

**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 |
|-----------------|-------------------------------------------------|--------------|
| Robert Hattaway | 601 Hillview Drive, Altamonte Springs, FL 32714 | 407-875-3433 |
|                 |                                                 |              |
|                 |                                                 |              |

(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: \_\_\_\_\_

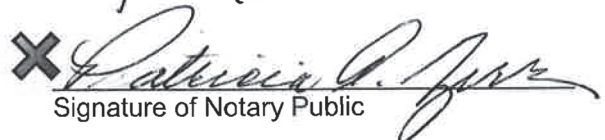
7. As to any type of owner referred to above, a change of ownership occurring subsequent to this application, shall be disclosed in writing to the Planning and Development Director prior to the date of the public hearing on the application.
8. I affirm that the above representations are true and are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

April 27-2022  
Date

  
Owner, Agent, Applicant Signature Robert Hattaway

**STATE OF FLORIDA  
COUNTY OF SEMINOLE**

Sworn to and subscribed before me by means of ☒ physical presence or ☐ online notarization, this 27<sup>th</sup> day of April, 2022, by ROBERT HATTAWAY who is ☒ personally known to me, or ☐ has produced \_\_\_\_\_ as identification.

  
Signature of Notary Public



# 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, Robert Hattaway, the owner of record for the following described property (Tax/Parcel ID Number) 30-19-30-300-002P-0000 & 30-19-30-516-0000-0C40 hereby designates Self (Applicant) Madden, Moorhead & Stokes, LLC (Engineer) to act as my authorized agent for the filing of the attached application(s) for:

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

OTHER: Major PD Amendment

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

April 27, 2022

X Robert Hattaway  
Property Owner's Signature

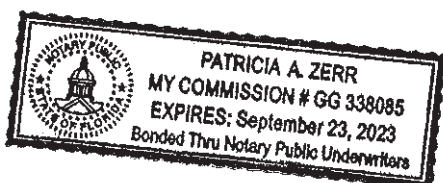
Robert Hattaway

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 acknowledgements, appeared ROBERT HATTAWAY (property ☒ by means of physical presence or ☐ online notarization; and ☒ who is personally known to me or ☐ w produced \_\_\_\_\_ as identification, and who executed the foregoing instrument sworn an oath on this 27th day of April, 2022



X Patricia A. Zerr  
Notary Public