

## REZONE/FUTURE LAND USE AMENDMENT

ALL INFORMATION MUST BE PROVIDED FOR APPLICATION TO BE CONSIDERED COMPLETE

### APPLICATION TYPES/FEES

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

PARCEL ID #(S): 16-21-31-5CA-0000-0550

LOCATION: 2050 Tatra St Oviedo, FL 32765

EXISTING USE(S): Residential

PROPOSED USE(S): ~~Residential~~ Townhomes

TOTAL ACREAGE: 11.97

BCC DISTRICT: District 1

WATER PROVIDER: Seminole County Utilities

SEWER PROVIDER: Seminole County Utilities

CURRENT ZONING: A-1

PROPOSED ZONING: R-3A

CURRENT FUTURE LAND USE: MDR

PROPOSED FUTURE LAND USE: MDR

**APPLICANT**EPLAN PRIVILEGES: VIEW ONLY ☐ UPLOAD ☐ NONE ☐

NAME: Chris Leppert

COMPANY: Kimley-Horn and Associates, Inc.

ADDRESS: 200 S Orange Ave, Suite 600

CITY: Orlando

STATE: FL

ZIP: 32801

PHONE: 407-233-3663

EMAIL: chris.leppert@kimley-horn.com

**CONSULTANT**EPLAN PRIVILEGES: VIEW ONLY ☐ UPLOAD ☒ NONE ☐

NAME: Chris Leppert

COMPANY: Kimley-Horn and Associates, Inc.

ADDRESS: 200 S Orange Ave, Suite 600

CITY: Orlando

STATE: FL

ZIP: 32801

PHONE: 407-233-3663

EMAIL: chris.leppert@kimley-horn.com

**OWNER(S)**

(INCLUDE NOTARIZED OWNER'S AUTHORIZATION FORM)

NAME(S): Kelly and Teresa Coyle

ADDRESS: 2050 Tatra Street

CITY: Oviedo

STATE: FL

ZIP: 32765

PHONE: 407-619-3291

EMAIL: Coylekelly00@gmail.com

**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)

  
\_\_\_\_\_

**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, Kelly Coyle, the owner of record for the following described property [Parcel ID Number(s)] 16-21-31-5CA-0000-0550 hereby designates Christopher C. Leppert to act as my authorized agent for the filing of the attached application(s) for:

<input type="checkbox"/> Alcohol License	<input type="checkbox"/> Arbor Permit	<input type="checkbox"/> Construction Revision	<input type="checkbox"/> Final Engineering
<input type="checkbox"/> Final Plat	<input type="checkbox"/> Future Land Use Amendment	<input type="checkbox"/> Lot Split/Reconfiguration	<input type="checkbox"/> Minor Plat
<input type="checkbox"/> Preliminary Subdivision Plan	<input checked="" type="checkbox"/> Rezone	<input type="checkbox"/> Site Plan	<input type="checkbox"/> Special Event
<input type="checkbox"/> Special Exception	<input type="checkbox"/> Temporary Use Permit	<input type="checkbox"/> Vacate	<input type="checkbox"/> Variance

**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.

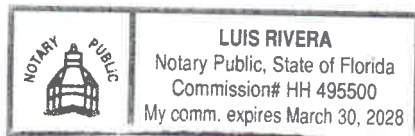
5/9/2025  
Date

[Signature]  
Property Owner's Signature

Kelly Coyle / TERESA Coyle  
Property Owner's Printed Name

**STATE OF FLORIDA**  
**COUNTY OF** Seminole

**SWORN TO AND SUBSCRIBED** before me, an officer duly authorized in the State of Florida to take acknowledgements, appeared Kelly Coyle Teresa Coyle (property owner),  
☒ by means of physical presence or ☐ online notarization; and ☐ who is personally known to me or ☐ who has produced Florida DL, Florida DL as identification, and who executed the foregoing instrument and sworn an oath on this 9 day of May, 2025.



[Signature]  
Notary Public

**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
Kelly A. Coyle	2050 Tatra Street, Oviedo, FL 32765	407-619-3291
Teresa A. Coyle	2050 Tatra Street, 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

(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:

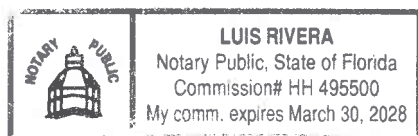
5/9/2025  
Date

[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 9 day of May, 2025, by Kelly Cole, Teresa Coyle, who is ☐ personally known to me, or ☒ has produced FL DL, FL DL as identification.

[Signature]  
Signature of Notary Public



Luis Rivera  
Print, Type or Stamp Name of Notary Public

# Property Record Card



**Parcel:** 16-21-31-5CA-0000-0550  
**Property Address:** 2050 TATRA ST OVIEDO, FL 32765  
**Owners:** COYLE, KELLY A; COYLE, TERESA A  
 2025 Market Value \$639,941 Assessed Value \$285,226 Taxable Value \$234,504  
 2024 Tax Bill \$3,132.90 Tax Savings with Exemptions \$5,107.89  
 The 3 Bed/2 Bath Mobile/Manufactured Home property is 2,052 SF and a lot size of 11.97 Acres

## Parcel Location



## Site View



1621315CA00000550 02/22/2022

## Parcel Information

Parcel	16-21-31-5CA-0000-0550
Property Address	2050 TATRA ST OVIEDO, FL 32765
Mailing Address	2050 TATRA ST OVIEDO, FL 32765-8839
Subdivision	SLAVIA COLONY COS SUBD
Tax District	01:County Tax District
DOR Use Code	02:Mobile/Manufactured Home
Exemptions	00-HOMESTEAD (2000)
AG Classification	No

## Value Summary

	2025 Working Values	2024 Certified Values
Valuation Method	Cost/Market	Cost/Market
Number of Buildings	4	4
Depreciated Building Value	\$174,346	\$156,732
Depreciated Other Features	\$36,357	\$37,907
Land Value (Market)	\$429,238	\$429,238
Land Value Agriculture	\$0	\$0
Just/Market Value	\$639,941	\$623,877
Portability Adjustment	\$0	\$0
Save Our Homes Adjustment/Maximum Portability	\$354,715	\$346,689
Non-Hx 10% Cap (AMD 1)	\$0	\$0
P&G Adjustment	\$0	\$0
Assessed Value	\$285,226	\$277,188

## 2024 Certified Tax Summary

Tax Amount w/o Exemptions	\$8,240.79
Tax Bill Amount	\$3,132.90
Tax Savings with Exemptions	\$5,107.89

## Owner(s)

### Name - Ownership Type

COYLE, KELLY A - Tenancy by Entirety  
 COYLE, TERESA A - Tenancy by Entirety

Note: Does NOT INCLUDE Non Ad Valorem Assessments

## Legal Description

N 1/2 OF LOT 55 & ALL LOT 56 (LESS  
EXPRESSWAY)  
SLAVIA COLONY COS SUBD  
PB 2 PG 71

## Taxes

Taxing Authority	Assessed	Exempt Amount	Taxable
COUNTY GENERAL FUND	\$285,226	\$50,722	\$234,504
Schools	\$285,226	\$25,000	\$260,226
FIRE	\$285,226	\$50,722	\$234,504
ROAD DISTRICT	\$285,226	\$50,722	\$234,504
SJWM(Saint Johns Water Management)	\$285,226	\$50,722	\$234,504

## Sales

Deed Type	Date	Sale Amount	Book / Page	Sale Type	Qualified?
WARRANTY DEED	6/1/1999	\$77,500	03674/0255	Improved	Yes
WARRANTY DEED	3/1/1981	\$33,500	01325/0643	Vacant	No
WARRANTY DEED	1/1/1976	\$8,000	01091/0152	Vacant	No

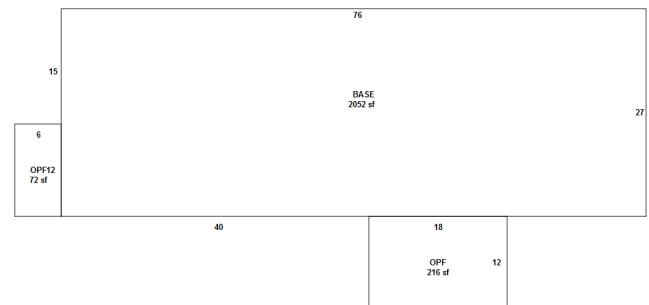
## Land

Units	Rate	Assessed	Market
5 Acres	\$57,500/Acre	\$215,625	\$215,625
7.43 Acres	\$57,500/Acre	\$213,613	\$213,613

## Building Information

#	1
Use	MOBILE HOME
Year Built*	2002
Bed	3
Bath	2.0
Fixtures	6
Base Area (ft <sup>2</sup> )	2052
Total Area (ft <sup>2</sup> )	2340
Constuction	MOBILE HOMES AVG
Replacement Cost	\$132,618
Assessed	\$103,442

\* Year Built = Actual / Effective



Sketch by: Apex Sketch

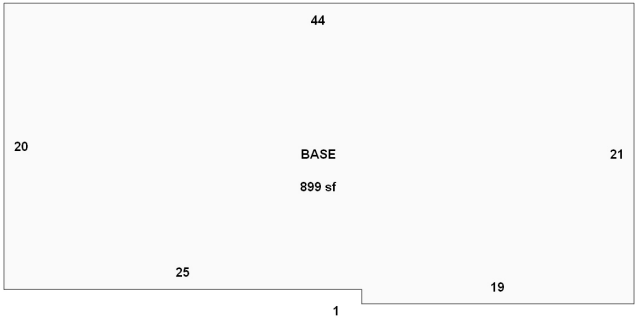
Building 1



Appendages	
Description	Area (ft²)
OPEN PORCH FINISHED	72
OPEN PORCH FINISHED	216

Building Information	
#	2
Use	BARNS/SHEDS
Year Built*	1980
Bed	
Bath	
Fixtures	0
Base Area (ft²)	899
Total Area (ft²)	899
Constuction	SIDING GRADE 3
Replacement Cost	\$24,273
Assessed	\$18,447

\* Year Built = Actual / Effective

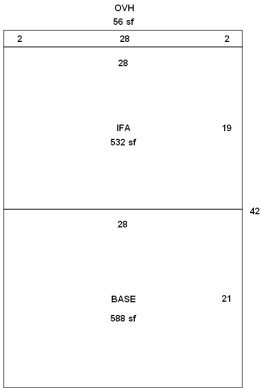


Sketch by Apex Search

Building 2

Building Information	
#	3
Use	BARNS/SHEDS
Year Built*	2002
Bed	
Bath	
Fixtures	0
Base Area (ft²)	588
Total Area (ft²)	1176
Constuction	SIDING GRADE 3
Replacement Cost	\$48,965
Assessed	\$44,803

\* Year Built = Actual / Effective



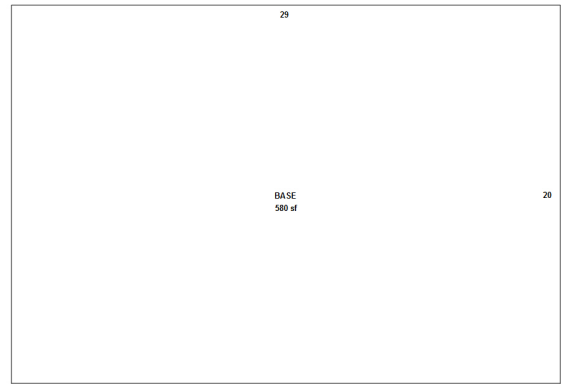
Sketch by Apex Search

Building 3

Appendages	
Description	Area (ft²)
INTERIOR FINISH AVERAGE	532
OVERHANG	56

Building Information	
#	4
Use	BARNs/SHEDS
Year Built*	1980
Bed	
Bath	
Fixtures	0
Base Area (ft²)	580
Total Area (ft²)	580
Constuction	SIDING GRADE 2
Replacement Cost	\$13,311
Assessed	\$7,654

\* Year Built = Actual / Effective



Sketch by Aspen Sketch

Building 4

Permits				
Permit #	Description	Value	CO Date	Permit Date
08362	POOL ENCLOSURE	\$10,500		10/26/2011
07828	SWIMMING POOL	\$27,000		10/4/2011
04388	MOBILE HOME - MECHANICAL	\$48,700	8/20/2003	4/1/2003

Extra Features				
Description	Year Built	Units	Cost	Assessed
COVERED PATIO 1	2002	1	\$2,750	\$1,100
PATIO 3	2002	1	\$6,000	\$2,700
POOL 1	2011	1	\$35,000	\$23,625
COVERED PATIO 1	2011	1	\$2,750	\$1,560
COVERED PATIO 2	2011	1	\$4,000	\$2,268
SCREEN ENCL 2	2011	1	\$9,000	\$5,104

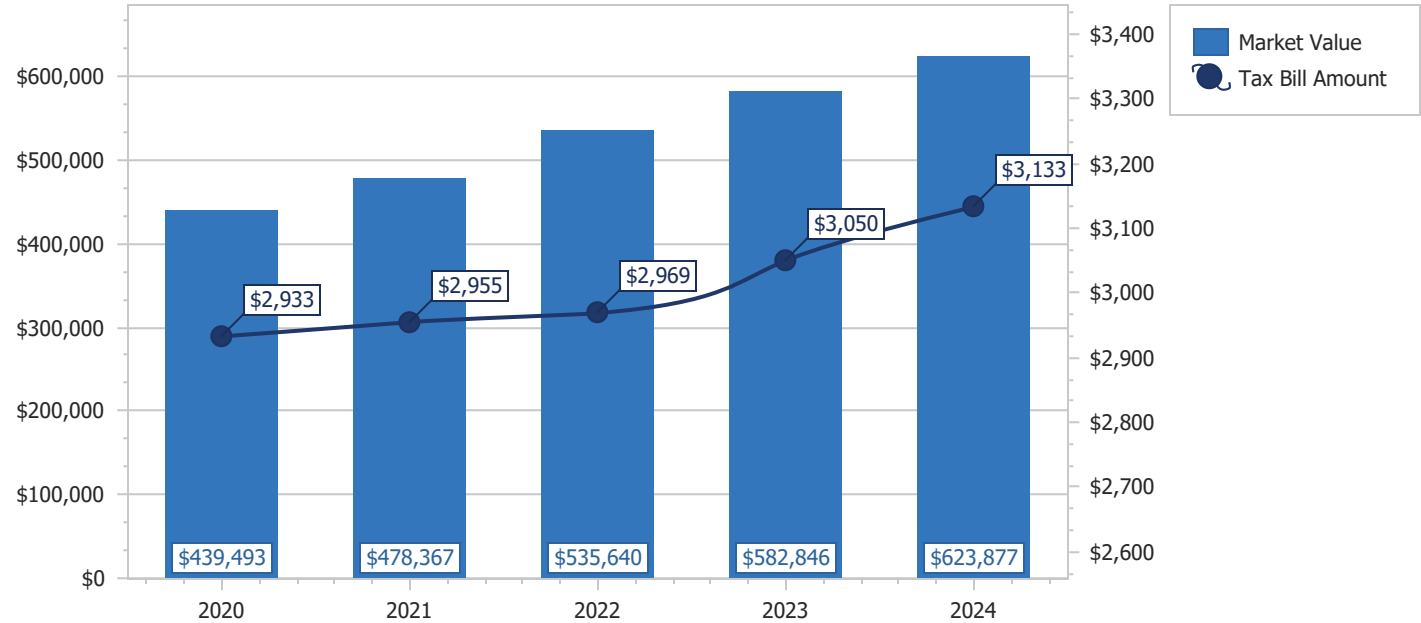
Zoning	
Zoning	A-1
Description	Agricultural-1Ac
Future Land Use	MDR
Description	Medium Density Residential

School Districts	
Elementary	Evans
Middle	Tuskawilla
High	Lake Howell

Political Representation	
Commissioner	District 1 - Bob Dallari
US Congress	District 7 - Cory Mills
State House	District 38 - David Smith
State Senate	District 10 - Jason Brodeur
Voting Precinct	Precinct 69

Utilities	
Fire Station #	Station: 29 Zone: 292
Power Company	DUKE
Phone (Analog)	AT&T
Water	Seminole County Utilities
Sewage	Seminole County Utilities
Garbage Pickup	MON/THU
Recycle	THU
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  
[eplandesck@seminolecountyfl.gov](mailto:eplandesck@seminolecountyfl.gov) or call us at: (407) 665-7371.

**Receipt Details**

**Date:** 7/9/2025 10:25:12 AM  
**Project:** 25-20000006  
**Credit Card Number:** 47\*\*\*\*\*6182  
**Authorization Number:** 064788  
**Transaction Number:** 090725O39-DC2174C5-DAC1-4FF0-A453-039F3B5E0345  
**Total Fees Paid:** 3455.70

**Fees Paid**

<b>Description</b>	<b>Amount</b>
CC CONVENIENCE FEE -- PZ	55.70
REZONE TO COM, IND, OP/RP 14	3400.00
<b>Total Amount</b>	<b>3455.70</b>