



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

PROJ. #: 25-20000008
 Received: 11/26/25
 Paid: 11/26/25

REZONE/FUTURE LAND USE AMENDMENT

ALL INFORMATION MUST BE PROVIDED FOR APPLICATION TO BE CONSIDERED COMPLETE

APPLICATION TYPES/FEES


<input type="checkbox"/> LARGE SCALE FUTURE LAND USE AMENDMENT ONLY (>50 ACRES)	\$400/ACRE* (\$10K MAX. FEE)
<input type="checkbox"/> LARGE SCALE FLU AMENDMENT AND REZONE (>50 ACRES) LSFLUA FEE _____ + 50% OF REZONE FEE _____ = _____ TOTAL LSFLUA AND REZONE FEE	\$400/ACRE* (\$10K MAX. FEE) + 50% OF REZONE
<input type="checkbox"/> SMALL SCALE FUTURE LAND USE AMENDMENT ONLY (≤50 ACRES)	\$3,500
<input type="checkbox"/> SMALL SCALE FLU AMENDMENT AND REZONE (≤50 ACRES) SSFLUA FEE \$3,500 + 50% OF REZONE FEE _____ = _____ TOTAL SSFLUA AND REZONE FEE	\$3,500 + 50% OF REZONE FEE
<input type="checkbox"/> TEXT AMENDMENT (NOT ASSOCIATED WITH LAND USE AMENDMENT)	\$3,000
<input type="checkbox"/> TEXT AMENDMENT (ASSOCIATED WITH LAND USE AMENDMENT)	\$1,000
<input checked="" type="checkbox"/> REZONE (NON-PD)**	\$2,500 + \$75/ACRE* (\$6,500 MAX. FEE)
<input type="checkbox"/> PD REZONE**	
<input type="checkbox"/> PD REZONE	\$4,000 + \$75/ACRE* (\$10K MAX. FEE)
<input type="checkbox"/> PD FINAL DEVELOPMENT PLAN	\$1,000
<input type="checkbox"/> PD FINAL DEVELOPMENT PLAN AS AN ENGINEERED SITE PLAN	CALCULATED BELOW
(TOTAL SF OF <u>NEW</u> IMPERVIOUS SURFACE AREA SUBJECT FOR REVIEW/1,000)^ [^] x \$25 + \$2,500 = FEE DUE	
(TOTAL SF OF <u>NEW</u> ISA _____ /1,000 = _____) [^] x \$25 + \$2,500 = FEE DUE: _____	
<u>EXAMPLE:</u> 40,578 SF OF NEW ISA UNDER REVIEW = 40,578/1,000 = <u>40.58</u> x \$25 = <u>\$1,014.50</u> + \$2,500 = <u>\$3,514.50</u>	
<input type="checkbox"/> PD MAJOR AMENDMENT	\$4,000 + \$75/ACRE** (\$10K MAX. FEE)
<input type="checkbox"/> PD MINOR AMENDMENT	\$1,000
<input type="checkbox"/> DEVELOPMENT OF REGIONAL IMPACT (DRI)	
<input type="checkbox"/> DETERMINATION OF SUBSTANTIAL DEVIATION (OR OTHER CHANGE)	\$3,500.00

*PER ACRE FEES ARE ROUNDED UP TO THE NEAREST FULL ACRE
 **50% OF REZONE FEE IF REZONE IS CONCURRENT WITH A LAND USE AMENDMENT
 ^ACREAGE IS CALCULATED FOR THE AFFECTED AREA ONLY
 ^^ROUNDED TO 2 DECIMAL POINTS

PROJECT

PROJECT NAME: Alafaya - Beasley Rezone	
PARCEL ID #(S): 27-21-31-505-0000-011C	
LOCATION: West Side of Alafaya Trail South of Beasley Road	
EXISTING USE(S): Single Family Residential	PROPOSED USE(S): Single Family Residential
TOTAL ACREAGE: 1.14 acres	BCC DISTRICT: 1
WATER PROVIDER: Seminole County	SEWER PROVIDER: Septic
CURRENT ZONING: R-1AA	PROPOSED ZONING: R-1
CURRENT FUTURE LAND USE: MDR	PROPOSED FUTURE LAND USE: MDR

APPLICANTEPLAN PRIVILEGES: **VIEW ONLY** **UPLOAD** **NONE**


NAME: Stephen J. Ratcliff	COMPANY:	
ADDRESS: 751 E. Chapman Road		
CITY: Oviedo	STATE: Florida	ZIP: 32765
PHONE: 407-496-5784	EMAIL: 	

CONSULTANTEPLAN PRIVILEGES: **VIEW ONLY** **UPLOAD** **NONE**

NAME: None	COMPANY:	
ADDRESS:		
CITY:	STATE:	ZIP:
PHONE:	EMAIL:	

OWNER(S)

(INCLUDE NOTARIZED OWNER'S AUTHORIZATION FORM)

NAME(S): Stephen J. Ratcliff		
ADDRESS: 751 E. Chapman Road		
CITY: Oviedo	STATE: Florida	ZIP: 32765
PHONE: 407-496-5784	EMAIL: 	

CONCURRENCY REVIEW MANAGEMENT SYSTEM (SELECT ONE)

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 Development Plan as an Engineered Site Plan 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.)

TYPE OF CERTIFICATE

CERTIFICATE NUMBER

DATE ISSUED

VESTING: _____

TEST NOTICE: _____

Concurrency application has been submitted online and the 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 the full payment of applicable facility reservation fees is a Certificate of Concurrency issued and entered into the Concurrency Management monitoring system.

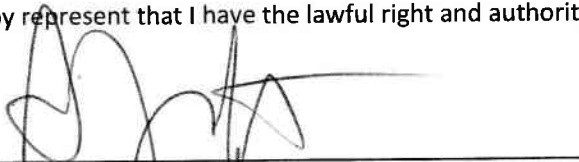
By my signature hereto, I do hereby certify that the information contained in this application is true and correct to the best of my knowledge and understand that deliberate misrepresentation of such information may be grounds for denial or reversal of the application and/or revocation of any approval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

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



SIGNATURE OF OWNER/AUTHORIZED AGENT
 (PROOF OF PROPERTY OWNER'S AUTHORIZATION IS REQUIRED
 IF SIGNED BY SOMEONE OTHER THAN THE PROPERTY OWNER)

11 | 25 | 2025

 DATE

**SEMINOLE COUNTY
APPLICATION & AFFIDAVIT**

Ownership Disclosure Form

The owner of the real property associated with this application is a/an (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
Stephen J. Ratcliff	751 E. Chapman Road, Oviedo, FL 32765	407-496-5784
Paul M. Kaufmann	840 Palmetto Terrace, Oviedo, FL 32765	321-274-5837

(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

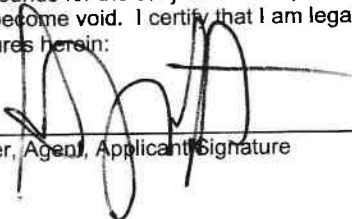
(Use additional sheets for more space)

Date of Contract: _____

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

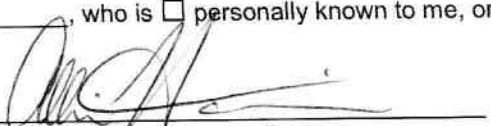
7. As to any type of owner referred to above, a change of ownership occurring subsequent to this application, shall be disclosed in writing to the Planning and Development Director prior to the date of the public hearing on the application.
8. I affirm that the above representations are true and are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

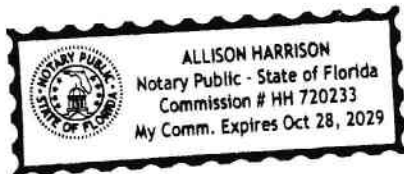
11/25/2025
Date


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 25 day of November, 2025, by Stephen Batchiff, who is personally known to me, or has produced FL Divers License as identification.


Signature of Notary Public



Print, Type or Stamp Name of Notary Public

Property Record Card



Parcel: **27-21-31-505-0000-011C**
 Property Address: **111 BEASLEY RD OVIEDO, FL 32765**
 Owners: **KAUFMANN, PAUL; STEPHEN J RATCLIFF REV TRUST**
 2026 Market Value \$328,734 Assessed Value \$328,734 Taxable Value \$328,734
 2025 Tax Bill \$4,502.69

The 2 Bed/2 Bath Single Family property is 1,013 SF and a lot size of 1.13 Acres

Parcel Location



Site View



Parcel Information

Parcel	27-21-31-505-0000-011C
Property Address	111 BEASLEY RD OVIEDO, FL 32765
Mailing Address	751 E CHAPMAN RD OVIEDO, FL 32765-6582
Subdivision	ALAFAYA TRAIL SUBD
Tax District	01:County Tax District
DOR Use Code	01:Single Family
Exemptions	None
AG Classification	No

Value Summary

	2026 Working Values	2025 Certified Values
Valuation Method	Cost/Market	Cost/Market
Number of Buildings	1	1
Depreciated Building Value	\$137,005	\$138,739
Depreciated Other Features	\$3,900	\$2,600
Land Value (Market)	\$187,829	\$187,829
Land Value Agriculture	\$0	\$0
Just/Market Value	\$328,734	\$329,168
Portability Adjustment	\$0	\$0
Save Our Homes Adjustment/Maximum Portability	\$0	\$0
Non-Hx 10% Cap (AMD 1)	\$0	\$0
P&G Adjustment	\$0	\$0
Assessed Value	\$328,734	\$329,168

2025 Certified Tax Summary

Tax Amount w/o Exemptions	\$4,502.69
Tax Bill Amount	\$4,502.69
Tax Savings with Exemptions	\$0.00

Note: Does NOT INCLUDE Non Ad Valorem Assessments

Owner(s)

Name - Ownership Type

KAUFMANN, PAUL - Tenants in Common :50
 STEPHEN J RATCLIFF REV TRUST - Tenants in Common :50

Legal Description

BEG SE COR LOT 18 RUN W 325 FT N 19 DEG
20 MIN W 64.6 FT N 100 FT E 169.6 FT N 5.67
FT E 150 FT SLY ON WLY R/W S R 520 166.67 FT
TO BEG (LESS RD) ALAFAYA TRAIL SUBD PB 10
PG 96

Taxes

Taxing Authority	Assessed	Exempt Amount	Taxable
COUNTY GENERAL FUND	\$328,734	\$0	\$328,734
Schools	\$328,734	\$0	\$328,734
FIRE	\$328,734	\$0	\$328,734
ROAD DISTRICT	\$328,734	\$0	\$328,734
SJWM(Saint Johns Water Management)	\$328,734	\$0	\$328,734

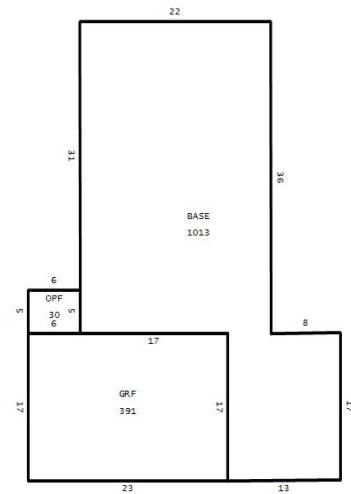
Sales

Deed Type	Date	Sale Amount	Book / Page	Sale Type	Qualified?
WARRANTY DEED	3/31/2021	\$325,000	09894/0185	Improved	Yes
QUIT CLAIM DEED	6/15/2020	\$100	09635/0847	Improved	No
WARRANTY DEED	2/1/1993	\$100	02544/1177	Improved	No
WARRANTY DEED	2/1/1992	\$24,900	02421/0952	Improved	No
QUIT CLAIM DEED	2/1/1992	\$100	02421/0951	Improved	No

Land

Units	Rate	Assessed	Market
166 feet X 307 feet	\$775/Front Foot	\$187,829	\$187,829

Building Information	
#	1
Use	SINGLE FAMILY
Year Built*	1984
Bed	2
Bath	2.0
Fixtures	6
Base Area (ft ²)	1013
Total Area (ft ²)	1434
Constuction	CONC BLOCK
Replacement Cost	\$173,424
Assessed	\$137,005



Building 1

* Year Built = Actual / Effective

Appendages	
Description	Area (ft ²)
GARAGE FINISHED	391
OPEN PORCH FINISHED	30

Permits				
Permit #	Description	Value	CO Date	Permit Date
17747	111 BEASLEY RD: PLUMBING - RESIDENTIAL-RESIDENTIAL [ALAFAYA TRAIL SUBD]	\$7,620		10/21/2022
07952	2255 ALAFAYA TRL: PLUMBING - RESIDENTIAL-SINGLE FAMILY HOME [ALAFAYA TRAIL SUBD]	\$4,875		5/12/2021
14953	2255 ALAFAYA TRL: REROOF RESIDENTIAL-RESIDENTIAL HOUSE [ALAFAYA TRAIL SUBD]	\$6,600		9/20/2020

Extra Features				
Description	Year Built	Units	Cost	Assessed
FIREPLACE 1	1984	1	\$3,000	\$1,800
SCREEN PATIO 1	1987	1	\$3,500	\$2,100

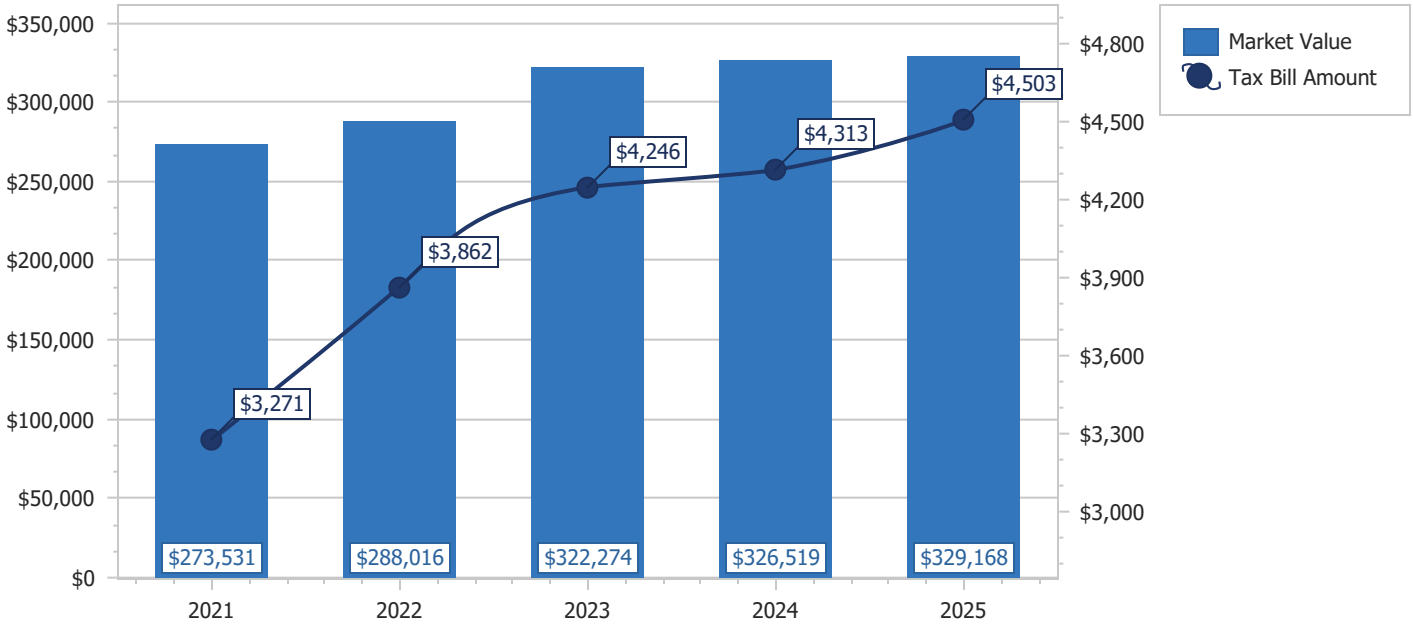
Zoning	
Zoning	R-1AA
Description	Single Family-11700
Future Land Use	LDR
Description	Low Density Residential

School Districts	
Elementary	Evans
Middle	Jackson Heights
High	Hagerty

Political Representation	
Commissioner	District 1 - Bob Dallari
US Congress	District 7 - Cory Mills
State House	District 37 - Susan Plasencia
State Senate	District 10 - Jason Brodeur
Voting Precinct	Precinct 74

Utilities	
Fire Station #	Station: 46 Zone: 464
Power Company	DUKE
Phone (Analog)	AT&T
Water	Seminole County Utilities
Sewage	Seminole County Utilities
Garbage Pickup	TUE/FRI
Recycle	FRI
Yard Waste	NO SERVICE
Hauler #	Waste Pro

Property Value History



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**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 epandesk@seminolecountyfl.gov or call us at: (407) 665-7371.

Receipt Details

Date: 11/26/2025 3:37:55 PM
Project: 25-20000008
Credit Card Number: 48*****0024
Authorization Number: 054270
Transaction Number: 261125C2A-ECCD171B-37E1-4801-A764-C042B0441C89
Total Fees Paid: 2607.60

Fees Paid

Description	Amount
CC CONVENIENCE FEE -- PZ	32.60
REZONE TO COM, IND, OP/RP 14	2575.00
Total Amount	2607.60