

**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
See attached list of owners		

(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: VISTA OAKS PARTNERS 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:

Date

3/30/23



Owner, Agent, Applicant Signature
Douglas Hoeksema, President
Douglas Land, Inc.

**STATE OF FLORIDA
COUNTY OF SEMINOLE**

Sworn to and subscribed before me by means of ☒ physical presence or ☐ online notarization, this 30th day of March, 2023, by Douglas Hoeksema, who is ☒ personally known to me, or ☐ has produced _____ as identification.



Signature of Notary Public

Mitchell Houser
Print, Type or Stamp Name 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, WATSON, PAUL M & WATSON, SAM J & WILLIAMS, GERALD F JR TR, the owner of record for the following described property (Tax/Parcel ID Number) 291930300018H0000 & 29193030001800000 hereby designates Douglas Land, Inc. 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 checked="" type="checkbox"/> Final Plat
<input checked="" type="checkbox"/> Future Land Use	<input type="checkbox"/> Lot Split/Reconfiguration	<input checked="" 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 checked="" type="checkbox"/> Vacate	<input checked="" type="checkbox"/> Variance	<input type="checkbox"/> Temporary Use	<input type="checkbox"/> Other (please list):

OTHER:

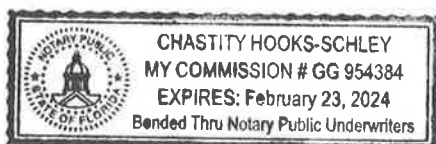
and make binding statements and commitments regarding the request(s). I certify that I have examined the attached application(s) and that all statements and diagrams submitted are true and accurate to the best of my knowledge. Further, I understand that this application, attachments, and fees become part of the Official Records of Seminole County, Florida and are not returnable.

February 16, 2023
Date

Gerald Franklin Williams Jr.
Property Owner's Signature
Gerald Franklin Williams Jr.
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 Gerald Franklin Williams Jr (property owner),
☒ by means of physical presence or ☐ online notarization; and ☐ who is personally known to me or ☐ who has produced Drivers License as identification, and who executed the foregoing instrument and sworn an oath on this 16 day of February, 2023.



Chastity Hooks-Schley
Notary Public

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, STRANG PROPERTIES LLC, the owner of record for the following described property (Tax/Parcel ID Number) 29-19-30-300-018C-0000 hereby designates Douglas Land, Inc. 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 checked="" type="checkbox"/> Final Plat
<input checked="" type="checkbox"/> Future Land Use	<input type="checkbox"/> Lot Split/Reconfiguration	<input checked="" 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 checked="" type="checkbox"/> Vacate	<input checked="" type="checkbox"/> Variance	<input type="checkbox"/> Temporary Use	<input type="checkbox"/> Other (please list):

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.

Date

11/9/22

Property Owner's Signature

Joy F. Strang

Property Owner's Printed Name

Joy F. Strang
Strang Properties LLC

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 Joy Strang (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 9th day of November, 20 22



J. Rebecca McInnis
NOTARY PUBLIC
STATE OF FLORIDA
Comm# GG959826
Expires 3/14/2024

Notary Public

[Signature]

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).

WATSON, MARJORIE S

I, _____, the owner of record for the following described property (Tax/Parcel ID Number) 291930300018B0000 hereby designates Douglas Land, Inc. 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 checked="" type="checkbox"/> Final Plat
<input checked="" type="checkbox"/> Future Land Use	<input type="checkbox"/> Lot Split/Reconfiguration	<input checked="" 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 checked="" type="checkbox"/> Vacate	<input checked="" type="checkbox"/> Variance	<input type="checkbox"/> Temporary Use	<input type="checkbox"/> Other (please list):

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.

January 31, 2023
Date

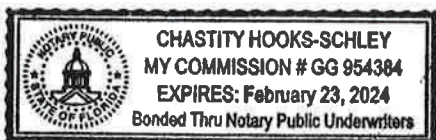
Marjorie S. Watson
Property Owner's Signature

Marjorie S. Watson
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 Marjorie S. Watson (property owner),
☒ by means of physical presence or ☐ online notarization; and ☐ who is personally known to me or ☒ who has produced Drivers Lic. as identification, and who executed the foregoing instrument and sworn an oath on this 31 day of January, 2023



Chastity Hooks-Schley
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).

WILLIAMS, HELEN M TR

I, _____, the owner of record for the following described property (Tax/Parcel ID Number) 291930300018A0000, 291930300018J0000, 291930300018D0000, 291930300018F0000, & 29193030001600000 hereby designates Douglas Land, Inc. 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 checked="" type="checkbox"/> Final Plat
<input checked="" type="checkbox"/> Future Land Use	<input type="checkbox"/> Lot Split/Reconfiguration	<input checked="" 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 checked="" type="checkbox"/> Vacate	<input checked="" type="checkbox"/> Variance	<input type="checkbox"/> Temporary Use	<input type="checkbox"/> Other (please list):

OTHER: _____

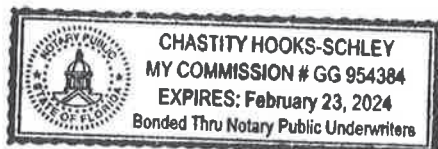
and make binding statements and commitments regarding the request(s). I certify that I have examined the attached application(s) and that all statements and diagrams submitted are true and accurate to the best of my knowledge. Further, I understand that this application, attachments, and fees become part of the Official Records of Seminole County, Florida and are not returnable.

Date February 16, 2023

Gerald Franklin Williams JR
Property Owner's Signature
Gerald Frank Williams JR
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 Gerald Franklin Williams JR. (property owner),
☒ by means of physical presence or ☐ online notarization; and ☐ who is personally known to me or ☐ who has produced Drivers Lic. as identification, and who executed the foregoing instrument and sworn an oath on this 16 day of February, 20 23.



Chastity Hooks-Schley
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).

WATSON, PAUL M & WATSON, DIANE

I, _____, the owner of record for the following described property (Tax/Parcel ID Number) 291930300017A0000, 291930300017B0000 hereby designates Douglas Land, Inc. & 291930300018L0000 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 checked="" type="checkbox"/> Final Plat
<input checked="" type="checkbox"/> Future Land Use	<input type="checkbox"/> Lot Split/Reconfiguration	<input checked="" 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 checked="" type="checkbox"/> Vacate	<input checked="" type="checkbox"/> Variance	<input type="checkbox"/> Temporary Use	<input type="checkbox"/> Other (please list):

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.

Date

1/1/2023

Diane Watson
Paul M Watson

Property Owner's Signature

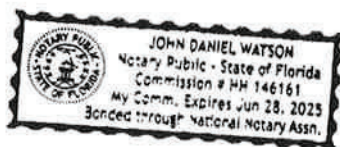
Paul M. Watson + Diane Watson

Property Owner's Printed Name

STATE OF FLORIDA

COUNTY OF Lake

SWORN TO AND SUBSCRIBED before me, an officer duly authorized in the State of Florida to take acknowledgements, appeared Paul M & Diane Watson (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 1st day of January, 2023.



John Daniel Watson
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, Mark Sweetser, the owner of record for the following described property (Tax/Parcel ID Number) 29-19-30-502-0000-0040 hereby designates Douglas Land, Inc. 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 checked="" type="checkbox"/> Final Plat
<input checked="" type="checkbox"/> Future Land Use	<input type="checkbox"/> Lot Split/Reconfiguration	<input checked="" 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 checked="" type="checkbox"/> Vacate	<input checked="" type="checkbox"/> Variance	<input type="checkbox"/> Temporary Use	<input type="checkbox"/> Other (please list):

OTHER: N/A

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

10/25/2022

Property Owner's Signature

Mark Sweetser

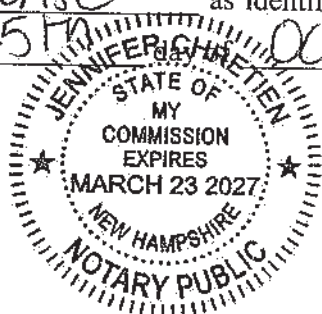
Property Owner's Printed Name

Mark Sweetser

STATE OF NEW HAMPSHIRE

COUNTY OF Rochester

SWORN TO AND SUBSCRIBED before me, an officer duly authorized in the State of New Hampshire to take acknowledgements, appeared MARK SWEETSER (property owner),
☒ by means of physical presence or ☐ online notarization; and ☐ who is personally known to me or ☒ who has produced DRIVERS LICENSE as identification, and who executed the foregoing instrument and sworn an oath on this 25th day of October, 2022.



Notary Public

Jennifer Chretien

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, VISTA OAKS PARTNERS LLC, the owner of record for the following described property (Tax/Parcel ID Number) 29-19-30-502-0000-0030 hereby designates Douglas Land, Inc. 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 checked="" type="checkbox"/> Final Plat
<input checked="" type="checkbox"/> Future Land Use	<input type="checkbox"/> Lot Split/Reconfiguration	<input checked="" 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 checked="" type="checkbox"/> Vacate	<input checked="" type="checkbox"/> Variance	<input type="checkbox"/> Temporary Use	<input type="checkbox"/> Other (please list):

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.

2.15.23
Date

[Signature]
Property Owner's Signature

SAMPATHKUMAR SHANMUGHAN
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 Sampathkumar Shanmughan (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 15th day of February, 2023



Notary Public

[Signature]
2-15-2023

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).

HAILE, TESFAYE & HAILE, THELMA

I, _____, the owner of record for the following described property (Tax/Parcel ID Number) 2919305020000001B hereby designates Douglas Land, Inc. 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 checked="" type="checkbox"/> Final Plat
<input checked="" type="checkbox"/> Future Land Use	<input type="checkbox"/> Lot Split/Reconfiguration	<input checked="" 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 checked="" type="checkbox"/> Vacate	<input checked="" type="checkbox"/> Variance	<input type="checkbox"/> Temporary Use	<input type="checkbox"/> Other (please list):

OTHER: _____

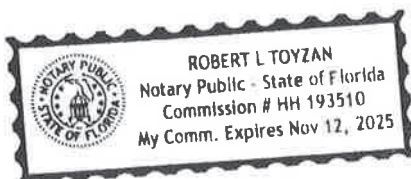
and make binding statements and commitments regarding the request(s). I certify that I have examined the attached application(s) and that all statements and diagrams submitted are true and accurate to the best of my knowledge. Further, I understand that this application, attachments, and fees become part of the Official Records of Seminole County, Florida and are not returnable.

1/5/23
Date

Tesfaye B. Haile
Property Owner's Signature
Tesfaye B. Haile
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 Tesfaye Haile (property owner),
☒ by means of physical presence or ☐ online notarization; and ☐ who is personally known to me or ☐ who has produced FLDL as identification, and who executed the foregoing instrument and sworn an oath on this 5th day of January, 2023.



[Signature]
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).

HAILE, TESHAYE & HAILE, THELMA

I, _____, the owner of record for the following described property (Tax/Parcel ID Number) 2919305020000001B hereby designates Douglas Land, Inc. 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 checked="" type="checkbox"/> Final Plat
<input checked="" type="checkbox"/> Future Land Use	<input type="checkbox"/> Lot Split/Reconfiguration	<input checked="" 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 checked="" type="checkbox"/> Vacate	<input checked="" type="checkbox"/> Variance	<input type="checkbox"/> Temporary Use	<input type="checkbox"/> Other (please list):

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.

12/28/2022
Date

Thelma D. Haile
Property Owner's Signature

Thelma D. Haile
Property Owner's Printed Name

STATE OF ~~FLORIDA~~ MARYLAND
COUNTY OF FREDERICK

SWORN TO AND SUBSCRIBED before me, an officer duly authorized in the State of Florida to take acknowledgements, appeared THELMA DENISE HAILE (property owner),
☒ by means of physical presence or ☐ online notarization; and ☐ who is personally known to me or ☐ who has produced FLORIDA DRIVER LICENSE as identification, and who executed the foregoing instrument and sworn an oath on this 28 day of DECEMBER, 20 22

DANIELE C GREEN
NOTARY PUBLIC
FREDERICK COUNTY
MARYLAND
MY COMMISSION EXPIRES June 27, 2026

[Signature]
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).

HANSON, RANDY A

I, _____, the owner of record for the following described property (Tax/Parcel ID Number) 2919305020000001A & 29193050200000010 hereby designates Douglas Land, Inc. 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 checked="" type="checkbox"/> Final Plat
<input checked="" type="checkbox"/> Future Land Use	<input type="checkbox"/> Lot Split/Reconfiguration	<input checked="" 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 checked="" type="checkbox"/> Vacate	<input checked="" type="checkbox"/> Variance	<input type="checkbox"/> Temporary Use	<input type="checkbox"/> Other (please list):

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.

Date

2/27/23

Property Owner's Signature

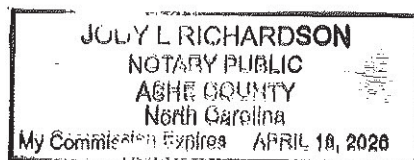
[Signature]

Property Owner's Printed Name

RANDY A HANSON

NC,
STATE OF FLORIDA
COUNTY OF _____

SWORN TO AND SUBSCRIBED before me, an officer duly authorized in the State of Florida to take acknowledgements, appeared Randy Hanson (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 27th day of February, 2023.



Notary Public

[Signature]

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, Presley, Ronald J, the owner of record for the following described property (Tax/Parcel ID Number) 29-19-30-501-0000-0060 hereby designates Douglas Land, Inc. 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 checked="" type="checkbox"/> Final Plat
<input checked="" type="checkbox"/> Future Land Use	<input type="checkbox"/> Lot Split/Reconfiguration	<input checked="" 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 checked="" type="checkbox"/> Vacate	<input checked="" type="checkbox"/> Variance	<input type="checkbox"/> Temporary Use	<input type="checkbox"/> Other (please list):

OTHER:

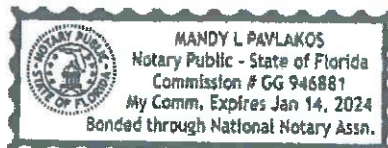
and make binding statements and commitments regarding the request(s). I certify that I have examined the attached application(s) and that all statements and diagrams submitted are true and accurate to the best of my knowledge. Further, I understand that this application, attachments, and fees become part of the Official Records of Seminole County, Florida and are not returnable.

10-13-22
Date

Ronald J. Presley
Property Owner's Signature
RONALD J. Presley
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 Ronald J. Presley (property owner),
☒ by means of physical presence or ☐ online notarization; and ☐ who is personally known to me or ☐ who has produced FL Drivers License as identification, and who executed the foregoing instrument and sworn an oath on this 13th day of October, 2022.



Mandy Pavlakos
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, Presley, William W, the owner of record for the following described property (Tax/Parcel ID Number) 29-19-30-501-0000-0060 hereby designates Douglas Land, Inc. 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 checked="" type="checkbox"/> Final Plat
<input checked="" type="checkbox"/> Future Land Use	<input type="checkbox"/> Lot Split/Reconfiguration	<input checked="" 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 checked="" type="checkbox"/> Vacate	<input checked="" type="checkbox"/> Variance	<input type="checkbox"/> Temporary Use	<input type="checkbox"/> Other (please list):

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.

Date

10/13/22

Property Owner's Signature

William Presley

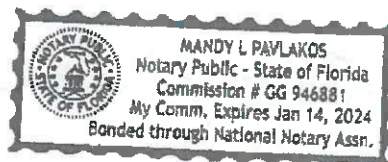
Property Owner's Printed Name

William Presley

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 William Presley (property owner),
☒ by means of physical presence or ☐ online notarization; and ☐ who is personally known to me or ☐ who has produced FL Drivers License as identification, and who executed the foregoing instrument and sworn an oath on this 13 day of October, 2022.



Notary Public

Mandy Pavlakos

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).

DODSON, ERNEST L & DODSON, LARRY G
I, _____, the owner of record for the following described
property (Tax/Parcel ID Number) 29193050100000010 hereby designates
Douglas Land, Inc. 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 checked="" type="checkbox"/> Final Plat
<input checked="" type="checkbox"/> Future Land Use	<input type="checkbox"/> Lot Split/Reconfiguration	<input checked="" 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 checked="" type="checkbox"/> Vacate	<input checked="" type="checkbox"/> Variance	<input type="checkbox"/> Temporary Use	<input type="checkbox"/> Other (please list):

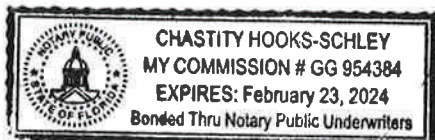
OTHER: _____
and make binding statements and commitments regarding the request(s). I certify that I have examined the
attached application(s) and that all statements and diagrams submitted are true and accurate to the best of my
knowledge. Further, I understand that this application, attachments, and fees become part of the Official Records
of Seminole County, Florida and are not returnable.

Feb 27, 2023
Date

Larry Dodson
Property Owner's Signature
Larry Dodson
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 Larry Dodson (property owner),
☒ by means of physical presence or ☐ online notarization; and ☐ who is personally known to me or ☒ who has
produced Drivers Lic as identification, and who executed the foregoing instrument and
sworn an oath on this 27 day of February, 20 23.



Chastity Hooks-Schley
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).

DODSON, ERNEST L & DODSON, LARRY G

I, _____, the owner of record for the following described property (Tax/Parcel ID Number) 29193050100000010 hereby designates Douglas Land, Inc. 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 checked="" type="checkbox"/> Final Plat
<input checked="" type="checkbox"/> Future Land Use	<input type="checkbox"/> Lot Split/Reconfiguration	<input checked="" 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 checked="" type="checkbox"/> Vacate	<input checked="" type="checkbox"/> Variance	<input type="checkbox"/> Temporary Use	<input type="checkbox"/> Other (please list):

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.

26 Feb 23
Date

Ernest L Dodson
Property Owner's Signature

Ernest L Dodson
Property Owner's Printed Name

STATE OF FLORIDA
COUNTY OF Polk

SWORN TO AND SUBSCRIBED before me, an officer duly authorized in the State of Florida to take acknowledgements, appeared Ernest L. Dodson (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 26th day of Feb, 2023.



Paula S. Holm
Commission # GS 314647
Expires: March 30, 2023
Bonded Thru Aaron Notary

Paula S. Holm
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).

DODGE, GRACE A & SPIVEY, KENNETH L & SPIVEY, GLENN A

I, _____, the owner of record for the following described property (Tax/Parcel ID Number) 29193030002200000 hereby designates Douglas Land, Inc. 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 checked="" type="checkbox"/> Final Plat
<input checked="" type="checkbox"/> Future Land Use	<input type="checkbox"/> Lot Split/Reconfiguration	<input checked="" 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 checked="" type="checkbox"/> Vacate	<input checked="" type="checkbox"/> Variance	<input type="checkbox"/> Temporary Use	<input type="checkbox"/> Other (please list):

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.

2/27/2023
Date

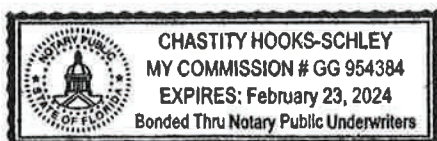
Grace Tincher
Property Owner's Signature

Grace Tincher
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 Grace Tincher (property owner),
☒ by means of physical presence or ☐ online notarization; and ☐ who is personally known to me or ☒ who has produced Drivers Lic as identification, and who executed the foregoing instrument and sworn an oath on this 27 day of February, 20 23



Chastity Hooks-Schley
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).

DODGE, GRACE A & SPIVEY, KENNETH L & SPIVEY, GLENN A

I, _____, the owner of record for the following described property (Tax/Parcel ID Number) 29193030002200000 hereby designates Douglas Land, Inc. 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 checked="" type="checkbox"/> Final Plat
<input checked="" type="checkbox"/> Future Land Use	<input type="checkbox"/> Lot Split/Reconfiguration	<input checked="" 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 checked="" type="checkbox"/> Vacate	<input checked="" type="checkbox"/> Variance	<input type="checkbox"/> Temporary Use	<input type="checkbox"/> Other (please list):

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.

Date

FEB 27, 2023

Property Owner's Signature

Kenneth Spivey

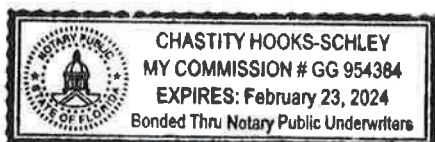
Property Owner's Printed Name

Kenneth Spivey

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 Kenneth Spivey (property owner),
☒ by means of physical presence or ☐ online notarization; and ☐ who is personally known to me or ☒ who has produced Drivers Lic as identification, and who executed the foregoing instrument and sworn an oath on this 27 day of February, 20 23.



Notary Public

Chastity Hooks-Schley

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).

SWEENEY, DAVID R & ANNETTE

I, _____, the owner of record for the following described property (Tax/Parcel ID Number) 29193030001900000 hereby designates Douglas Land, Inc. 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 checked="" type="checkbox"/> Final Plat
<input checked="" type="checkbox"/> Future Land Use	<input type="checkbox"/> Lot Split/Reconfiguration	<input checked="" 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 checked="" type="checkbox"/> Vacate	<input checked="" type="checkbox"/> Variance	<input type="checkbox"/> Temporary Use	<input type="checkbox"/> Other (please list):

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.

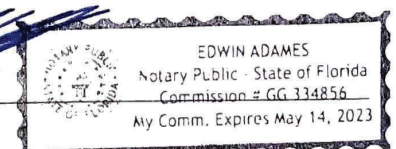
2/2/2023
Date

Annette Sweeney
Property Owner's Signature
Annette Sweeney
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 Annette Sweeney (property owner),
☐ by means of physical presence or ☐ online notarization; and ☐ who is personally known to me or ☒ who has produced Florida Driver License as identification, and who executed the foregoing instrument and sworn an oath on this 2nd day of February, 2023.

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).

SWEENEY, DAVID R & ANNETTE

I, _____, the owner of record for the following described property (Tax/Parcel ID Number) 29193030001900000 hereby designates Douglas Land, Inc. 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 checked="" type="checkbox"/> Final Plat
<input checked="" type="checkbox"/> Future Land Use	<input type="checkbox"/> Lot Split/Reconfiguration	<input checked="" 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 checked="" type="checkbox"/> Vacate	<input checked="" type="checkbox"/> Variance	<input type="checkbox"/> Temporary Use	<input type="checkbox"/> Other (please list):

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.

2/2/23
Date

David R Sweeney
Property Owner's Signature
David R Sweeney
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 DAVID R. Sweeney (property owner),
☐ by means of physical presence or ☐ online notarization; and ☐ who is personally known to me or ☒ who has produced Florida Driver License as identification, and who executed the foregoing instrument and sworn an oath on this 2nd day of February, 20 23.

[Signature]
Notary Public

EDWIN ADAMES
Notary Public - State of Florida
Commission # GG 334856
My Comm. Expires May 14, 2023

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, **GERALD F WILLIAMS, JR**, the owner of record for the following described property (Tax/Parcel ID Number) **291930300018K0000, 291930300018E0000** hereby designates **Douglas Land, Inc.** 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 checked="" type="checkbox"/> Final Plat
<input checked="" type="checkbox"/> Future Land Use	<input type="checkbox"/> Lot Split/Reconfiguration	<input checked="" 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 checked="" type="checkbox"/> Vacate	<input checked="" type="checkbox"/> Variance	<input type="checkbox"/> Temporary Use	<input type="checkbox"/> Other (please list):

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.

Date February 16, 2023

Gerald Franklin Williams Jr
Property Owner's Signature

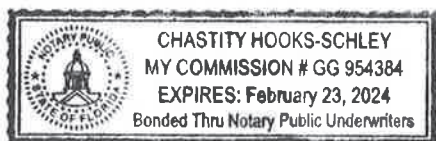
Gerald Franklin Williams Jr
Property Owner's Printed Name

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 Gerald Franklin Williams Jr. (property owner),

☒ by means of physical presence or ☐ online notarization; and ☐ who is personally known to me or ☐ who has produced Drivers Lic. as identification, and who executed the foregoing instrument and sworn an oath on this 16 day of February, 2023.



Chastity Hooks-Schley
Notary Public