



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

PROJ #: \_\_\_\_\_

BS #: \_\_\_\_\_

MEETING: \_\_\_\_\_

### SPECIAL EXCEPTION

APPLICATION WON'T BE ACCEPTED UNTIL A PRE-APP HAS BEEN REVIEWED & ALL REQUIRED DOCUMENTS ARE SUBMITTED

#### APPLICATION TYPE/FEE

<b>SPECIAL EXCEPTION</b> \$1,350.00	<input checked="" type="checkbox"/> CHURCH	<input type="checkbox"/> RIDING STABLE
	<input type="checkbox"/> DAYCARE	<input type="checkbox"/> ASSISTED LIVING FACILITY (ALF)
	<input type="checkbox"/> SCHOOL	<input type="checkbox"/> ALCOHOLIC BEVERAGE ESTABLISHMENT
	<input type="checkbox"/> GROUP HOME	<input type="checkbox"/> COMMUNICATION TOWER
	<input type="checkbox"/> KENNEL	<input type="checkbox"/> OTHER: _____

#### PROPERTY

PARCEL ID #: 31-19-30-3000-012A-0000, 31-19-30-3000-0130-0000, 31-19-30-300-013C-0000, 31-19-30-502-0000-1380	
ADDRESS: 1711 S Orange Blvd.	
TOTAL ACREAGE: 12.07	CURRENT USE OF PROPERTY: church
WATER PROVIDER: Seminole County	SEWER PROVIDER: Seminole County
ZONING: A-1	FUTURE LAND USE: LDR
IS THE PROPERTY AVAILABLE FOR INSPECTION WITHOUT AN APPOINTMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	

#### OWNER

NAME: City Church of Orlando - Eugene Smith, Pastor COMPANY: City Church of Orlando		
ADDRESS: 1711 S. Orange Blvd		
CITY: Sanford	STATE: FL	ZIP: 32771
PHONE: 407-321-9600	EMAIL: eugene@citychurchfl.org	

#### APPLICANT/CONSULTANT

NAME: RM Strategies, Inc. - Randall Morris COMPANY: RM Strategies, Inc.		
ADDRESS: 1711 S. Orange Blvd		
CITY: Sanford	STATE: FL	ZIP: 32771
PHONE: 407-872-1515	EMAIL: permitting@evansenginc.com	

  
SIGNATURE OF OWNER/AUTHORIZED AGENT

11/30/2022  
DATE

**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):

(501 c3)

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

(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
EUGENE R. SMITH	PRES	(1747 PIEDMONT PLACE)	N/A
LAURA J. SMITH	V. PRES	(LAKE MARY, FL 32746)	N/A
ROBERT K. WILLIAMS	S/TREAS	160 OAK VIEW CIR L. MARY FL	N/A

(SEE ADD'L SHEETS)

(Use additional sheets for more space)

32746

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)

## ADDITIONAL OFFICERS:

- MARCUS GOSS - DIRECTOR - 1057 BLACKWOOD ST.  
ALTAMONTE SPRINGS, FL  
32701
- DAVID LEE - DIRECTOR - 216 S. CRYSTAL DR.  
SANFORD, FL 32773
- RICHARD MILES - DIRECTOR - 2460 MONTE CRISTO WAY  
SANFORD, FL 32771

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

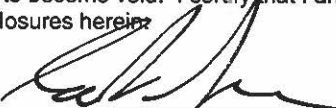
(Use additional sheets for more space)

Date of Contract: \_\_\_\_\_

Specify any contingency clause related to the outcome for consideration of the application: \_\_\_\_\_

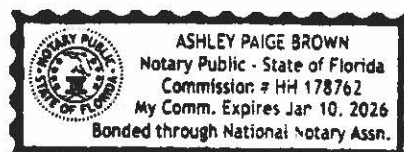
7. As to any type of owner referred to above, a change of ownership occurring subsequent to this application, shall be disclosed in writing to the Planning and Development Director prior to the date of the public hearing on the application.
8. I affirm that the above representations are true and are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

Date 11/30/2022

  
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 30<sup>TH</sup> day of November, 2022, by Eugene Smith, who is ☒ personally known to me, or ☐ has produced \_\_\_\_\_ as identification.



  
Signature of Notary Public

Ashley Brown  
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, City Church of Orlando - Eugene Smith, Pastor, the owner of record for the following described property (Tax/Parcel ID Number) 31-19-30-3000-012A-0000, 31-19-30-3000-0130-0000, 31-19-30-300-013C-0000, 31-19-30-502-0000-1380 hereby designates RM Strategies, Inc - Randall Morris to act as my authorized agent for the filing of the attached application(s) for:

<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	<input type="checkbox"/> Lot Split/Reconfiguration	<input type="checkbox"/> Minor Plat	<input type="checkbox"/> Special Event
<input type="checkbox"/> Preliminary Sub. Plan	<input type="checkbox"/> Site Plan	<input checked="" type="checkbox"/> Special Exception	<input type="checkbox"/> Rezone
<input type="checkbox"/> Vacate	<input 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.

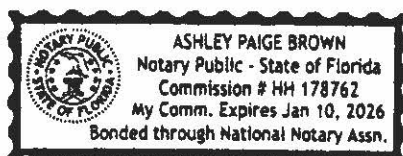
11/30/2022  
Date

[Signature]  
Property Owner's Signature

City Church of Orlando, Eugene Smith, Pastor  
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 Eugene Smith (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 30<sup>TH</sup> day of November, 2023.



[Signature]  
Notary Public

## ATTACHMENT CHECKLIST

- ☐ APPLICATION
- ☐ APPLICATION FEE
- ☐ OWNERSHIP DISCLOSURE FORM (ADD'L DOCUMENTATION REQUIRED IF OWNER IS A TRUST OR CORPORATION)
- ☐ OWNER'S AUTHORIZATION FORM, IF APPLICABLE
- ☐ STATEMENT OF REQUEST (INCLUDE: SUMMARY OF BUSINESS OPERATION, SQUARE FOOTAGE, HOURS OF OPERATION, SEATING CAPACITY, NUMBER OF CLIENTS/STUDENTS AND STAFF, EMPLOYEE SHIFTS, SITE CONCERNS THAT MAY IMPACT ADJACENT PROPERTIES, ETC.)
- ☐ DETAILED CONCEPTUAL SITE PLAN (INCLUDE: SIZE AND DIMENSION OF THE PARCEL, EXISTING AND/OR PROPOSED STRUCTURES, FENCES AND IMPROVEMENTS, STRUCTURE HEIGHT(S), SETBACKS FROM EACH STRUCTURE TO THE PROPERTY LINES, IDENTIFICATION OF AVAILABLE UTILITIES, LOCATIONS OF WETLANDS, FLOOD LINES, ABUTTING STREETS/RIGHT OF WAYS, DRIVEWAYS, SEPTIC SYSTEMS, DRAIN FIELDS, WELLS, EASEMENTS, BUFFERS, PARKING SPACES, OUTDOOR LIGHTING, SIGNAGE, FIRE LANES, ETC.)