando, FL 32804	1615 California Street, Ste.707 Denver, Colorado 80202
<b>PHONE 1</b>	1) (321)296-5082 2) (407)568-2148	(303)825-9192
<b>PHONE 2</b>	3) (407)399-2279	
<b>FAX</b>		(303)629-5163
<b>E-MAIL</b>	1) rnav122@gmail.com 2) joestruck@cfl.vr.com 3) stonicsorlccs@orlando.com	pdikeou@dikeou.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 Tanner  
(407)425-0452

m.tanner@cpengineers.com  
fimbarglia@cpengineers.com

*Eplan  
Contact*

**PROJECT INFORMATION**

<b>PROJECT NAME</b>	Red Bug Junction
<b>SITE ADDRESS</b>	Red Bug Lake Road / Slavia Road
<b>BCC DISTRICT</b>	1 - Bob Dallari
<b>EXISTING USE(S)</b>	Vacant / Single Family Home
<b>PROPOSED USE(S)</b>	Retail - Commercial
<b>PROPERTY ID NUMBER(S)</b>	16-21-31-5CA-0000-0680 / 16-21-31-5CA-0000-0830 / 16-21-31-5CA-0000-067A
<b>SIZE OF PROPERTY</b>	16.57+/- <span style="float:right"><b>acres</b></span>
<b>GENERAL LOCATION</b>	South of the intersection of Red Bug Lake Rd. and Slavia Rd.
<b>SOURCE OF WATER</b>	Seminole County Utilities
<b>SOURCE OF SEWER</b>	Seminole County Utilities
<b>RECLAIM PROVIDER</b>	

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

<b>X</b>	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.)
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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

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.
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

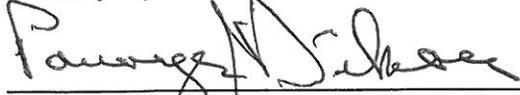
**By my signature hereto, I do hereby certify that the information contained in this application is true and correct to the best of my knowledge, and understand that deliberate misrepresentation of such information may be grounds for denial or reversal of this application and / or revocation of any approval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

	1-3-13
<b>SIGNATURE OF AUTHORIZED APPLICANT*</b>	<b>DATE</b>

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

Panayes Dikeou  
 \_\_\_\_\_  
**PRINT OR TYPE NAME**

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

An authorized applicant is defined as:

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

I, Joseph I & Sheri T Denberg, the fee simple owner of the following  
(Owner's Name)  
described property (Provide Legal Description or Tax Parcel ID Number(s)) 16-21-31-5CA-0000-0830

hereby affirm that Panayes Dikeou is hereby designated to act as my / our  
authorized agent for the filing of the attached application for: Small Scale Future Land Use Amendment and Rezone  
**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.

Joseph I Denberg  
Owner's Signature

Sheri T Denberg

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.

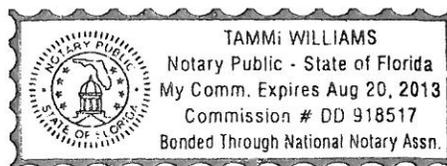
SWORN TO AND SUBSCRIBED before me this 7<sup>th</sup> day of Jan, 2013.

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared Joseph I Denberg who is personally known to me or who has produced Idem 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 7<sup>th</sup> day of Jan, 2013.

TAMMI WILLIAMS  
Notary Public in and for the County and State  
Aforementioned

My Commission Expires: Aug 20, 2013



**SEMINOLE COUNTY  
APPLICATION & AFFIDAVIT**

**Ownership Disclosure Form**

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

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

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

NAME	ADDRESS	PHONE NUMBER
Joseph I. Denberg	231 W Trotters Dr, Maitland, FL 32751	(407) 568-2148
Sheri T. Denberg	231 W Trotters Dr, Maitland, FL 32751	(407) 568-2148

(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.

01-07-13  
Date

Sham Denberg  
Owner, Agent, Applicant Signature

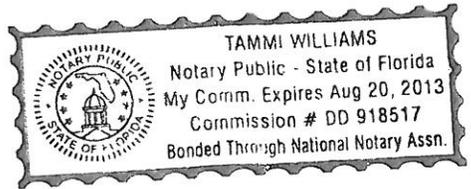
STATE OF FLORIDA  
COUNTY OF Orange

Sworn to (or affirmed) and subscribed before me by Sham Denberg, on this 7<sup>th</sup> day of January, 2013.  
Owner, Agent, Applicant Name

Tammi Williams  
Signature of Notary Public

Tammi Williams  
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 Robert T. & Becky A. Navidomskis, the fee simple owner of the following  
(Owner's Name)

described property (Provide Legal Description or Tax Parcel ID Number(s)) 16-21-31-5CA-0000-0680

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

**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.

Robert T. Navidomski Jan 4, 2013  
Becky A. Navidomski Jan 4, 2013  
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.

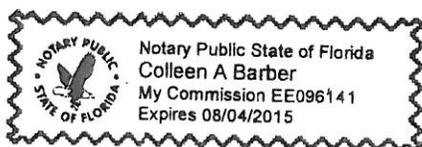
SWORN TO AND SUBSCRIBED before me this 4<sup>th</sup> day of Jan, 2013

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared Robert T. Navidomski who is personally known to me <sup>and</sup> who has produced FL Drivers License as identification and who executed the foregoing instrument and sworn an oath.

WITNESS my hand and official seal in the County and State last aforesaid this 4<sup>th</sup> day of January, 2013.

Colleen Barber  
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
Robert T. Navidomskis	1999 Slavia Road, Oviedo, FL 32765	
Becky A. Navidomskis	1999 Slavia Road, Oviedo, FL 32765	

(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 rezoned, 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~~ COLORADO  
COUNTY OF DENVER

Sworn to (or affirmed) and subscribed before me by PANAYES J DIKEBU, on this 15<sup>th</sup> day of February, 2013.  
Owner, Agent, Applicant Name

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

BARBARA J BATTLE  
Print, Type or Stamp Name of Notary Public

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

My Comm Exp 07-09-2014

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, Cecil A. Stone/Stones Business Center, LLC, the fee simple owner of the following  
(Owner's Name)  
described property (Provide Legal Description or Tax Parcel ID Number(s)) 16-21-31-5CA-0000-067A

\_\_\_\_\_ hereby affirm that Panayes Dikeou is hereby designated to act as my / our authorized agent for the filing of the attached application for: Small Scale Future Land Use Amendment / Rezone

**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.

*Cecil A. Stone*  
C. A. STONE  
\_\_\_\_\_  
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.

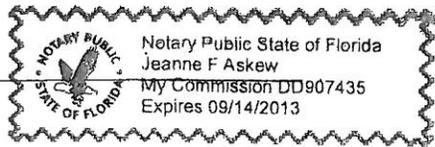
SWORN TO AND SUBSCRIBED before me this 3/5 day of December 2012.

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared Cecil Stone, 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 3/5 day of December, 2012.

*Jeanne F Askew*  
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

(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: Stones Business Center LLC

NAME	TITLE	ADDRESS	% OF INTEREST
Cecil A. Stone	Manager	1110 SW Ivanhoe Blvd.	100%
		Unit 19	
		Orlando, FL 32804	

(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.

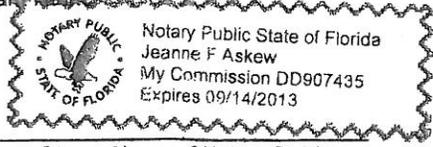
7. I affirm that the above representations are true and are based upon my personal knowledge and belief after all reasonable inquiry. I understand that any failure to make mandated disclosures is grounds for the subject rezone, future land use amendment, special exception, or variance involved with this 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 12/31/12

[Signature]  
Owner, Agent, Applicant Signature

STATE OF FLORIDA  
COUNTY OF Orange

Sworn to (or affirmed) and subscribed before me by Cecil Stone, on this 31 day of December, 2012.  
Owner, Agent, Applicant Name



[Signature]  
Signature of Notary Public

Print, Type or Stamp Name of Notary Public

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

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

SEMINOLE COUNTY APPLICANT AUTHORIZATION FORM

I, Panayes Dikeou, the Authorized Agent for

Robert T. & Becky A. Navidomskis, the fee simple owners of Tax Parcel ID Number 16-21-31-5CA-0000-0680;

Joseph I. & Sheri T. Denberg the fee simple owners of Tax Parcel ID Number 16-21-31-5CA-0000-0830; and

Stones Business Center, LLC (Cecil A. Stone, Manager), the fee simple owner of Tax Parcel ID Number 16-21-31-5CA-0000-067A

hereby affirm that Javier E. Omana and/or the firm of CPH Engineers, Inc. is hereby designated to act as my authorized agent for the filing of the attached applications for Small Scale Future Land Use Amendment and Rezone and make binding statements and commitments regarding the requests.

[Signature]  
Panayes Dikeou, Authorized Agent

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.

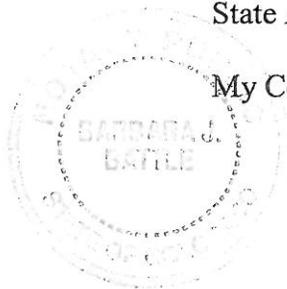
SWORN TO AND SUBSDCRIBED before me this 3<sup>rd</sup> day of Jan, 2013.

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County of Seminole County, Florida aforesaid to take acknowledgments, personally appeared Panayes Dikeou 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 3<sup>rd</sup> day of January, 2013.

[Signature]  
Notary Public in and for the County and State Aforementioned - Seminole, Florida

My Commission Expires: 07-09-2014



**AFFIDAVIT OF AUTHORITY TO SIGN FOR A  
LIMITED LIABILITY COMPANY**

We, Dikeou Properties, LLC, 1615 California Street, Suite 707, Denver, Colorado 80202, certify that Panayes Dikeou, Manager, has the authority to engage Javier E. Omana, CNU-a and/or the firm of CPH Engineers, Inc. on behalf of our limited liability company to file certain land use and zoning applications on behalf of the aforementioned company pursuant to the Red Bug Junction project.

PANAYES J. DIKEOU

Printed Name of Officer, Partner or Owner

[Handwritten Signature]

Signature of Officer, Partner or Owner

MANAGER

Job Title/Position

SWORN TO AND SUBSDCRIBED before me this 15<sup>th</sup> day of FEB, 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 PANAYES J. Dikeou 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 15<sup>th</sup> day of February, 2013.



[Handwritten Signature]

Notary Public in and for the County and State Aforementioned

My Commission Expires: 07-09-2014

**AFFIDAVIT OF AUTHORITY TO SIGN FOR A  
LIMITED LIABILITY COMPANY**

We, 1621 Rinehart, LLC, 1615 California Street, Suite 707, Denver, Colorado 80202, certify that Panayes Dikeou, Manager, has the authority to engage Javier E. Omana, CNU-a and/or the firm of CPH Engineers, Inc. on behalf of our limited liability company to file certain land use and zoning applications on behalf of the aforementioned company pursuant to the Red Bug Junction project.

PANAYES J. DIKEOU  
Printed Name of Officer, Partner or Owner

*Panayes J. Dikeou*  
Signature of Officer, Partner or Owner

MANAGER  
Job Title/Position

**SWORN TO AND SUBSCRIBED** before me this 25<sup>th</sup> day of FEB, 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 Panayes J. Dikeou, 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 25<sup>th</sup> day of FEBRUARY, 2013.



*Barbara J. Battle*  
Notary Public in and for the County and State Aforesaid

My Commission Expires: 07-09-2014

RECEIVED FEB 26 2013 13-20500007

**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 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 \$ _____	
<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: LDR 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: \_\_\_\_\_ TO: \_\_\_\_\_
- PUD/PCD MAJOR AMENDMENT
- PUD/PCD MINOR AMENDMENT
- PUD FINAL MASTER PLAN
- DEVELOPMENT OF REGIONAL IMPACT NOPC
- MYRTLE STREET CONSERVATION VILLAGE

**PROPERTY OWNER / AUTHORIZED AGENT INFORMATION**

	<b>PROPERTY OWNER</b>	<b>AUTHORIZED AGENT *</b>
<b>NAME</b>	Joseph I & Sheri T. Denberg	Panayes Dikeou
<b>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 :</b>		
<b>ADDRESS</b>	231 W Trotters Drive Maitland, FL 32751	1615 California Street Ste. 707 Denver, Colorado 80202
<b>PHONE 1</b>	(407) 568-2148	(303) 825-9192
<b>PHONE 2</b>	(407) 865-1192	
<b>FAX</b>		(303) 629-5163
<b>E-MAIL</b>	joestruck@cfl.rr.com	pdikeou@dikeou.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.

*Eplan  
contact*

\* 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 Tanner (407) 425-0452

*m.tanner@CPHengineers.com  
f.imbrun@cpengineers.com*

**PROJECT INFORMATION**

<b>PROJECT NAME</b>	Red Bug Junction
<b>SITE ADDRESS</b>	Red Bug Lake Road / 1999 Slavia Road
<b>BCC DISTRICT</b>	1 - Bob Dallari
<b>EXISTING USE(S)</b>	Vacant
<b>PROPOSED USE(S)</b>	Retail - Commercial - Office
<b>PROPERTY ID NUMBER(S)</b>	16-21-31-5CA-0000-0830
<b>SIZE OF PROPERTY</b>	4.5+/- <b>acres</b>
<b>GENERAL LOCATION</b>	Southeast corner of the intersection of Red Bug Lake Rd. and Goldeneye Point
<b>SOURCE OF WATER</b>	Seminole County Utilities
<b>SOURCE OF SEWER</b>	Seminole County Utilities
<b>RECLAIM PROVIDER</b>	

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

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

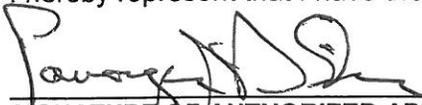
**By my signature hereto, I do hereby certify that the information contained in this application is true and correct to the best of my knowledge, and understand that deliberate misrepresentation of such information may be grounds for denial or reversal of this application and / or revocation of any approval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


1-3-13

---

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

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

Panayes Dikeou

---

**PRINT OR TYPE NAME**

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

An authorized applicant is defined as:

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

I Joseph I & Sheri T Denberg, the fee simple owner of the following  
(Owner's Name)  
described property (Provide Legal Description or Tax Parcel ID Number(s)) 16-21-31-5CA-0000-0830

hereby affirm that Panayes Dikeou is hereby designated to act as my / our  
authorized agent for the filing of the attached application for: Small Scale Future Land Use Amendment and Rezone  
**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.

Joseph I. Denberg \_\_\_\_\_  
Owner's Signature  
Sheri T. Denberg \_\_\_\_\_

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.

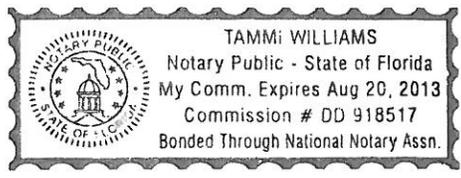
SWORN TO AND SUBSCRIBED before me this 7<sup>th</sup> day of Jan, 2013.

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared Joseph I. Denberg & Sheri T. Denberg who is personally known to me or who has produced ID 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 7<sup>th</sup> day of Jan, 2013.

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

My Commission Expires: Aug 20, 2013



**SEMINOLE COUNTY  
APPLICATION & AFFIDAVIT**

**Ownership Disclosure Form**

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

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

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

NAME	ADDRESS	PHONE NUMBER
Joseph I. Denberg	231 W Trotters Dr, Maitland, FL 32751	(407) 568-2148
Sheri T. Denberg	231 W Trotters Dr, Maitland, FL 32751	(407) 568-2148

(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

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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.

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(Use additional sheets for more space.)

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

NAME	TITLE	ADDRESS	% OF INTEREST

(Use additional sheets for more space.)

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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.

01-07-13  
Date

Sham Denberg  
Owner, Agent, Applicant Signature

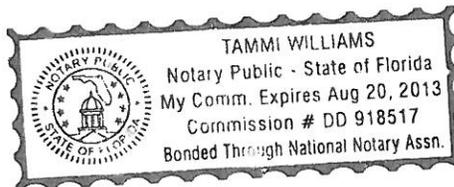
STATE OF FLORIDA  
COUNTY OF Orange

Sworn to (or affirmed) and subscribed before me by Sham Denberg, on this 7<sup>th</sup> day of January, 2013.  
Owner, Agent, Applicant Name

Tallump  
Signature of Notary Public

Tammi Williams  
Print, Type or Stamp Name of Notary Public

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



**SEMINOLE COUNTY APPLICANT AUTHORIZATION FORM**

I, Panayes Dikeou, the Authorized Agent for

Robert T. & Becky A. Navidomskis, the fee simple owners of Tax Parcel ID Number 16-21-31-5CA-0000-0680;

Joseph I. & Sheri T. Denberg the fee simple owners of Tax Parcel ID Number 16-21-31-5CA-0000-0830; and

Stones Business Center, LLC (Cecil A. Stone, Manager), the fee simple owner of Tax Parcel ID Number 16-21-31-5CA-0000-067A

hereby affirm that Javier E. Omana and/or the firm of CPH Engineers, Inc. is hereby designated to act as my authorized agent for the filing of the attached applications for Small Scale Future Land Use Amendment and Rezone and make binding statements and commitments regarding the requests.

  
Panayes Dikeou, Authorized Agent

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.

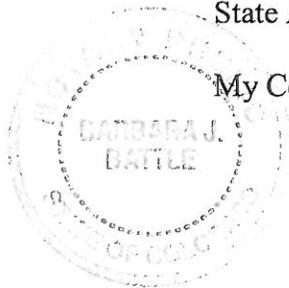
**SWORN TO AND SUBSDCRIBED** before me this 3<sup>rd</sup> day of Jan, 2013.

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County <sup>of Seminole County, Florida</sup> aforesaid to take acknowledgments, personally appeared Panayes Dikeou 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 3<sup>rd</sup> day of January, 2013.

  
Notary Public in and for the County and State Aforementioned - Deputy, Colorado

My Commission Expires: 07-09-2014



**AFFIDAVIT OF AUTHORITY TO SIGN FOR A  
LIMITED LIABILITY COMPANY**

We, Dikeou Properties, LLC, 1615 California Street, Suite 707, Denver, Colorado 80202, certify that Panayes Dikeou, Manager, has the authority to engage Javier E. Omana, CNU-a and/or the firm of CPH Engineers, Inc. on behalf of our limited liability company to file certain land use and zoning applications on behalf of the aforementioned company pursuant to the Red Bug Junction project.

PANAYES J. DIKEOU  
Printed Name of Officer, Partner or Owner

[Handwritten Signature]  
Signature of Officer, Partner or Owner

MANAGER  
Job Title/Position

**SWORN TO AND SUBSDCRIBED** before me this 15<sup>th</sup> day of FEB, 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 PANAYES J Dikeou 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 15<sup>th</sup> day of February, 2013.



[Handwritten Signature]  
Notary Public in and for the County and State Aforesaid

My Commission Expires: 07-09-2014

RECEIVED FEB 26 2013

13-20500008

**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 type="checkbox"/> COPY OF PRE-APPLICATION REVIEW INFORMATION, IF APPLICABLE	
<input type="checkbox"/> PROPERTY OWNER PRINTOUT FROM PROPERTY APPRAISER'S WEBSITE	
<input type="checkbox"/> PROPERTY OWNER'S AUTHORIZATION FORM (ADDITIONAL DOCUMENTATION REQUIRED IF OWNER IS A TRUST OR CORPORATION)	
<input type="checkbox"/> OWNERSHIP DISCLOSURE FORM	
<input type="checkbox"/> SCHOOL IMPACT ANALYSIS (CONTACT SCHOOL BOARD FOR APPLICATION)	
<input type="checkbox"/> CONCURRENCY APPLICATION/DEFERRAL AFFIDAVIT AND FEE IF REQUIRED \$ _____	
<input type="checkbox"/> BOUNDARY SURVEY (2 COPIES)	
<input type="checkbox"/> ELECTRONIC LEGAL DESCRIPTION IN DIGITAL WORD FORMAT (COMPACT DISK OR EMAIL ONLY)	
<input type="checkbox"/> PUD/PCD FINAL MASTER/SITE PLAN REQUIRES A DRAFT DCA IN DIGITAL WORD FORMAT (COMPACT DISK OR EMAIL ONLY)	
<input type="checkbox"/> REZONING TO PUD, PCD, OP, RP, RM-2, RM-3, R-3, R-3A, R-4 AND MYRTLE STREET CONSERVATION VILLAGE REQUIRES 16 FULL-SIZE SETS OF SITE PLANS OR MASTER PLANS AND AN 11" X 17" PDF FILE (COMPACT DISK OR EMAIL ONLY)	
<input type="checkbox"/> APPLICATION FEE \$ _____	
<b>SIGNATURE OF STAFF PROJECT MANAGER CERTIFYING THAT THE APPLICATION IS SUFFICIENT</b>	

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

<input type="checkbox"/> LARGE SCALE FUTURE LAND USE AMENDMENT (LSFLUA)	FROM: _____ TO: _____
<input checked="" type="checkbox"/> SMALL SCALE FUTURE LAND USE AMENDMENT (SSFLUA)	FROM: PD TO: PD
<input type="checkbox"/> PLANNED DEVELOPMENT AMENDMENT TO EXISTING PD (LS/SSFLUA)	FROM: _____ TO: _____

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

REZONING (WITHOUT SITE PLAN) FROM: \_\_\_\_\_ TO: \_\_\_\_\_

REZONING TO PUD, PCD, OP, RP, RM-2, RM-3, R-3, R-3A, or R-4 FROM: \_\_\_\_\_ TO: \_\_\_\_\_

PUD/PCD MAJOR AMENDMENT

PUD/PCD MINOR AMENDMENT

PUD FINAL MASTER PLAN

DEVELOPMENT OF REGIONAL IMPACT NOPC

MYRTLE STREET CONSERVATION VILLAGE

**PROPERTY OWNER / AUTHORIZED AGENT INFORMATION**

	<b>PROPERTY OWNER</b>	<b>AUTHORIZED AGENT *</b>
<b>NAME</b>	Stone's Business Center, LLC	Panayes Dikeou
<b>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 :</b>		
<b>ADDRESS</b>	1110 SW Ivanhoe Blvd Unit 19 Orlando, FL 32804	1615 California Street Ste. 707 Denver, Colorado 80202
<b>PHONE 1</b>	(407) 399-2279	(303) 825-9192
<b>PHONE 2</b>		
<b>FAX</b>		(303) 629-5163
<b>E-MAIL</b>	stonieorl@ccsorlando.com	pdikeou@dikeou.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. Michelle Tanner  
(407) 425-0452

**NAME AND PHONE NUMBER OF PERSON WHO WILL POST PLACARD** Eplan Contact  
mtanner@CP#engineers.com ←  
fimbria@cp#engineers.com

**PROJECT INFORMATION**

<b>PROJECT NAME</b>	Red Bug Junction
<b>SITE ADDRESS</b>	Red Bug Lake Road / Slavia Road
<b>BCC DISTRICT</b>	1 - Bob Dallari
<b>EXISTING USE(S)</b>	Vacant
<b>PROPOSED USE(S)</b>	Retail - Commercial
<b>PROPERTY ID NUMBER(S)</b>	16-21-31-5CA-0000-067A
<b>SIZE OF PROPERTY</b>	7.36+/- <span style="float: right;">acres</span>
<b>GENERAL LOCATION</b>	South side of the intersection of Red Bug Lake Rd. and Slavia Road
<b>SOURCE OF WATER</b>	Seminole County Utilities
<b>SOURCE OF SEWER</b>	Seminole County Utilities
<b>RECLAIM PROVIDER</b>	

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

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

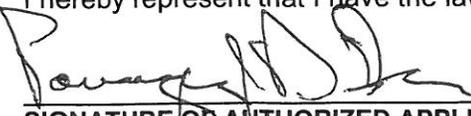
**By my signature hereto, I do hereby certify that the information contained in this application is true and correct to the best of my knowledge, and understand that deliberate misrepresentation of such information may be grounds for denial or reversal of this application and / or revocation of any approval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

	1-3-13
<b>SIGNATURE OF AUTHORIZED APPLICANT*</b>	<b>DATE</b>
Panayes Dikeou	
<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.

**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 Cecil A. Stone/Stones Business Center, LLC, the fee simple owner of the following  
(Owner's Name)  
described property (Provide Legal Description or Tax Parcel ID Number(s)) 16-21-31-5CA-0000-067A

hereby affirm that Panayes Dikeou is hereby designated to act as my / our  
authorized agent for the filing of the attached application for: Small Scale Future Land Use Amendment / Rezone  
**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.

*Cecil A. Stone*  
C. A. STONE  
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.

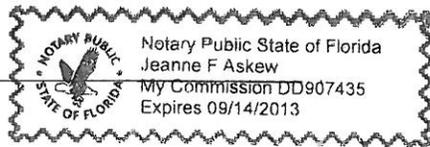
SWORN TO AND SUBSCRIBED before me this 31st day of December 2012.

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared Cecil Stone, 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 31st day of December, 2012.

*Jeanne F Askew*  
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

(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: Stones Business Center LLC

NAME	TITLE	ADDRESS	% OF INTEREST
Cecil A. Stone	Manager	1110 SW Ivanhoe Blvd.	100%
		Unit 19	
		Orlando, FL 32804	

(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

12/31/12

Owner, Agent, Applicant Signature

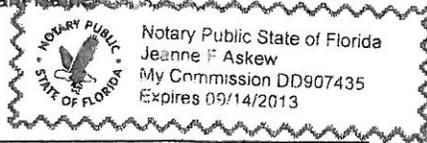
*Cecil Stone*

STATE OF FLORIDA

COUNTY OF Orange

Sworn to (or affirmed) and subscribed before me by Cecil Stone, on this 31 day of December, 2012.

Owner, Agent, Applicant Name



*Jeanne Askew*  
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**

I, Panayes Dikeou, the Authorized Agent for

Robert T. & Becky A. Navidomskis, the fee simple owners of Tax Parcel ID Number 16-21-31-5CA-0000-0680;

Joseph I. & Sheri T. Denberg the fee simple owners of Tax Parcel ID Number 16-21-31-5CA-0000-0830; and

Stones Business Center, LLC (Cecil A. Stone, Manager), the fee simple owner of Tax Parcel ID Number 16-21-31-5CA-0000-067A

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Notary Public in and for the County and State Aforementioned - Denver, Colorado

My Commission Expires: 07-09-2014



**AFFIDAVIT OF AUTHORITY TO SIGN FOR A  
LIMITED LIABILITY COMPANY**

We, Dikeou Properties, LLC, 1615 California Street, Suite 707, Denver, Colorado 80202, certify that Panayes Dikeou, Manager, has the authority to engage Javier E. Omana, CNU-a and/or the firm of CPH Engineers, Inc. on behalf of our limited liability company to file certain land use and zoning applications on behalf of the aforementioned company pursuant to the Red Bug Junction project.

PANAYES J. DIKEOU  
Printed Name of Officer, Partner or Owner

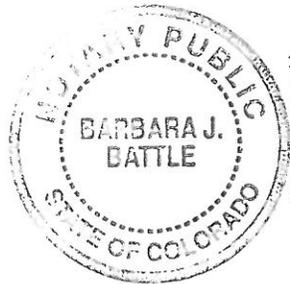
[Handwritten Signature]  
Signature of Officer, Partner or Owner

MANAGER  
Job Title/Position

**SWORN TO AND SUBSDCRIBED** before me this 15<sup>th</sup> day of FEB, 2013.

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WITNESS my hand and official seal in the County and State last aforesaid this 15<sup>th</sup> day of February, 2013.



[Handwritten Signature]  
Notary Public in and for the County and State Aforesaid

My Commission Expires: 07-09-2014