

Rec: 11/18/22



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

PROJ. #: 22-06000059

SITE PLAN/DREDGE & FILL

ALL INFORMATION MUST BE PROVIDED FOR APPLICATION TO BE CONSIDERED COMPLETE

APPLICATION TYPES/FEEES

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

PROJECT

PROJECT NAME: Willa Springs Building			
PARCEL ID #(S): 24-21-30-508-0000-0140			
DESCRIPTION OF PROJECT: Proposing a building with associated utilities and stormwater system			
EXISTING USE(S): Vacant		PROPOSED USE(S): Medical Office	
ZONING: C-1	FUTURE LAND USE: COM	TOTAL ACREAGE: 1.52	BCC DISTRICT: 1
WATER PROVIDER: Seminole County Utilities		SEWER PROVIDER: Seminole County Utilities	
ARE ANY TREES BEING REMOVED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> (IF YES, ATTACH COMPLETED ARBOR APPLICATION)			
IF DREDGE & FILL OR FILL PERMIT, CUBIC YARDS OF FILL PROPOSED:			
SITE PLAN FORMULA (CALCULATE IN SQUARE FOOTAGE)			
EXISTING BUILDING AREA: N/A	NEW BUILDING AREA: 9,450	TOTAL: 9,450	
EXISTING PAVEMENT AREA: N/A	NEW PAVEMENT AREA: 17,136	TOTAL: 17,136	
TOTAL SQUARE FEET OF NEW IMPERVIOUS SURFACE AREA (ISA) SUBJECT FOR REVIEW: _____			
(TOTAL SQUARE FEET OF NEW ISA 29,621 / 1,000 = 29.621) x \$25 + \$2,500 = FEE DUE: 3,240.50			
(TOTAL SQUARE FEET OF NEW ISA SUBJECT FOR REVIEW/1,000)* x \$25.00 + \$2,500.00 = FEE DUE			
EXAMPLE: 40,578 SQ FT OF NEW ISA SUBJECT FOR REVIEW = 40,578/1,000 = 40.58 X \$25 = \$1,014.50 + \$2,500 = \$3,514.50			
*ROUNDED TO 2 DECIMAL POINTS **Maximum fee for Site Plans is \$9,000.00**			

APPLICANTEPLAN PRIVILEGES: VIEW ONLY UPLOAD NONE

NAME: Dave Schmitt, P.E.	COMPANY: Dave Schmitt Engineering, Inc.	
ADDRESS: 12301 Lake Underhill Rd, Ste. 241		
CITY: Orlando	STATE: FL	ZIP: 32828
PHONE: 407-207-9088	EMAIL: dsemailbox@dseorl.com	

CONSULTANTEPLAN PRIVILEGES: VIEW ONLY UPLOAD NONE

NAME:	COMPANY:	
ADDRESS:		
CITY:	STATE:	ZIP:
PHONE:	EMAIL:	

OWNER(S)

(INCLUDE NOTARIZED OWNER'S AUTHORIZATION FORM)

NAME(S): WILLA SPRINGS HOLDINGS LLC		
ADDRESS: 1040 WILLA SPRINGS DR		
CITY: WINTER SPRINGS	STATE: FL	ZIP: 32708
PHONE: 407-215-1961	EMAIL: mitch@partstat.com	

CONCURRENCY REVIEW MANAGEMENT SYSTEM (SELECT ONE)

- I hereby declare and assert that the aforementioned proposal and property described are covered by a valid previously issued Certificate of Vesting or a prior Concurrency determination (Test Notice issued within the past two years as identified below. (Please attach a copy of the Certificate of Vesting or Test Notice.)

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

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

- Not applicable

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.

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

SIGNATURE OF AUTHORIZED APPLICANT

10-27-22

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, Mitchell Bonett, the owner of record for the following described property (Tax/Parcel ID Number) 24-21-30-508-0000-0140 hereby designates Dave Schmitt, P.E. to act as my authorized agent for the filing of the attached application(s) for:

<input type="checkbox"/> Arbor Permit	<input type="checkbox"/> Construction Revision	<input checked="" type="checkbox"/> Final Engineering	<input type="checkbox"/> Final Plat
<input type="checkbox"/> Future Land Use	<input type="checkbox"/> Lot Split/Reconfiguration	<input type="checkbox"/> Minor Plat	<input type="checkbox"/> Special Event
<input type="checkbox"/> Preliminary Sub. Plan	<input checked="" type="checkbox"/> Site Plan	<input type="checkbox"/> Special Exception	<input type="checkbox"/> Rezone
<input type="checkbox"/> Vacate	<input type="checkbox"/> Variance	<input type="checkbox"/> Temporary Use	<input type="checkbox"/> Other (please list):

OTHER: _____
 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.

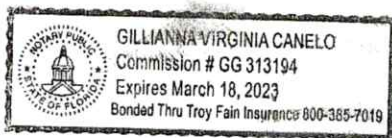
Date 10/27/22

Mitchell S. Bonett
 Property Owner's Signature

Mitchell Bonett
 Property Owner's Printed Name

STATE OF FLORIDA
 COUNTY OF Orange

SWORN TO AND SUBSCRIBED before me, an officer duly authorized in the State of Florida to take acknowledgements, appeared Mitchell S. Bonett (property owner),
 by means of physical presence or online notarization; and who is personally known to me or who has produced FL State Lic as identification, and who executed the foregoing instrument and sworn an oath on this 27 day of October, 2022.



Kellin V. [Signature]
 Notary 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 eplandesk@seminolecountyfl.gov or call us at: (407) 665-7371.

Receipt Details

Date: 11/21/2022 2:02:44 PM
Project: 22-06000059
Credit Card Number: 43*****1569
Authorization Number: 311220
Transaction Number: 211122017-4380DF45-4737-4B5B-A7C6-F701E56FD853
Total Fees Paid: 3291.73

Fees Paid

Description	Amount
CC CONVENIENCE FEE -- PZ	51.23
SITE PLAN	3240.50
Total Amount	3291.73

DSE Mailbox

From: is_web@seminolecountyfl.gov
Sent: Friday, November 18, 2022 11:39 AM
To: DSE Mailbox
Subject: Your Application for Concurrency Review with Seminole County

IMPORTANT! This Concurrency application must be uploaded by the designated ePlan Applicant to the related project number in the Seminole County ePlan Review System. You may do this by printing this email to a file in PDF format, or by printing it out and then scanning it into a PDF file. Once made into a PDF file, upload this to the ePlan Review System in the Application Documents folder. If you are not the ePlan Review Applicant, please provide this to them for upload.

Your Application for Concurrency Review has been completed and is shown below. Please retain a copy of your completed application for your records.

APPLICANT INFORMATION

* **Applicant Name:** Dave Schmitt, P.E.
* **Mailing Address:** 12301 Lake Underhill Rd. Ste. 241
* **City:** Orlando
* **State:** FL
* **Zip:** 32828
* **Phone Number:** 407-207-9088
Fax Number: 407-207-9089
Email: dsemailbox@dseorl.com

OWNER INFORMATION

* **Owner Name:** Willa Springs Holdings, LLC.
* **Mailing Address:** 1040 Willa Springs Dr.
* **City:** Winter Springs
* **State:** FL
* **Zip:** 32708
* **Phone Number:** 407-215-1961
Fax Number:
Email: mitch2partstat.com

PROJECT INFORMATION

* **Project/Subdivision Name:** Willa Springs Drive Site
* **Property Address:** Willa Springs Dr
* **City:** Winter Springs
* **State:** FL
* **Zip:** 32708

Please list all Tax Parcel ID numbers for all properties included in this proposal/request.

Tax Parcel I.D. #1: 24-21-30-508-0000-0140

Tax Parcel I.D. #2:

Tax Parcel I.D. #3:

Tax Parcel I.D. #4:

APPLICATION INFORMATION

* **This application:** is submitted in conjunction with a development plan.

If submitted with a development application, select the type of development order applied for below:

TYPES OF FINAL DEVELOPMENT ORDERS

Concurrency Review is:

FOR SEMINOLE COUNTY SCHOOLBOARD USE ONLY

[] PROVISION OF PUBLIC FACILITIES / SERVICE TO SCHOOL SITE

This proposal:

Is for new development / construction

A Signed and Sealed Traffic Impact Study is:

NOT REQUIRED: since this application is specifically for:
Medical Office / Vet Clinics (<15,000 sq. ft.)

Utility Service Provision:

a) **Water Service (Utility Provider):**Served by Seminole County Utilities

b) **Sewer Service (Utility Provider):**Served by Seminole County Utilities

c) **Landscape Irrigation System:**

Will this project use Potable Water for Landscape Irrigation?

No

A water and Sewer Demand Estimate Prepared By a Certified Engineer is:

PROJECT SIZE AND PHASING: Below, clearly identify past or existing uses or structures, if applicable, and proposed new development/construction. Credit for prior uses can only be given if the information is clear and complete. (Note: Sizes, types, and number of units as filled out below and as indicated on the plans will be assumed as maximums for estimating project demand and the Certificate of Concurrency will be conditioned upon and only valid for such maximums provided on this application)

PHASE Number of Phases (if applicable)	NUMBER OF ACRES	SPECIFIC USE (S)	BUILDING GROSS SQUARE FEET or NUMBER OF UNITS / LOTS
<i>Example: Phase I</i>	15	<i>Single Family</i>	95 Units
N/A	1.52	Medical Office	9,450

CERTIFICATION

I hereby certify that the information contained herein is true and correct and that I am either the true and sole owner of the subject property, or am authorized to act on behalf of the true owner(s) in all regards on this matter, pursuant

to proof and authorization submitted with the corresponding development application or attached hereto. I hereby represent that I have the lawful right and authority to file this application.

I understand that submission of the form initiates a process and does not imply approval by Seminole County. I further understand that issuance of a Certificate of Concurrency will require successful completion of Development Review and payment of Facility Reservation Fees, and that likewise no final development order will be issued except upon successful completion of this Concurrency Review. I further understand that "Inquiry Only" Review will result in no Certificate of Concurrency being issued, and therefore no binding assurance of future capacity, and that a new Concurrency Review application will be required in conjunction with the first final development order applies for on this property.

I have read and agree with the statements above.

Property Record Card

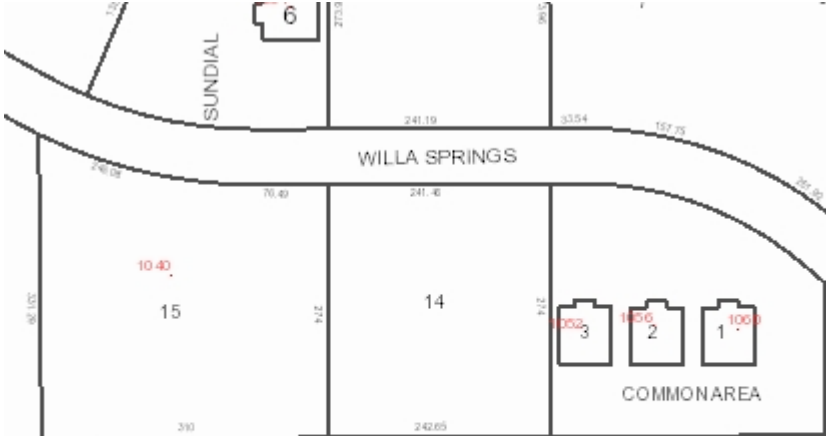


Parcel 24-21-30-508-0000-0140

Property Address WILLA SPRINGS DR WINTER SPRINGS, FL 32708

Parcel Location

Site View



Sorry, No Image Available at this Time

Parcel Information

Value Summary

Parcel	24-21-30-508-0000-0140
Owner(s)	WILLA SPRINGS HOLDINGS LLC
Property Address	WILLA SPRINGS DR WINTER SPRINGS, FL 32708
Mailing	1040 WILLA SPRINGS DR WINTER SPGS, FL 32708-5214
Subdivision Name	WILLA SPRINGS COMMERCIAL CENTER PH 2A
Tax District	01-COUNTY-TX DIST 1
DOR Use Code	10-VAC GENERAL-COMMERCIAL
Exemptions	None
AG Classification	No

	2023 Working Values	2022 Certified Values
Valuation Method	Cost/Market	Cost/Market
Number of Buildings	0	0
Depreciated Bldg Value		
Depreciated EXFT Value		
Land Value (Market)	\$241,361	\$241,361
Land Value Ag		
Just/Market Value	\$241,361	\$241,361
Portability Adj		
Save Our Homes Adj	\$0	\$0
Amendment 1 Adj	\$50,808	\$68,131
P&G Adj	\$0	\$0
Assessed Value	\$190,553	\$173,230

2022 Certified Tax Summary

2022 Tax Amount without Exemptions \$3,236.19 **2022 Tax Savings with Exemptions** \$541.51
2022 Tax Bill Amount \$2,694.68

* Does NOT INCLUDE Non Ad Valorem Assessments

Legal Description

LOT 14
 WILLA SPGS COMMERCIAL CENTER PH 2A
 PB 40 PGS 61 TO 63

Taxes

Taxing Authority	Assessment Value	Exempt Values	Taxable Value
ROAD DISTRICT	\$190,553	\$0	\$190,553
SJWM(Saint Johns Water Management)	\$190,553	\$0	\$190,553
FIRE	\$190,553	\$0	\$190,553
COUNTY GENERAL FUND	\$190,553	\$0	\$190,553
Schools	\$241,361	\$0	\$241,361

Sales

Description	Date	Book	Page	Amount	Qualified	Vac/Imp
WARRANTY DEED	10/01/2015	08570	0018	\$185,000	Yes	Vacant
QUIT CLAIM DEED	12/01/2002	04632	1318	\$100	No	Vacant
WARRANTY DEED	03/01/2002	04351	0816	\$120,200	Yes	Vacant
QUIT CLAIM DEED	04/01/1998	03408	0444	\$100	No	Vacant

Land

Method	Frontage	Depth	Units	Units Price	Land Value
SQUARE FEET			66308	\$7.28	\$241,361

Building Information Permits

Permit #	Description	Agency	Amount	CO Date	Permit Date
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Extra Features

Description	Year Built	Units	Value	New Cost
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Zoning

Zoning	Zoning Description	Future Land Use	Future Land Use Description
C-1	Commercial	COM	Retail Commercial-Commodies

Utility Information

Fire Station	Power	Phone(Analog)	Water Provider	Sewer Provider	Garbage Pickup	Recycle	Yard Waste	Hauler
27.00	DUKE	CENTURY LINK	SEMINOLE COUNTY UTILITIES	SEMINOLE COUNTY UTILITIES	NA	NA	NA	NA

Political Representation

Commissioner	US Congress	State House	State Senate	Voting Precinct
Dist 1 - Bob Dallari	Dist 7 - Stephanie Murphy	Dist 30 - Joy Goff-Marcil	Dist 9 - Jason Brodeur	66

School Information

Elementary School District	Middle School District	High School District
Red Bug	Tuskawilla	Lake Howell

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[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

Detail by Entity Name

Florida Limited Liability Company
WILLA SPRINGS HOLDINGS, LLC

Filing Information

Document Number L15000174312
FEI/EIN Number 47-5375860
Date Filed 10/13/2015
State FL
Status ACTIVE
Last Event REINSTATEMENT
Event Date Filed 04/03/2019

Principal Address

1040 WILLA SPRINGS DR
WINTER SPRINGS, FL 32708

Mailing Address

1040 WILLA SPRINGS DR
WINTER SPRINGS, FL 32708

Registered Agent Name & Address

BONETT, MITCHELL S, MGR
1040 WILLA SPRINGS DR
WINTER SPRINGS, FL 32708

Name Changed: 04/03/2019

Authorized Person(s) Detail

Name & Address

Title MGR

BONETT, MITCHELL S
1040 WILLA SPRINGS DR
WINTER SPRINGS, FL 32708

Title MGR

Menefee, Dennis H
1040 WILLA SPRINGS DR
WINTER SPRINGS, FL 32708

Annual Reports

Report Year	Filed Date
2020	05/18/2020
2021	04/06/2021
2022	04/06/2022

Document Images

04/06/2022 -- ANNUAL REPORT	View image in PDF format
04/06/2021 -- ANNUAL REPORT	View image in PDF format
05/18/2020 -- ANNUAL REPORT	View image in PDF format
04/03/2019 -- REINSTATEMENT	View image in PDF format
10/13/2015 -- Florida Limited Liability	View image in PDF format