



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

PROJ. #: 25-06000034

Received: 8/5/25

Paid: 8/5/25

SITE PLAN/DREDGE & FILL

ALL INFORMATION MUST BE PROVIDED FOR APPLICATION TO BE CONSIDERED COMPLETE

APPLICATION TYPES/FEES

<input type="checkbox"/> SMALL SITE PLAN (<2,500 SQUARE FEET IMPERVIOUS SURFACE AREA SUBJECT FOR REVIEW)	\$500.00
<input type="checkbox"/> RESTRIPING/RESURFACING PARKING (WITH NO CHANGES TO THE EXISTING LAYOUT)	
<input type="checkbox"/> FILL (≥100 CUBIC YARDS OF FILL AND/OR IN FLOOD PLAIN OR WETLAND PER SEC. 40.2)	\$500.00
<input type="checkbox"/> DREDGE AND FILL	\$750.00
<input checked="" type="checkbox"/> SITE PLAN (>2,500 SQUARE FEET IMPERVIOUS SURFACE AREA SUBJECT FOR REVIEW)	CALCULATED BELOW MAXIMUM \$9,000
NEW BUILDING SQUARE FOOTAGE: <u>10,000</u> + NEW PAVEMENT SQUARE FOOTAGE: <u>64,014</u> = TOTAL SQUARE FEET OF NEW IMPERVIOUS SURFACE AREA (ISA) SUBJECT FOR REVIEW: <u>74,014</u>	
(TOTAL NEW ISA <u>74,014</u> /1,000 = <u>74.01</u>) * x \$25 + \$2,500 = FEE DUE: <u>4,350.25</u>	
EXAMPLE: 40,578 SF OF NEW ISA SUBJECT FOR REVIEW = 40,578/1,000 = <u>40.58*</u> x \$25 = <u>\$1,014.50</u> + \$2,500 = <u>\$3,514.50</u>	
*ROUNDED TO 2 DECIMAL POINTS	

PROJECT

PROJECT NAME: Beardall Industrial			
PARCEL ID #(S): 33-19-31-300-019B-0000			
DESCRIPTION OF PROJECT: 10,000 SF Industrial Warehouse with outdoor storage. The Project also includes driveways, parking, and all other associated infrastructure.			
EXISTING USE(S): Vacant		PROPOSED USE(S): Industrial/Warehouse	
ZONING: M-1	FUTURE LAND USE: Industrial General	TOTAL ACREAGE: 4.41	BCC DISTRICT: 01 5: Herr
WATER PROVIDER: Seminole County Sanford		SEWER PROVIDER: Seminole County City of Sanford	
ARE ANY TREES BEING REMOVED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> (IF YES, ATTACH COMPLETED ARBOR APPLICATION)			
IF DREDGE & FILL OR FILL PERMIT, CUBIC YARDS OF FILL PROPOSED: N/A			

APPLICANTEPLAN PRIVILEGES: VIEW ONLY ☐ UPLOAD ☒ NONE ☐

NAME: Jonathan Soule

COMPANY: Noble Land Development, LLC

ADDRESS: 115 West Pine Avenue

CITY: Longwood

STATE: Florida

ZIP: 32750

PHONE: 240-372-1845

EMAIL: jons@noblelanddevelopment.com

CONSULTANTEPLAN PRIVILEGES: VIEW ONLY ☐ UPLOAD ☒ NONE ☐

NAME: Roy Tyson, PE

COMPANY: Kimley-Horn

ADDRESS: 6876 Marwick Lane, Suite 350

CITY: Orlando

STATE: Florida

ZIP: 32827

PHONE: 321-754-0456

EMAIL: roy.tyson@kimley-horn.com

OWNER(S)

(INCLUDE NOTARIZED OWNER'S AUTHORIZATION FORM)

NAME(S): Jonathan Soule

Noble Land Development, LLC.

ADDRESS: 115 West Pine Avenue

CITY: Longwood

STATE: Florida

ZIP: 32750

PHONE: 240-372-1845

EMAIL: jons@noblelanddevelopment.com

CONCURRENCY REVIEW MANAGEMENT SYSTEM (SELECT ONE)

- ☐ 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 CERTIFICATECERTIFICATE NUMBERDATE 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.

- ☒ Not applicable

I understand that the application for site plan review must include all required submittals as specified in Chapter 40, Part 4, of the Seminole County Land Development Code. Submission of incomplete plans may create delays in review and plan approval. **The review fee provides for two plan reviews. Additional reviews will require an additional fee.**

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

Jonathan Soule

Digitally signed by: Jonathan Soule
DN: CN = Jonathan Soule email = jons@noblelanddevelopment.
com C = US O = Noble Land Development, LLC OU = Principal
Date: 2025.07.30 13:22:58 -0400

SIGNATURE OF AUTHORIZED APPLICANT

DATE

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 purchaser (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, Samuel Gucailo, Manager, Sammy Enterprises & Inv LLC, the owner of record for the following described property (Tax/Parcel ID Number) 33-19-31-300-019B-0000 hereby designate Roy Tyson, PE/Kimley-Horn and Jonathan Soule/Noble Land Development, LLC to act as my authorized agent for the filing of the attached application(s) for:

<input checked="" 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 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.

Date

07/30/2025

Owner's Signature

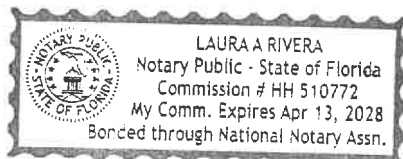
Owner's Printed Name

SAMUEL Gucailo

STATE OF FLORIDA

COUNTY OF Seminole

SWORN TO AND SUBSCRIBED before me, an officer duly authorized in the State of Florida to take acknowledgements, personally appeared Samuel Gucailo, who is personally known to me or who has produced a _____ as identification and who executed the foregoing instrument and sworn an oath on this 30th day of July, 2025.



Notary Public

[Signature]

**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
Samuel Guailo	115 West Pine Avenue, Longwood, FL 32750	321-303-3358
	NA	

(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
	NA		

(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
	NA		

(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
	NA	

(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: Sammy Enterprises & Investments LLC

NAME	TITLE	ADDRESS	% OF INTEREST
Samuel Guailo	Manager	115 West Pine Avenue, Longwood, FL 32750	100
David Cohen	Registered Agent	5728 Major Boulevard Suite 550, Orlando, FL 32819	0

(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
	NA	

(Use additional sheets for more space)

Date of Contract: _____

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

NA

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:

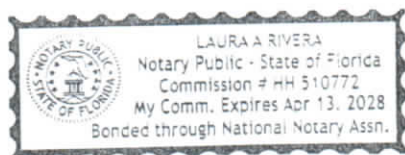
Date

08/05/2025

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 5th day of August, 2025, by Samuel Guailo, who is ☒ personally known to me, or ☐ has produced _____ as identification.



Signature of Notary Public

Laura Rivera
Print, Type or Stamp Name of Notary Public



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

Detail by Entity Name

Florida Limited Liability Company

SAMMY ENTERPRISES AND INVESTMENTS, LLC

Filing Information

Document Number L10000018281
FEI/EIN Number 30-0607959
Date Filed 02/17/2010
State FL
Status ACTIVE

Principal Address

115 WEST PINE AVENUE
LONGWOOD, FL 32750

Mailing Address

115 WEST PINE AVENUE
LONGWOOD, FL 32750

Registered Agent Name & Address

COHEN, DAVID SESQUIRE
5728 MAJOR BLVD.
SUITE 550
ORLANDO, FL 32819

Authorized Person(s) Detail

Name & Address

Title MGR

GUCAILO, SAMUEL

115 WEST PINE AVENUE
LONGWOOD, FL 32750

Annual Reports

Report Year	Filed Date
2023	02/27/2023
2024	02/16/2024
2025	02/11/2025

Document Images

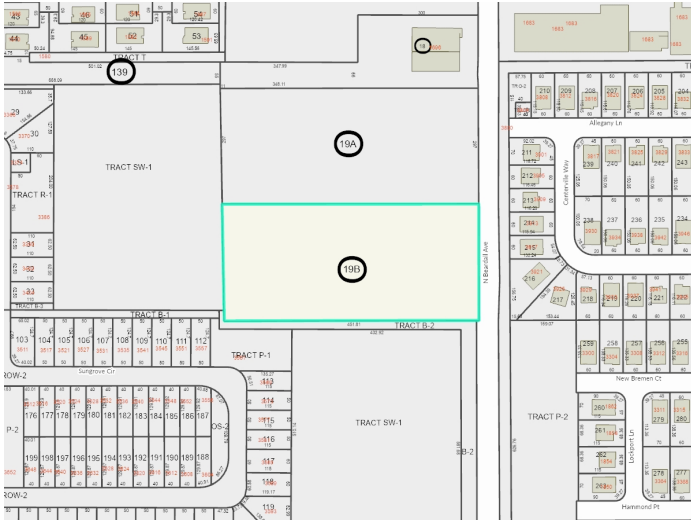
02/11/2025 -- ANNUAL REPORT	View image in PDF format
02/16/2024 -- ANNUAL REPORT	View image in PDF format
02/27/2023 -- ANNUAL REPORT	View image in PDF format
03/24/2022 -- ANNUAL REPORT	View image in PDF format
04/08/2021 -- ANNUAL REPORT	View image in PDF format
02/04/2020 -- ANNUAL REPORT	View image in PDF format
04/04/2019 -- ANNUAL REPORT	View image in PDF format
03/22/2018 -- ANNUAL REPORT	View image in PDF format
04/05/2017 -- ANNUAL REPORT	View image in PDF format
04/19/2016 -- ANNUAL REPORT	View image in PDF format
02/05/2015 -- ANNUAL REPORT	View image in PDF format
02/17/2014 -- ANNUAL REPORT	View image in PDF format
01/16/2013 -- ANNUAL REPORT	View image in PDF format
03/21/2012 -- ANNUAL REPORT	View image in PDF format
03/18/2011 -- ANNUAL REPORT	View image in PDF format
02/17/2010 -- Florida Limited Liability	View image in PDF format

Property Record Card



Parcel: **33-19-31-300-019B-0000**
 Property Address:
 Owners: **SAMMY ENTERPRISES & INV LLC**
 2025 Market Value \$600,163 Assessed Value \$550,150 Taxable Value \$550,150
 2024 Tax Bill \$6,606.30
 Vac Industrial General property has a lot size of 4.48 Acres

Parcel Location



Site View

Parcel Information

Parcel	33-19-31-300-019B-0000
Property Address	
Mailing Address	115 W PINE AVE LONGWOOD, FL 32750-4151
Subdivision	
Tax District	01:County Tax District
DOR Use Code	40:Vac Industrial General
Exemptions	None
AG Classification	No

Value Summary

	2025 Working Values	2024 Certified Values
Valuation Method	Cost/Market	Cost/Market
Number of Buildings	0	0
Depreciated Building Value	\$0	\$0
Depreciated Other Features	\$0	\$0
Land Value (Market)	\$600,163	\$500,136
Land Value Agriculture	\$0	\$0
Just/Market Value	\$600,163	\$500,136
Portability Adjustment	\$0	\$0
Save Our Homes Adjustment/Maximum Portability	\$0	\$0
Non-Hx 10% Cap (AMD 1)	\$50,013	\$0
P&G Adjustment	\$0	\$0
Assessed Value	\$550,150	\$500,136

2024 Certified Tax Summary

Tax Amount w/o Exemptions	\$6,606.30
Tax Bill Amount	\$6,606.30
Tax Savings with Exemptions	\$0.00

Note: Does NOT INCLUDE Non Ad Valorem Assessments

Owner(s)

Name - Ownership Type

SAMMY ENTERPRISES & INV LLC

Legal Description

SEC 33 TWP 19S RGE 31E
NE 1/4 OF SE 1/4 OF NW 1/4 (LESS
N 363 FT & RD)

Taxes

Taxing Authority	Assessed	Exempt Amount	Taxable
COUNTY GENERAL FUND	\$550,150	\$0	\$550,150
Schools	\$600,163	\$0	\$600,163
FIRE	\$550,150	\$0	\$550,150
ROAD DISTRICT	\$550,150	\$0	\$550,150
SJWM(Saint Johns Water Management)	\$550,150	\$0	\$550,150

Sales

Deed Type	Date	Sale Amount	Book / Page	Sale Type	Qualified?
SPECIAL WARRANTY DEED	4/1/2013	\$150,000	08016/0307	Vacant	No
CERTIFICATE OF TITLE	8/1/2012	\$100	07838/1164	Vacant	No
WARRANTY DEED	9/1/2003	\$140,000	05029/0953	Vacant	Yes
WARRANTY DEED	8/1/1984	\$33,200	01573/0088	Vacant	Yes

Land

Units	Rate	Assessed	Market
192,360 SF	\$3.12/SF	\$600,163	\$600,163

Building Information

#	
Use	
Year Built*	
Bed	
Bath	
Fixtures	
Base Area (ft²)	
Total Area (ft²)	
Constuction	
Replacement Cost	
Assessed	

Building

* Year Built = Actual / Effective

Permits				
Permit #	Description	Value	CO Date	Permit Date

Extra Features				
Description	Year Built	Units	Cost	Assessed

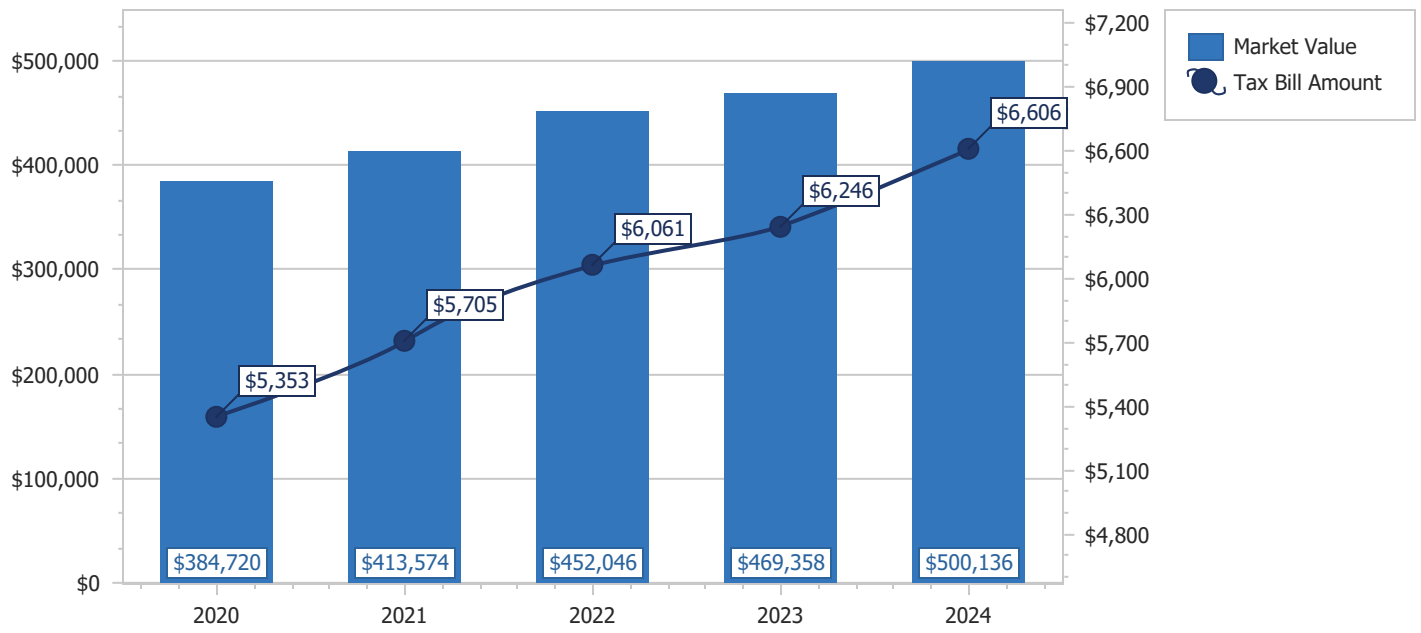
Zoning	
Zoning	M-1
Description	Industrial
Future Land Use	IND
Description	Industrial

Political Representation	
Commissioner	District 5 - Andria Herr
US Congress	District 7 - Cory Mills
State House	District 36 - Rachel Plakon
State Senate	District 10 - Jason Brodeur
Voting Precinct	Precinct 10

School Districts	
Elementary	Region 3
Middle	Millennium
High	Seminole

Utilities	
Fire Station #	Station: 41 Zone: 411
Power Company	FPL
Phone (Analog)	AT&T
Water	Sanford
Sewage	City Of Sanford
Garbage Pickup	
Recycle	
Yard Waste	
Hauler #	

Property Value History



Copyright 2025 © Seminole County Property Appraiser

*

8/05/25 SEMINOLE COUNTY GOVERNMENT - PROJECT FEES RECEIPT16:33:55
PROJ # 25-06000034 RECEIPT # 0217462

OWNER:

JOB ADDRESS:

LOT #:

SITE PLAN	4350.25	4350.25	.00
-----------	---------	---------	-----

TOTAL FEES DUE.....: 4350.25

AMOUNT RECEIVED.....: 4350.25

* DEPOSITS NON-REFUNDABLE *

** THERE IS A PROCESSING FEE RETAINAGE FOR ALL REFUNDS **

COLLECTED BY: DRHR01	BALANCE DUE.....:	.00
----------------------	-------------------	-----

CHECK NUMBER.....: 000000060281

CASH/CHECK AMOUNTS...: 4350.25

COLLECTED FROM: NOBLE LAND DEVELOPMENT

DISTRIBUTION.....: 1 - COUNTY 2 - CUSTOMER 3 - 4 - FINANCE