

Received: 5/11/23

Paid: 5/15/23



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

PROJ. #: 23-20500010
Z #: 2023-010
LUA #:

REZONE/FUTURE LAND USE AMENDMENT

ALL INFORMATION MUST BE PROVIDED FOR APPLICATION TO BE CONSIDERED COMPLETE

APPLICATION TYPES/FEEES

Form containing application types and fees:
- LARGE SCALE FUTURE LAND USE AMENDMENT (>50 ACRES) \$400/ACRE* (\$10,000 MAX. FEE)
- LARGE SCALE FLU AMENDMENT AND REZONE (>50 ACRES) \$400/ACRE* (\$10,000 MAX. FEE) + 50% OF REZONE FEE
- SMALL SCALE FUTURE LAND USE AMENDMENT (≤50 ACRES) \$3,500
- SMALL SCALE FLU AMENDMENT AND REZONE (≤50 ACRES) \$3,500 + 50% OF REZONE FEE
- REZONE (NON-PD)** \$2,500 + \$75/ACRE* (\$6,500 MAX. FEE)
- REZONE (PD)** \$4,000 + \$75/ACRE* (\$10,000 MAX. FEE)
- DEVELOPMENT OF REGIONAL IMPACT (DRI) \$3,500.00

* ALL PER ACRE FEES ARE ROUNDED UP TO THE NEAREST FULL ACRE
** 50% OF REZONE FEE IF REZONE IS CONCURRENT WITH A LAND USE AMENDMENT
^ ACREAGE IS CALCULATED FOR THE AFFECTED AREA ONLY

PROJECT

PROJECT NAME:	Tri State Towing		
PARCEL ID #(S):	29-21-31-300-0030-0000		
LOCATION:	SR 426		
EXISTING USE(S):	Vacant	PROPOSED USE(S):	Tow Yard
TOTAL ACREAGE:	0.92	BCC DISTRICT:	1
WATER PROVIDER:	Sem Co	SEWER PROVIDER:	Septic
CURRENT ZONING:	A-1	PROPOSED ZONING:	PD
CURRENT FUTURE LAND USE:	Ind	PROPOSED FUTURE LAND USE:	Ind

APPLICANTEPLAN PRIVILEGES: VIEW ONLY UPLOAD NONE

NAME:	Brian Taylor	COMPANY:	Tri State Towing
ADDRESS:			
CITY:		STATE:	
PHONE:	407-788-6161	EMAIL:	BMtaylor76@gmail.com

CONSULTANTEPLAN PRIVILEGES: VIEW ONLY UPLOAD NONE

NAME:	Kim Fischer	COMPANY:	Cycorp Engineering Inc
ADDRESS:	1614 White Dove Drive		
CITY:	Winter Springs	STATE:	FL
PHONE:	407-405-7819	EMAIL:	kim@cycorpengineers.com

OWNER(S)

(INCLUDE NOTARIZED OWNER'S AUTHORIZATION FORM)

NAME(S):	Stephen Ratcliff		
ADDRESS:	751 E Chapman Road		
CITY:	Oviedo	STATE:	FL
PHONE:		EMAIL:	

ATTACHMENT CHECKLIST

HARDCOPY SUBMITTAL

- APPLICATION
- APPLICATION FEE
- PROPERTY APPRAISER'S PROPERTY CARD PRINTOUT
- OWNERSHIP DISCLOSURE FORM (ADD'L DOCUMENTATION REQUIRED IF OWNER IS A TRUST OR CORPORATION)
- OWNER'S AUTHORIZATION FORM, IF APPLICABLE (ADD'L DOCUMENTATION REQUIRED IF OWNER IS A TRUST OR CORPORATION)
- CONCURRENCY APPLICATION OR DEFERRAL AFFIDAVIT AND FEE, IF APPLICABLE
- NARRATIVE OF AMENDMENT (PD MAJOR/MINOR AMENDMENT ONLY)
- ARBOR APPLICATION (PD FINAL DEVELOPMENT PLAN AS AN ENGINEERED SITE PLAN ONLY)

E-PLAN UPLOAD

- BOUNDARY SURVEY
- SCHOOL IMPACT ANALYSIS (CONTACT SCHOOL BOARD FOR APPLICATION)
-CONTACT RICHARD LEBLANC AT (407) 320-0560 OR LEBANRZ@SCPS.K12.FL.US
- LEGAL DESCRIPTION IN MS WORD FORMAT
- APPROVED TRAFFIC METHADODOLOGY LETTER FROM PUBLIC WORKS ENGINEERING DIVISION, IF APPLICABLE ATTACHMENT
- "A" AND ALL SUPPORTING DOCUMENTS (FUTURE LAND USE AMENDMENTS ONLY)
- TRAFFIC IMPACT ANALYSIS (PROJECTS GENERATING 50 OR MORE PEAK HOUR TRIPS)
- DRAFT DEVELOPER'S COMMITMENT AGREEMENT IN MS WORD FORMAT (PD FINAL DEVELOPMENT PLAN ONLY)
- DRAFT DEVELOPMENT ORDER IN MS WORD FORMAT (REZONE TO PD, OP, RP, RM-2, RM-3, R-3, R-3A, R-4 AND MYRTLE ST ONLY)
- MASTER DEVELOPMENT PLAN INCLUDING A PUBLIC FACILITIES AND SERVICES ANALYSIS SUMMARY SHOWN ON THE PLAN IN A TABLE WITH SUPPORTING DATA PROVIDED SEPARATELY (PD REZONE & MASTER DEVELOPMENT PLAN ONLY)

CONCURRENCY REVIEW MANAGEMENT SYSTEM (SELECT ONE)

I elect to defer the Concurrency Review that is required by Chapter 163, Florida Statutes, per Seminole County's Comprehensive Plan for the above listed property until a point as late as Site Plan and/or Final Engineering submittals for this proposed development plan. I further specifically acknowledge that any proposed development on the subject property will be required to undergo Concurrency Review and meet all Concurrency requirements in the future. PD Final Development Plan may not defer.

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.)

TYPE OF CERTIFICATE

CERTIFICATE NUMBER

DATE ISSUED

VESTING: _____

TEST NOTICE: _____

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.

By my signature hereto, I do hereby certify that the information contained in this application is true and correct to the best of my knowledge, and understand that deliberate misrepresentation of such information may be grounds for denial or reversal of the application and/or revocation of any approval based upon this application.

I hereby authorize County staff to enter upon the subject property at any reasonable time for the purposes of investigating and reviewing this request. I also hereby agree to place a public notice sign (placard), if required, on the subject property at a location(s) to be determined by County staff.

I further acknowledge that Seminole County may not defend any challenge to my proposed Future Land Use Amendment/Rezoning and related development approvals, and that it may be my sole obligation to defend any and all actions and approvals, which authorize the use or development of the subject property. Submission of this form initiates a process and does not imply approval by Seminole County or any of its boards, commissions or staff.

I further acknowledge that I have read the information contained in this application pertaining to proposed amendments to the official Zoning map, official Future Land Use map and/or Comprehensive Plan and have had sufficient opportunity to inquire with regard to matters set forth therein and, accordingly, understand all applicable procedures and matters relating to this application.

I hereby represent that I have the lawful right and authority to file this application.



5/11/2023

SIGNATURE OF AUTHORIZED APPLICANT

DATE

(PROOF OF PROPERTY OWNER'S AUTHORIZATION IS REQUIRED WITH SUBMITTAL IF SIGNED BY SOMEONE OTHER THAN THE PROPERTY OWNER)

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, Stephen Ratcliff, the owner of record for the following described property (Tax/Parcel ID Number) 29-21-31-300-0030-0000 hereby designates Kim Fischer 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 ^{SR}	<input type="checkbox"/> Lot Split/Reconfiguration	<input type="checkbox"/> Minor Plat	<input type="checkbox"/> Special Event
<input 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 type="checkbox"/> Variance	<input type="checkbox"/> Temporary Use	<input type="checkbox"/> Other (please list):

OTHER: Any and all permits associated with development for Tri State Towing 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 26, 2023

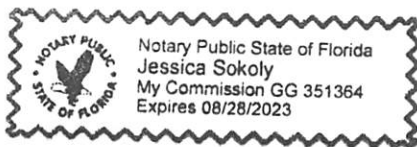


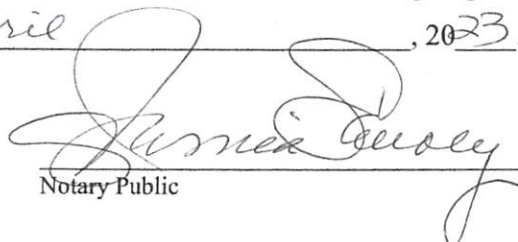
 Property Owner's Signature
Stephen Ratcliff

 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 Stephen Ratcliff (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 April, 2023.





 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): _____

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
Stephen Ratcliff	751 E Chapman Road	
Debra Pacha	Oviedo FL 32765	

(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:

5/11/2023
Date

Kim Fischer
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 11th day of May, 2023, by Kim Fischer, who is personally known to me, or has produced _____ as identification.

Nicole Martin
Signature of Notary Public



NICOLE MARTIN
Commission # HH 249622
Expires August 5, 2026

Print, Type or Stamp Name of Notary Public

Property Record Card

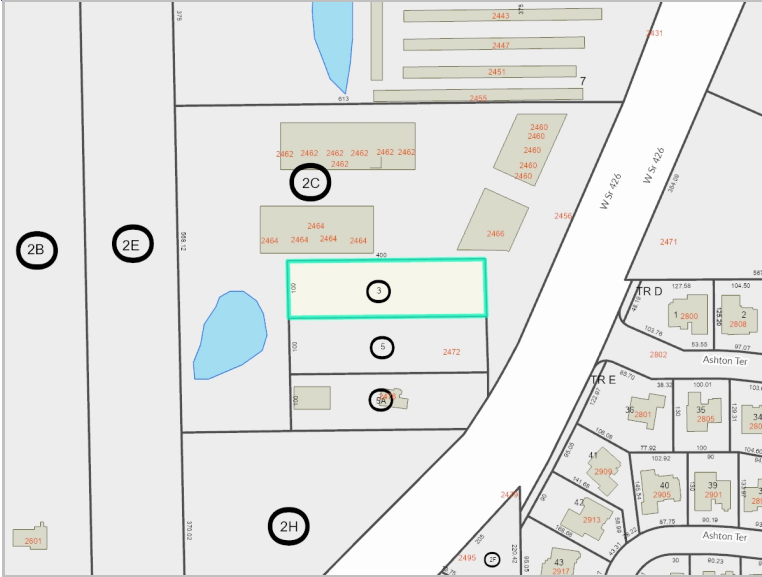


Parcel 29-21-31-300-0030-0000

Property Address STRD 426 OVIEDO, FL 32765

Parcel Location

Site View



Sorry, No Image Available at this Time

Parcel Information

Value Summary

Parcel	29-21-31-300-0030-0000
Owner(s)	RATCLIFF, STEPHEN J - Tenants in Common :50 PACHA, DEBRA - Tenants in Common :50
Property Address	STRD 426 OVIEDO, FL 32765
Mailing	751 E CHAPMAN RD OVIEDO, FL 32765-9017
Subdivision Name	
Tax District	01-COUNTY-TX DIST 1
DOR Use Code	00-VACANT RESIDENTIAL
Exemptions	None
AG Classification	No

	2023 Working Values	2022 Certified Values
Valuation Method	Cost/Market	Cost/Market
Number of Buildings	0	0
Depreciated Bldg Value		
Depreciated EXFT Value		
Land Value (Market)	\$100,980	\$78,030
Land Value Ag		
Just/Market Value	\$100,980	\$78,030
Portability Adj		
Save Our Homes Adj	\$0	\$0
Amendment 1 Adj	\$17,671	\$2,295
P&G Adj	\$0	\$0
Assessed Value	\$83,309	\$75,735

2022 Certified Tax Summary

2022 Tax Amount without Exemptions	\$1,046.23	2022 Tax Savings with Exemptions	\$18.24
2022 Tax Bill Amount	\$1,027.99		

* Does NOT INCLUDE Non Ad Valorem Assessments

Legal Description

SEC 29 TWP 21S RGE 31E
N 100 FT OF S 695 FT OF W
400 FT OF E 425 FT OF NW
1/4

Taxes

Taxing Authority	Assessment Value	Exempt Values	Taxable Value
ROAD DISTRICT	\$83,309	\$0	\$83,309
SJWM(Saint Johns Water Management)	\$83,309	\$0	\$83,309
FIRE	\$83,309	\$0	\$83,309
COUNTY GENERAL FUND	\$83,309	\$0	\$83,309
Schools	\$100,980	\$0	\$100,980

Sales

Description	Date	Book	Page	Amount	Qualified	Vac/Imp
QUIT CLAIM DEED	12/01/2002	04657	1058	\$100	No	Vacant
WARRANTY DEED	11/01/2002	04657	1059	\$90,000	Yes	Vacant
PROBATE RECORDS	07/01/2002	04463	1464	\$100	No	Vacant
WARRANTY DEED	05/01/1981	01343	1009	\$4,000	No	Vacant

Land

Method	Frontage	Depth	Units	Units Price	Land Value
ACREAGE			0.918	\$110,000.00	\$100,980

Building Information Permits

Permit #	Description	Agency	Amount	CO Date	Permit Date
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Extra Features

Description	Year Built	Units	Value	New Cost
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Zoning

Zoning	Zoning Description	Future Land Use	Future Land Use Description
A-1	Industrial	IND	Agricultural-1Ac

Utility Information

Fire Station	Power	Phone(Analog)	Water Provider	Sewer Provider	Garbage Pickup	Recycle	Yard Waste	Hauler
29.00	DUKE	AT&T	SEMINOLE COUNTY UTILITIES	SEMINOLE COUNTY UTILITIES	NA	NA	NA	NA

Political Representation

Commissioner	US Congress	State House	State Senate	Voting Precinct
Dist 1 - Bob Dallari	Dist 7 - Cory Mills	Dist 30 - Susan Plasencia	Dist 9 - Jason Brodeur	69

School Information

Elementary School District	Middle School District	High School District
Evans	Tuskawilla	Lake Howell

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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: 5/15/2023 9:13:17 AM
Project: 23-20500010
Credit Card Number: 55*****4740
Authorization Number: 09513Q
Transaction Number: 150523O3A-01F29F70-F53D-4CAF-A320-7771F80C2025
Total Fees Paid: 4149.60

Fees Paid

Description	Amount
CC CONVENIENCE FEE -- PZ	74.60
REZ & MASTER DEVEL PLAN 14	4075.00
Total Amount	4149.60