

SEMINOLE COUNTY PLANNING & DEVELOPMENT DIVISION 1101 EAST FIRST STREET, ROOM 2028 SANFORD, FLORIDA 32771 TELEPHONE: (407) 665-7371 PLANDESK@SEMINOLECOUNTYFL.GOV

PROJ. #: 22 - 06 000044

11.9.22

SITE PLAN/DREDGE & FILL

ALL INFORMATION MUST BE PROVIDED FOR APPLICATION TO BE CONSIDERED COMPLETE

APPLICATION TYPES/FEES

SMALL SITE PLAN (<2,500 SQUARE FEET IMPERVIOUS SURFACE AREA SUBJECT FOR REVIEW)	\$500.00
SITE PLAN (>2,500 SQUARE FEET IMPERVIOUS SURFACE AREA SUBJECT FOR REVIEW)	SEE FORMULA BELOW
DREDGE & FILL	\$750.00
☐ FILL ONLY (≥100 CUBIC YARDS OF FILL AND/OR IN FLOOD PLAIN OR WETLAND PER SEC. 40.2)	\$500.00

PROJECT

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PROJECT NAME: 365 INTERNATIONAL PI	KWY
PARCEL ID #(S): 07-20-30-300-002A-0000	¥
DESCRIPTION OF PROJECT: NEW PARKING LO	OT, DRAINAGE AND LANDSCAPE
EXISTING USE(S): VACCANT	PROPOSED USE(S): OFFICE/ WAREHOUSE
ZONING: MA-1 FUTURE LAND USE: TNI	TOTAL ACREAGE: 0,56 BCC DISTRICT: 5
WATER PROVIDER: SEMINOLE COUNTY	SEWER PROVIDER: SEMINOLE COUNTY
ARE ANY TREES BEING REMOVED? YES D	(IF YES, ATTACH COMPLETED ARBOR APPLICATION)
IF DREDGE & FILL OR FILL PERMIT, CUBIC YARDS OF	FILL PROPOSED:
EXISTING PAVEMENT AREA: NEW TOTAL SQUARE FEET OF NEW IMPERVIOUS SURFAG (TOTAL SQUARE FEET OF NEW ISA	BUILDING AREA: 0 TOTAL: 5620 SF PAVEMENT AREA: 8431 TOTAL: 8431 SF CE AREA (ISA) SUBJECT FOR REVIEW: 0.24 (1,000 = 5.651) x \$25 + \$2,500 = FEE DUE: \$2,641.27
*ROUNDED TO 2 DECIMAL POINTS **Maximum fee for	

PLICANT	EPLAN PRIVILEGES: VIEW ONLY UPLOAD NONE
NAME: VINCENT WOLLE	COMPANY: CENTRAL FLORIDA LENDING LLC
ADDRESS: 108 COMMERCE STREET,	
CITY: LAKE MARY	STATE: FL ZIP: 32716
PHONE: 407-448-1823	EMAIL: CREManaper@gmail.com.
DNSULTANT	
NAME: AL TEHRANI, PE	COMPANY: TEHRANI CONSULTING ENGINEERING
ADDRESS: 622 PEACHWOOD DR	
CITY: ALTAMONTE SPRINGS	STATE: FL. ZIP: 32714
PHONE: 407-948-0811	EMAIL: tehraniconsultingengineering@gmail.com
WNER(S) NAME(S): CENTRAL FLORIDIA LENDI	(INCLUDE NOTARIZED OWNER'S AUTHORIZATION FOI
TOO COMMERCE STREE	<u>1, SUITE 200</u> STATE: FL ZIP: 32746
CITY: LAKE MARY PHONE: 407-448-1823	EMAIL: CREMANAIGE (CAMAIL COM.
ONCURRENCY REVIEW MANAGEMENT SYS	STEM (SELECT ONE)
 I hereby declare and assert that the aforement previously issued Certificate of Vesting or a prior two years as identified below. (Please attach a construction TYPE OF CERTIFICATE 	tioned proposal and property described are covered by a va r Concurrency determination (Test Notice issued within the propy of the Certificate of Vesting or Test Notice.)
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 I hereby declare and assert that the aforement previously issued Certificate of Vesting or a prior two years as identified below. (Please attach a construction of the certificate) <u>TYPE OF CERTIFICATE</u> <u>TEST NOTICE:</u> Concurrency Application and appropriate fee are development process and understand that only upplication on the certificate of the certificate	tioned proposal and property described are covered by a va r Concurrency determination (Test Notice issued within the propy of the Certificate of Vesting or Test Notice.)
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 I hereby declare and assert that the aforement previously issued Certificate of Vesting or a prior two years as identified below. (Please attach a construction of the certificate of Vesting or a prior two years as identified below. (Please attach a construction of certificate) <u>TYPE OF CERTIFICATE</u> <u>CERTIFICATE</u> <u>CERTIFICATE</u> <u>VESTING:</u> TEST NOTICE: Concurrency Application and appropriate fee are development process and understand that only u applicable facility reservation fees is a Certificate Management monitoring system. Not applicable understand that the application for site plan review monitoring system 	tioned proposal and property described are covered by a va r Concurrency determination (Test Notice issued within the propy of the Certificate of Vesting or Test Notice.) E NUMBER DATE ISSUED e attached. I wish to encumber capacity at an early point in the property of the Development Order and the full payment

SIGNATURE OF AUTHORIZED APPLICANT

10/05/22. DATE

OWNER AUTHORIZATION FORM

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 purchase (a copy of a fully executed sales contract must be submitted with the application containing a clause or clauses allowing an application to be filed).

I, William Roosa	, the owner of record for th	e following described
property (Tax/Parcel ID Number) _	07-20-30-300-0029-000	hereby designates
AL TEHANL P.E	to act as my authorized agent for t	he filing of the attached

application(s) for:

Arbor Permit	Construction Revision	Final Engineering	□Final Plat
Future Land Use	Lot Split/Reconfiguration	Minor Plat	Special Event
Preliminary Sub. Plan	Site Plan	Special Exception	Rezone
Vacate	Variance	Temporary Use	Other (please list):

OTHER: _____

Date

and make binding statements and commitments regarding the request(s). I certify that I have examined the attached application(s) 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.

10/14/22

Property Owner's Signature

Property Owner's Printed Name

STATE OF FLORIDA COUNTY OF ______Seminale



Votary Public



Seminole County Government Development Services Department Planning and Development Division Credit Card Payment Receipt

If you have questions about your application or payment, please email us <u>eplandesk@seminolecountyfl.gov</u> or call us at: (407) 665-7371.

Receipt Details

Date:	10/13/2022 3:47:05 PM
Project:	22-06000044
Credit Card Number:	37********2007
Authorization Number:	255743
Transaction Number:	131022C1D-DFDE2CF5-8EAA-4D84-B1E9-DCE035BCFA5F
Total Fees Paid:	2675.71

1

Fees Paid

Description	Amount
CC CONVENIENCE FEE PZ	34.46
SITE PLAN	2641.25
Total Amount	2675.71