

**AFTER-THE-FACT VARIANCE**

On Behalf of:  
Darryl & Eurilynne Williams  
1675 Astor Farms Pl  
Sanford FL 32771

Please consider providing your approval and consent on behalf Darryl & Eurilynne Williams as they seek approval of an "After-the-Fact-Variance" for their Pool Screen with 11' x 20' Pool Patio Roof Cover as presented with the attached documents. This same structure would be approved without issue in all other Counties and Municipalities.

The issue stems from a large number of past Seminole County residents that were approved for similar roof structures as part of their pool permit and at a later date illegally converted the roof structure into summer room living spaces with walls and windows. Therefore, Seminole County has adapted a responsible response to keep future offenders from this illegal practice.

The Williams' have no interest in using their pool patio roof for any other use than as a shaded area on their pool deck and have provided a signed and notarized statement that they will never modify their Pool Patio Roof structure to create any type of indoor living space into perpetuity.

By signing this document, you are giving your approval and consent on behalf of your neighbors, Darryl & Eurilynne Williams of 1675 Astor Farms Pl, Sanford FL 32771 for their Pool Patio Roof Variance with Seminole County.

Name and Address:

MARCUS FOWLER

1682 SWALLOWTAIL RD

Sanford FL 32771

Phone Number 305/522-1721

Owner Signature

[Signature]

The foregoing instrument was acknowledged before me this 12/11/24  
by MARCUS FOWLER who is personally known to me  
and who produced F.L.D.L.  
as identification and who  
did not take an oath.

Notary as to Owner

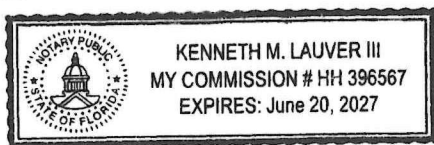
[Signature]

Commission No. HH 396567

State of FL. County of SEMINOLE

My Commission expires: 6/20/27

(SEAL)



Owner Signature

The foregoing instrument was acknowledged before me this \_\_\_/\_\_\_/\_\_\_  
by \_\_\_\_\_ who is personally known to me  
and who produced \_\_\_\_\_  
as identification and who  
did not take an oath.

Notary as to Owner

Commission No. \_\_\_\_\_

State of FL. County of \_\_\_\_\_

My Commission expires: \_\_\_\_\_

(SEAL)

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Name and Address:

CHIRATYOTI DEB  
1671 ASTOR FARMS PLACE  
Sanford FL 32771

Phone Number \_\_\_\_\_

Owner Signature

Chiratyoti Deb

The foregoing instrument was acknowledged before me this 12/12/24  
by CHIRATYOTI DEB who is personally known to me  
and who produced FL D.L.  
\_\_\_\_\_ as identification and who  
did not take an oath.

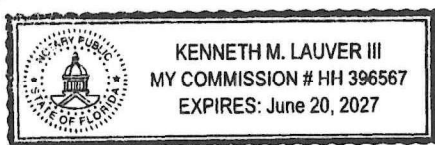
Notary as to Owner

Commission No. HH396567

State of FL County of SEMINOLE

My Commission expires: 6/20/27

(SEAL)



Owner Signature

The foregoing instrument was acknowledged before me this \_\_\_\_/\_\_\_\_/\_\_\_\_  
by \_\_\_\_\_ who is personally known to me  
and who produced \_\_\_\_\_  
\_\_\_\_\_ as identification and who  
did not take an oath.

Notary as to Owner

Commission No. \_\_\_\_\_

State of FL County of \_\_\_\_\_

My Commission expires: \_\_\_\_\_

(SEAL)

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Name and Address:

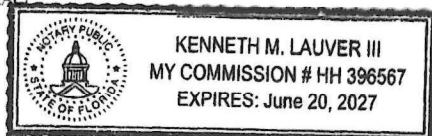
Tim Tucker  
1679 Astor Farms Pl  
Sanford FL 32771

Phone Number 404-291-7605

Owner Signature [Signature]  
The foregoing instrument was acknowledged before me this 12/12/24  
by TIMOTHY TUCKER who is personally known to me  
and who produced F.L.D.C.  
as identification and who  
did not take an oath.

Notary as to Owner [Signature]  
Commission No. HH 396567  
State of FL, County of SEMINOLE  
My Commission expires: 6/20/27

(SEAL)



Owner Signature \_\_\_\_\_  
The foregoing instrument was acknowledged before me this \_\_\_\_/\_\_\_\_/\_\_\_\_  
by \_\_\_\_\_ who is personally known to me  
and who produced \_\_\_\_\_  
as identification and who  
did not take an oath.

Notary as to Owner \_\_\_\_\_  
Commission No. \_\_\_\_\_  
State of FL, County of \_\_\_\_\_  
My Commission expires: \_\_\_\_\_

(SEAL)