



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

PROJ. #: 24-06000073
 Received: 11/26/24
 Paid: 11/26/24

SITE PLAN/DREDGE & FILL

ALL INFORMATION MUST BE PROVIDED FOR APPLICATION TO BE CONSIDERED COMPLETE

APPLICATION TYPES/FEES

<input type="checkbox"/> SMALL SITE PLAN (<2,500 SQUARE FEET IMPERVIOUS SURFACE AREA SUBJECT FOR REVIEW)	\$500.00
<input type="checkbox"/> RESTRIPING AND RESURFACING (WITH NO CHANGES TO THE EXISTING LAYOUT)	
<input type="checkbox"/> FILL (≥100 CUBIC YARDS OF FILL AND/OR IN FLOOD PLAIN OR WETLAND PER SEC. 40.2)	\$500.00
<input type="checkbox"/> DREDGE AND FILL	\$750.00
<input checked="" type="checkbox"/> SITE PLAN (>2,500 SQUARE FEET IMPERVIOUS SURFACE AREA SUBJECT FOR REVIEW)	CALCULATED BELOW MAXIMUM \$9,000
<p>NEW BUILDING SQUARE FOOTAGE: <u>2,463</u> + NEW PAVEMENT SQUARE FOOTAGE: <u>4,589 + 1,589</u> = TOTAL SQUARE FEET OF NEW IMPERVIOUS SURFACE AREA (ISA) SUBJECT FOR REVIEW: <u>9,091</u></p> <p>(TOTAL NEW ISA <u>9,091</u> /1,000 = <u>9.09</u>) * x \$25 + \$2,500 = FEE DUE: <u>2,727.25</u></p> <p>EXAMPLE: 40,578 SF OF NEW ISA SUBJECT FOR REVIEW = 40,578/1,000 = 40.58* x \$25 = \$1,014.50 + \$2,500 = \$3,514.50</p> <p>*ROUNDED TO 2 DECIMAL POINTS</p>	


PROJECT

PROJECT NAME:	Coffee Shop at 7111 Red Bug Road		
PARCEL ID #(S):	19-21-31-514-0000-0010		
DESCRIPTION OF PROJECT:	Construct a coffee shop w/drive-thru, parking lot areas, utility infrastructure (water, sanitary sewer & stormwater), site lighting, and landscaping/irrigation on an existing lot previously designed for a bank w/drive-thru.		
EXISTING USE(S):	Vacant	PROPOSED USE(S):	fast casual restaurant w/drive-thru
ZONING:	PD	FUTURE LAND USE:	PD
TOTAL ACREAGE:	0.89	BCC DISTRICT:	District 1
WATER PROVIDER:	Seminole County	SEWER PROVIDER:	Seminole County
ARE ANY TREES BEING REMOVED?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (IF YES, ATTACH COMPLETED ARBOR APPLICATION)		
IF DREDGE & FILL OR FILL PERMIT, CUBIC YARDS OF FILL PROPOSED:	N/A		

APPLICANT		EPLAN PRIVILEGES: VIEW ONLY <input type="checkbox"/> UPLOAD <input type="checkbox"/> NONE <input type="checkbox"/>										
NAME: Brett Anz, Manager		COMPANY: CWS-Oviedo Development, LLC										
ADDRESS: 8909 Regents Park Drive, Ste 420-2												
CITY: Tampa		STATE: FL	ZIP: 33647									
PHONE: 214-415-2378		EMAIL: Brett.Anz@tradecorllc.com										
CONSULTANT		EPLAN PRIVILEGES: VIEW ONLY <input type="checkbox"/> UPLOAD <input type="checkbox"/> NONE <input type="checkbox"/>										
NAME: Ryan Fallin, P.E. - Project Manager		COMPANY: Avid Group, LLC										
ADDRESS: 1337 S. International Pkwy, Ste 1311												
CITY: Lake Mary		STATE: FL	ZIP: 33647									
PHONE: (727) 789-9500 x184		EMAIL: Ryan.Fallin@avidgroup.com										
OWNER(S)		(INCLUDE NOTARIZED OWNER'S AUTHORIZATION FORM)										
NAME(S): CWS-Oviedo Development, LLC												
ADDRESS: 8909 Regents Park Drive, Ste 420-2												
CITY: Tampa		STATE: FL	ZIP: 33647									
PHONE: 214-415-2378		EMAIL: Brett.Anz@tradecorllc.com										
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 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.)												
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 33%;"><u>TYPE OF CERTIFICATE</u></th> <th style="text-align: left; width: 33%;"><u>CERTIFICATE NUMBER</u></th> <th style="text-align: left; width: 33%;"><u>DATE ISSUED</u></th> </tr> </thead> <tbody> <tr> <td>VESTING:</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>TEST NOTICE:</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>				<u>TYPE OF CERTIFICATE</u>	<u>CERTIFICATE NUMBER</u>	<u>DATE ISSUED</u>	VESTING:	_____	_____	TEST NOTICE:	_____	_____
<u>TYPE OF CERTIFICATE</u>	<u>CERTIFICATE NUMBER</u>	<u>DATE ISSUED</u>										
VESTING:	_____	_____										
TEST NOTICE:	_____	_____										
<input 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 checked="" type="checkbox"/> 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	<div style="border: 1px solid red; padding: 2px; display: inline-block;"> (AVID Group, LLC - Authorized Agent for Owner / Applicant) </div>	11/11/2024 _____ DATE
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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, Brett Anz, the owner of record for the following described property [Parcel ID Number(s)] 19-21-31-514-0000-0010 hereby designates AVID Group, LLC 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 type="checkbox"/> Rezone	<input checked="" 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.

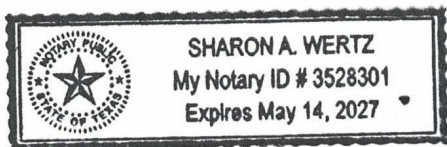
NOVEMBER 25, 2024
 Date

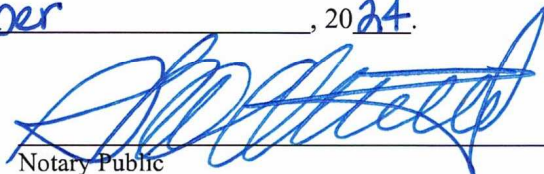

 Property Owner's Signature

Brett Anz
 Property Owner's Printed Name

Texas
 STATE OF ~~FLORIDA~~
 COUNTY OF Collin

SWORN TO AND SUBSCRIBED before me, an officer duly authorized in the State of Texas to take acknowledgements, appeared Brett Anz (property owner),
 by means of physical presence or online notarization; and who is personally known to me or who has produced _____ as identification, and who executed the foregoing instrument and sworn an oath on this 25th day of November, 2024.




 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): _____

CWS-Oviedo Dev LLC

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
Brett Anz, Manager	8909 Regents Park Drive, Ste 420-1, Tampa, FL 33647	(241) 415-2378

(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:

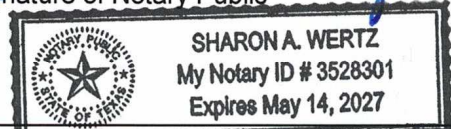
NOVEMBER 25, 2025
Date

Brett Anz
Owner, Agent, Applicant Signature

Texas
STATE OF ~~FLORIDA~~
COUNTY OF ~~SEMINOLE~~ Collin

Sworn to and subscribed before me by means of physical presence or online notarization, this 25th day of November, 2024, by Brett Anz, who is personally known to me, or has produced _____ as identification.

Sharon A. Wertz
Signature of Notary Public



Print, Type or Stamp Name of Notary Public



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

Detail by Entity Name

Florida Limited Liability Company

CWS-OVIEDO DEVELOPMENT, LLC

Filing Information

Document Number L06000046245
Initial Number 20-4827424
Date filed 05/03/2006
State FL
Status ACTIVE
Last event LC AMENDMENT
event Date filed 10/30/2024
event effective Date NONE

Principal Address

8909 REGENTS PARK DR.
 STE 420-1
 Tampa, FL 33647

Changed: 10/30/2024

Mailing Address

8909 REGENTS PARK DR.
 STE 420-1
 Tampa, FL 33647

Changed: 10/30/2024

Registered Agent Name & Address

ANZ, BRETT

8909 REGENTS PARK DR.
 STE 420-1
 Tampa, FL 33647

Name Changed: 10/30/2024

Address Changed: 03/30/2023

Authorized Person(s) Detail

name & Address

Title MGRM

ANZ, BRETT
 RE ENT PARK DR.
 TE 42 -1
 Tampa, FL 33647

Annual Reports

Report Year	Filed Date
2 22	1/26/2 22
2 23	3/3 /2 23
2 24	3/ 3/2 24

Doc ment Images

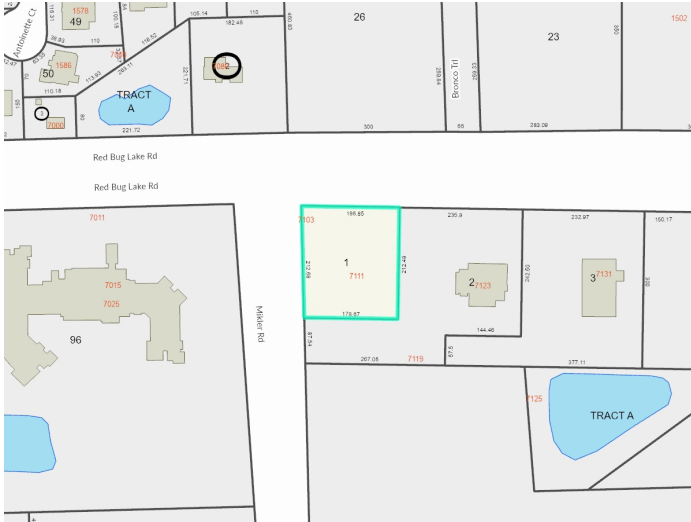
10/30/2024 -- LC Amendment	View image in PDF format
03/03/2024 -- ANNUAL REPORT	View image in PDF format
03/30/2023 -- ANNUAL REPORT	View image in PDF format
06/27/2022 -- LC Amendment	View image in PDF format
01/26/2022 -- ANNUAL REPORT	View image in PDF format
02/01/2021 -- ANNUAL REPORT	View image in PDF format
06/08/2020 -- ANNUAL REPORT	View image in PDF format
02/23/2019 -- ANNUAL REPORT	View image in PDF format
03/11/2018 -- ANNUAL REPORT	View image in PDF format
03/12/2017 -- ANNUAL REPORT	View image in PDF format
03/06/2016 -- ANNUAL REPORT	View image in PDF format
02/22/2015 -- ANNUAL REPORT	View image in PDF format
01/08/2014 -- ANNUAL REPORT	View image in PDF format
03/21/2013 -- ANNUAL REPORT	View image in PDF format
01/10/2012 -- ANNUAL REPORT	View image in PDF format
03/15/2011 -- ANNUAL REPORT	View image in PDF format
01/05/2010 -- ANNUAL REPORT	View image in PDF format
04/27/2009 -- ANNUAL REPORT	View image in PDF format
03/21/2008 -- ANNUAL REPORT	View image in PDF format
04/22/2007 -- ANNUAL REPORT	View image in PDF format
05/03/2006 -- Florida Limited Liability	View image in PDF format

Property Record Card



Parcel: 19-21-31-514-0000-0010
Property Address: 7111 RED BUG LAKE RD OVIEDO, FL 32765
Owners: CWS-OVIEDO DEV LLC
 2025 Market Value \$683,464 Assessed Value \$683,464
 2024 Tax Bill \$9,048.26
 Vac Comm W/ Site Improvements property has a lot size of 0.89 Acres

Parcel Location



Site View

Parcel Information

Parcel	19-21-31-514-0000-0010
Property Address	
Mailing Address	2801 W FOUNTAIN BLVD TAMPA, FL 33609-4011
Subdivision	
Tax District	01:County Tax District
DOR Use Code	
Exemptions	None
AG Classification	

Value Summary

	2025 Working Values	2024 Certified Values
Valuation Method	Cost/Market	Cost/Market
Number of Buildings	0	0
Depreciated Building Value	\$0	\$0
Depreciated Other Features	\$62,056	\$63,599
Land Value (Market)	\$621,408	\$621,408
Land Value Agriculture	\$0	\$0
Just/Market Value	\$683,464	\$685,007
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	\$683,464	\$685,007

2024 Certified Tax Summary

Tax Amount w/o Exemptions	\$9,048.26
Tax Bill Amount	\$9,048.26
Tax Savings with Exemptions	\$0.00

Owner(s)

Name - Ownership Type
CWS-OVIEDO DEV LLC

Note: Does NOT INCLUDE Non Ad Valorem Assessments

Legal Description

LOT 1
 GOLDENEYE POINT
 PB 75 PGS 79 & 80

Taxes

Taxing Authority	Assessed	Exempt Amount	Taxable
COUNTY GENERAL FUND	\$683,464	\$0	\$683,464
Schools	\$683,464	\$0	\$683,464
FIRE	\$683,464	\$0	\$683,464
ROAD DISTRICT	\$683,464	\$0	\$683,464
SJWM(Saint Johns Water Management)	\$683,464	\$0	\$683,464

Sales

Deed Type	Date	Sale Amount	Book / Page	Sale Type	Qualified?
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Land

Units	Rate	Assessed	Market
38,838 SF	\$16/SF	\$621,408	\$621,408

Building Information

#	
Use	
Year Built*	
Bed	
Bath	
Fixtures	
Base Area (ft ²)	
Total Area (ft ²)	
Constuction	
Replacement Cost	
Assessed	

Building

* Year Built = Actual / Effective

Permits

Permit #	Description	Value	CO Date	Permit Date
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Extra Features				
Description	Year Built	Units	Cost	Assessed
COMMERCIAL ASPHALT DR 3 IN	2007	20166	\$61,708	\$35,482
POLE LIGHT 1 ARM	2007	1	\$1,854	\$1,854
POLE LIGHT 2 ARM	2007	1	\$3,605	\$3,605
POLE LIGHT 3 ARM	2007	1	\$5,665	\$5,665
POLE LIGHT 4 ARM	2007	2	\$15,450	\$15,450

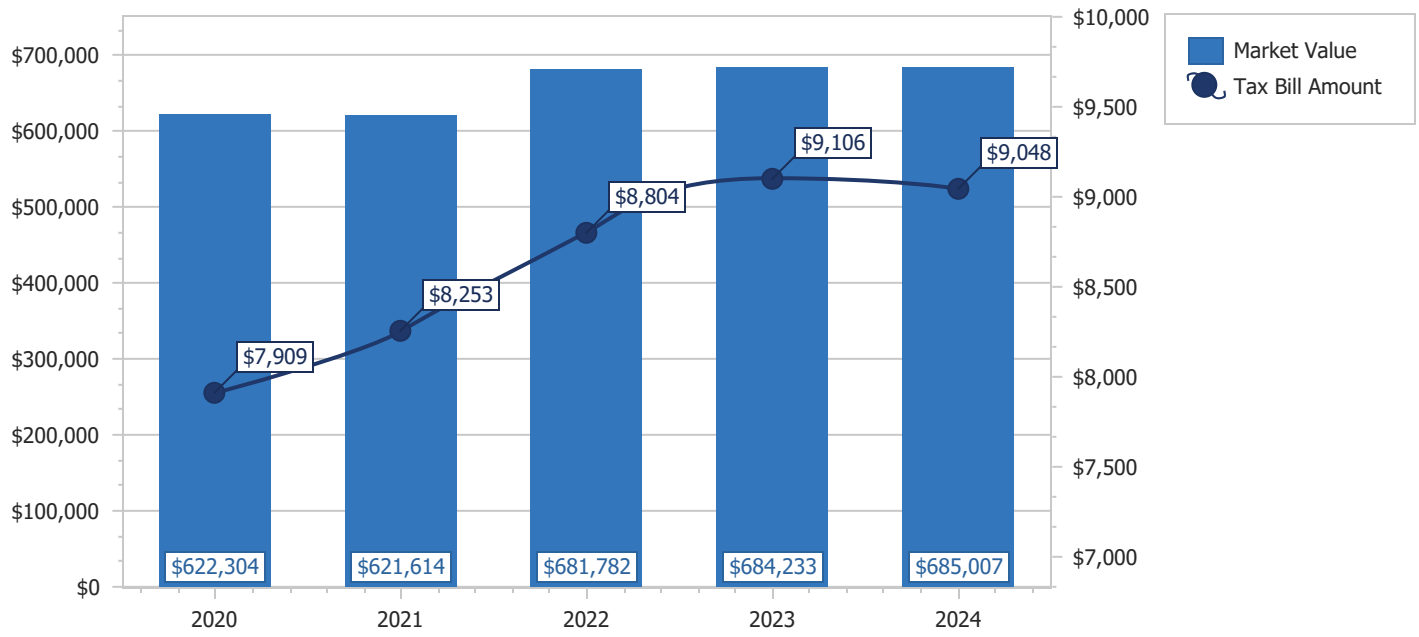
Zoning	
Zoning	PD
Description	Planned Development
Future Land Use	PD
Description	Planned Development

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

School Districts	
Elementary	Rainbow
Middle	Tuskawilla
High	Lake Howell

Utilities	
Fire Station #	Station: 27 Zone: 277
Power Company	DUKE
Phone (Analog)	AT&T
Water	Seminole County Utilities
Sewage	Seminole County Utilities
Garbage Pickup	
Recycle	
Yard Waste	
Hauler #	

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

Receipt Details

Date: 11/26/2024 1:08:20 PM
Project: 24-06000073
Credit Card Number: 37*****5011
Authorization Number: 261393
Transaction Number: 261124C1D-7F0F32E1-3DFC-4C0B-812A-8B18D944F3E6
Total Fees Paid: 2761.80

Fees Paid

Description	Amount
CC CONVENIENCE FEE -- PZ	36.80
SITE PLAN	2725.00
Total Amount	2761.80