



PM: Joy

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

PROJ. #: 23-55200005

Received: 10/19/23

Paid: 10/20/23

SUBDIVISION

ALL INFORMATION MUST BE PROVIDED FOR APPLICATION TO BE CONSIDERED COMPLETE

APPLICATION TYPES/FEEES

<input type="checkbox"/> PRELIMINARY SUBDIVISION PLAN (PSP)	\$1,500.00 + \$15.00 PER LOT (\$3,500 MAX. FEE)
<input checked="" type="checkbox"/> FINAL ENGINEERING PLAN (FE)	\$4,000.00 + \$25.00 PER LOT (\$6,500 MAX. FEE)
<input type="checkbox"/> FINAL PLAT (FP)	\$1,500.00
<input type="checkbox"/> MINOR PLAT (RESIDENTIAL: MAX 4 LOTS – COMMERCIAL: MAX 2 LOTS)	\$1,500.00 + \$75.00 PER LOT (CREDIT OF \$110 GIVEN IF PRE-EVAL APPROVED WITHIN 1 YEAR)

PROPERTY

SUBDIVISION NAME: Langford Villas			
PARCEL ID #(S): 21-21-32-5cf-1100-(0190, 0010), 21-21-32-5cf-0100-0210			
NUMBER OF LOTS: 8	<input checked="" type="checkbox"/> SINGLE FAMILY	<input type="checkbox"/> TOWNHOMES	<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> OTHER
ARE ANY TREES BEING REMOVED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (IF YES, ATTACH COMPLETED ARBOR APPLICATION)			
WATER PROVIDER: FGUA		SEWER PROVIDER: FGUA	
ZONING: PD	FUTURE LAND USE: LDR	TOTAL ACREAGE: 1.16	BCC DISTRICT: 1:Dallari

APPLICANT

EPLAN PRIVILEGES: VIEW ONLY ☐ UPLOAD ☒ NONE ☐

NAME: Kim Fischer	COMPANY: Cycorp Engineering Inc
ADDRESS: 1614 White Dove Drive	
CITY: winter Springs	STATE: fL ZIP: 32708
PHONE: 407-405-7819	EMAIL: kim@cycorpengineers.com

CONSULTANT

EPLAN PRIVILEGES: VIEW ONLY ☐ UPLOAD ☐ NONE ☐

NAME: same as applicant	COMPANY:
ADDRESS:	
CITY:	STATE: ZIP:
PHONE:	EMAIL:

OWNER(S)

NAME(S):	Kim Hall Fischer				
ADDRESS:	1614 White Dove Drive				
CITY:	Winter Springs	STATE:	FL	ZIP:	32708
PHONE:	407-405-7819	EMAIL:	kim@cycorpengineers.com		

ATTACHMENT CHECKLIST**HARDCOPY SUBMITTAL**

- ☐ APPLICATION
- ☐ APPLICATION FEE
- ☐ CONCURRENCY APPLICATION AND FEE, IF APPLICABLE
- ☐ ARBOR APPLICATION (FINAL ENGINEERING ONLY)

E-PLAN UPLOAD

- ☐ DRAWINGS 24" x 36" (AS REQUIRED BY CHAPTER 35, PART 4 OF THE SCLDC)
- ☐ BOUNDARY SURVEY – SIGNED AND SEALED (FINAL/MINOR PLAT ONLY)
- ☐ SCALD - SCHOOL CAPACITY AVAILABILITY LETTER OF DETERMINATION (FINAL ENGINEERING ONLY)
-CONTACT RICHARD LEBLANC AT (407) 320-0560 OR LEBANRZ@SCPS.K12.FL.US
- ☐ DRAINAGE REPORT (FINAL ENGINEERING ONLY)
- ☐ FIRE FLOW REPORT (FINAL ENGINEERING ONLY)
- ☐ SOILS REPORT (FINAL ENGINEERING ONLY)
- ☐ ENVIRONMENTAL ASSESSMENT REPORT (FINAL ENGINEERING ONLY)
- ☐ TITLE OPINION (FINAL/MINOR PLAT ONLY)
- ☐ PLAT 20" x 24" (FINAL/MINOR PLAT ONLY)
- ☐ HOA DOCUMENTS/ARTICLES OF INCORPORATION (FINAL/MINOR PLAT ONLY)

CONCURRENCY REVIEW MANAGEMENT SYSTEM (SELECT ONE)

<input type="checkbox"/>	I hereby declare and assert that the aforementioned proposal and property described are covered by a valid previously issues 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: _____
<input checked="" type="checkbox"/>	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.
<input type="checkbox"/>	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.



SIGNATURE OF OWNER/AUTHORIZED AGENT

10/19/2023

DATE

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
Kim Hall Fischer	1614 White Dove Drive Winter Springs, FL 32708	407-405-7819

(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

(Use additional sheets for more space)

Date of Contract: _____

Specify any contingency clause related to the outcome for consideration of the application: _____

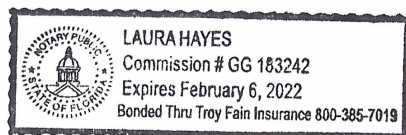
7. As to any type of owner referred to above, a change of ownership occurring subsequent to this application, shall be disclosed in writing to the Planning and Development Director prior to the date of the public hearing on the application.
8. I affirm that the above representations are true and are 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:

2/20/20
Date

[Signature]
Owner, Agent, Applicant Signature

**STATE OF FLORIDA
COUNTY OF SEMINOLE**

Sworn to and subscribed before me by means of ☒ physical presence or ☐ online notarization, this 20 day of FEBRUARY, 2020, by KIMBERLEY HALL FISCHER, who is ☐ personally known to me, or ☒ has produced FL. DRIVERS LIC. as identification.



[Signature]
Signature of Notary Public

Print, Type or Stamp Name of Notary Public

Property Record Card



Parcel 21-21-32-5CF-1100-0010

Property Address LANGFORD DR CHULUOTA, FL 32766

Parcel Location

Site View



Sorry, No Image
Available at this Time

Parcel Information

Value Summary

	2024 Working Values		2023 Certified Values	
	Cost/Market		Cost/Market	
Parcel 21-21-32-5CF-1100-0010				
Owner(s) FISHER, KIMBERLY				
Property Address LANGFORD DR CHULUOTA, FL 32766				
Mailing 1614 WHITE DOVE DR WINTER SPGS, FL 32708-3864				
Subdivision Name NORTH CHULUOTA				
Tax District 01-COUNTY-TX DIST 1				
DOR Use Code 0005-PUD UNDER DEVELOPMENT				
Exemptions None				
AG Classification No				
Valuation Method	Cost/Market		Cost/Market	
Number of Buildings	0		0	
Depreciated Bldg Value				
Depreciated EXFT Value				
Land Value (Market)	\$142,146		\$142,146	
Land Value Ag				
Just/Market Value	\$142,146		\$142,146	
Portability Adj				
Save Our Homes Adj	\$0		\$0	
Amendment 1 Adj	\$123,581		\$125,269	
P&G Adj	\$0		\$0	
Assessed Value	\$18,565		\$16,877	

2023 Certified Tax Summary

2023 Tax Amount without Exemptions \$1,891.68 **2023 Tax Savings with Exemptions** \$993.38
2023 Tax Bill Amount \$898.30

* Does NOT INCLUDE Non Ad Valorem Assessments

Legal Description

BLK 11 & VACD ALLEY NELY OF ST RD 419
(LESS RD)
NORTH CHULUOTA
PB 2 PG 54 TO 58

Taxes			
Taxing Authority	Assessment Value	Exempt Values	Taxable Value
ROAD DISTRICT	\$18,565	\$0	\$18,565
SJWM(Saint Johns Water Management)	\$18,565	\$0	\$18,565
FIRE	\$18,565	\$0	\$18,565
COUNTY GENERAL FUND	\$18,565	\$0	\$18,565
Schools	\$142,146	\$0	\$142,146

Sales						
Description	Date	Book	Page	Amount	Qualified	Vac/Imp
QUIT CLAIM DEED	07/01/2015	08509	1859	\$100	No	Vacant
WARRANTY DEED	11/01/2004	05550	0807	\$8,300	No	Vacant
WARRANTY DEED	11/01/2004	05550	0808	\$8,300	No	Vacant
WARRANTY DEED	11/01/2004	05550	0810	\$8,300	No	Vacant
WARRANTY DEED	11/01/2004	05550	0811	\$8,300	No	Vacant
WARRANTY DEED	11/01/2004	05550	0812	\$8,300	No	Vacant
PROBATE RECORDS	11/01/2004	05511	1040	\$100	No	Vacant
WARRANTY DEED	11/01/2004	05550	0809	\$8,300	No	Vacant

Land					
Method	Frontage	Depth	Units	Units Price	Land Value
FRONT FOOT & DEPTH	298.00	50.00	0	\$900.00	\$142,146

Building Information					
Permits					
Permit #	Description	Agency	Amount	CO Date	Permit Date

Extra Features				
Description	Year Built	Units	Value	New Cost

Zoning			
Zoning	Zoning Description	Future Land Use	Future Land Use Description
PD	Low Density Residential	LDR	Planned Development

Utility Information								
Fire Station	Power	Phone(Analog)	Water Provider	Sewer Provider	Garbage Pickup	Recycle	Yard Waste	Hauler
43.00	FPL	AT&T	FLORIDA GOVT UTILITY AUTHORITY	FLORIDA GOVT UTILITY AUTHORITY	NA	NA	NA	NA

Political Representation				
Commissioner	US Congress	State House	State Senate	Voting Precinct
Dist 1 - Bob Dallari	Dist 7 - Stephanie Murphy	Dist 28 - David "Dave" Smith	Dist 9 - Jason Brodeur	82

School Information		
Elementary School District	Middle School District	High School District
Walker	Chiles	Hagerty



**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: 10/20/2023 8:23:39 AM
Project: 23-55200005
Credit Card Number: 42*****0898
Authorization Number: 00190G
Transaction Number: 201023C1C-A90E661D-6D1F-4BBF-B0B9-E9C571F8011C
Total Fees Paid: 4278.10

Fees Paid

Description	Amount
FINAL SUBDIVISION	4200.00
CC CONVENIENCE FEE -- PZ	78.10
Total Amount	4278.10