



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

PROJ. #: 25-06000039

Received: 9/3/25

Paid: 9/3/25

SITE PLAN/DREDGE & FILL

ALL INFORMATION MUST BE PROVIDED FOR APPLICATION TO BE CONSIDERED COMPLETE

APPLICATION TYPES/FEEES

<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
<p>NEW BUILDING SQUARE FOOTAGE: <u>0.00</u> + NEW PAVEMENT SQUARE FOOTAGE: <u>31,278.60</u> =</p> <p>TOTAL SQUARE FEET OF NEW IMPERVIOUS SURFACE AREA (ISA) SUBJECT FOR REVIEW: <u>31,278.60</u></p> <p>(TOTAL NEW ISA <u>31,278.60</u> /1,000 = <u>31.28</u>) * x \$25 + \$2,500 = FEE DUE: \$3,282.00</p> <p>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></p> <p>*ROUNDED TO 2 DECIMAL POINTS</p>	

PROJECT

PROJECT NAME: Burch Family Subdivision			
PARCEL ID #(S): 30-21-31-300-0060-0000			
DESCRIPTION OF PROJECT: Construction of an access driveway to support a Minor Plat for four (4) lots.			
EXISTING USE(S): Vacant Land		PROPOSED USE(S): Residential	
ZONING: A-1	FUTURE LAND USE: SE	TOTAL ACREAGE: 13.94	BCC DISTRICT: Dist 1
WATER PROVIDER: Seminole County		SEWER PROVIDER: N/A (Individual Septic per lot)	
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: Robert & Elizabeth Burch

COMPANY: Burponce Holdings, LLC

ADDRESS: 715 Ironwood Ct

CITY: Winter Springs

STATE: FL

ZIP: 32708

PHONE:

EMAIL: eburchathome@gmail.com

CONSULTANTEPLAN PRIVILEGES: VIEW ONLY ☐ UPLOAD ☒ NONE ☐

NAME: Rick Ortiz

COMPANY: Poulos & Bennet, LLC

ADDRESS: 2602 E. Livingston Street

CITY: Orlando

STATE: FL

ZIP: 32803

PHONE: 407-487-2594

EMAIL: ahaire@poulosandbennett.com

OWNER(S)

(INCLUDE NOTARIZED OWNER'S AUTHORIZATION FORM)

NAME(S): Robert & Elizabeth Burch

ADDRESS: 715 Ironwood Ct

CITY: Winter Springs

STATE: FL

ZIP: 32708

PHONE:

EMAIL: eburchathome@gmail.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 CERTIFICATE**CERTIFICATE NUMBER****DATE ISSUED**

VESTING:

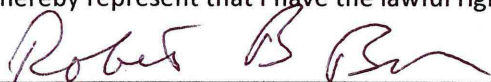
TEST NOTICE:

- ☒ 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.

- ☐ 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.

**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 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, Robert Burch, the owner of record for the following described property [Parcel ID Number(s)] 30-21-31-300-0060-0000 hereby designates Poulos & Bennett, LLC to act as my authorized agent for the filing of the attached application(s) for:

<input type="checkbox"/> Alcohol License	<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 Amendment	<input type="checkbox"/> Lot Split/Reconfiguration	<input checked="" type="checkbox"/> Minor Plat
<input type="checkbox"/> Preliminary Subdivision Plan	<input type="checkbox"/> Rezone	<input checked="" type="checkbox"/> Site Plan	<input type="checkbox"/> Special Event
<input type="checkbox"/> Special Exception	<input type="checkbox"/> Temporary Use Permit	<input type="checkbox"/> Vacate	<input type="checkbox"/> Variance

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.

8/22/2025
Date

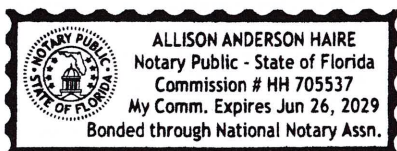
Robert B Burch
Property Owner's Signature

Robert Burch
Property Owner's Printed Name

STATE OF FLORIDA
COUNTY OF Orange

SWORN TO AND SUBSCRIBED before me, an officer duly authorized in the State of Florida to take acknowledgements, appeared Robert Burch (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 22 day of August, 2025.



Allison Anderson Haire
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
Robert Burch	715 Ironwood Ct, Winter Springs, FL 32708	407-575-1745
Elizabeth Burch	715 Ironwood Ct, Winter Springs, FL 32708	407-575-1745

(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: Burponce Holdings, LLC

NAME	TITLE	ADDRESS	% OF INTEREST
Robert Burch	Registered Agent	715 Ironwood Ct, Winter Springs, FL 32708	50
Elizabeth Burch	Manager	715 Ironwood Ct, Winter Springs, FL 32708	50

(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:

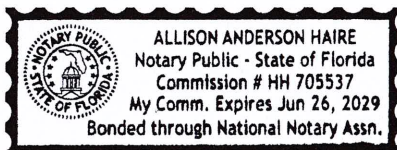
Date _____

Robert Burch
Robert Burch (Sep 2, 2025 19:40:48 EDT)

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 2nd day of September, 2025, by Robert Burch, who is ☒ personally known to me, or ☐ has produced _____ as identification.



Allison Anderson Haire
Signature of Notary Public

Allison Anderson Haire
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

BURPONCE HOLDINGS LLC

Filing Information

Document Number L21000054912
FEI/EIN Number 86-3487615
Date Filed 02/01/2021
Effective Date 01/30/2021
State FL
Status ACTIVE

Principal Address

715 IRONWOOD CT
 WINTER SPRINGS, FL 32708

Mailing Address

715 IRONWOOD CT
 WINTER SPRINGS, FL 32708

Registered Agent Name & Address

BURCH, ROBERT B
 715 IRONWOOD CT
 WINTER SPRINGS, FL 32708

Authorized Person(s) Detail

Name & Address

Title MGR

ROBERT B. BURCH TRUST, DATED JULY 14, 2020
 715 IRONWOOD CT
 WINTER SPRINGS, FL 32708

Title MGR

ELIZABETH BURCH TRUST, DATED JULY 14, 2020
 715 IRONWOOD CT
 WINTER SPRINGS, FL 32708

Annual Reports

Report Year	Filed Date
-------------	------------

2023	01/16/2023
2024	01/18/2024
2025	01/30/2025

Document Images

[01/30/2025 -- ANNUAL REPORT](#)

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[01/18/2024 -- ANNUAL REPORT](#)

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[01/16/2023 -- ANNUAL REPORT](#)

[View image in PDF format](#)

[01/17/2022 -- ANNUAL REPORT](#)

[View image in PDF format](#)

[02/01/2021 -- Florida Limited Liability](#)

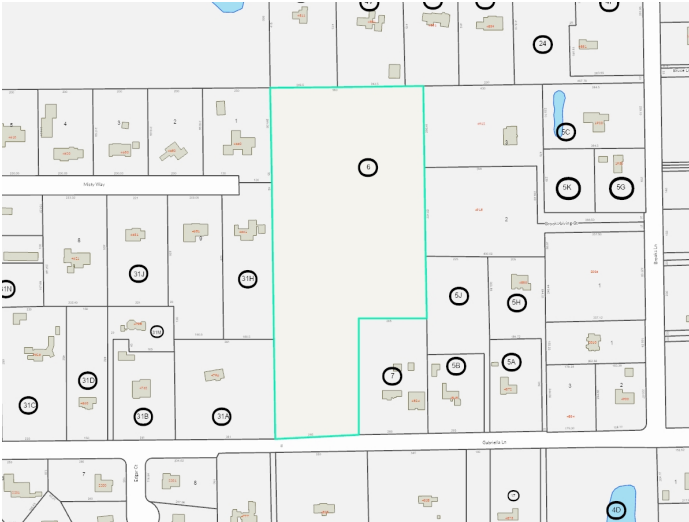
[View image in PDF format](#)

Property Record Card



Parcel: 30-21-31-300-0060-0000
 Property Address:
 Owners: BURPONCE HOLDINGS LLC
 2025 Market Value \$1,682,136 Assessed Value \$1,682,136 Taxable Value \$1,682,136
 2024 Tax Bill \$0.00
 Vacant Residential property has a lot size of 13.79 Acres

Parcel Location



Site View

Parcel Information

Parcel	30-21-31-300-0060-0000
Property Address	
Mailing Address	715 IRONWOOD CT WINTER SPGS, FL 32708-8736
Subdivision	
Tax District	01:County Tax District
DOR Use Code	
Exemptions	None
AG Classification	

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)	\$1,682,136	\$0
Land Value Agriculture	\$0	\$0
Just/Market Value	\$1,682,136	\$0
Portability Adjustment	\$0	\$0
Save Our Homes Adjustment/Maximum Portability	\$0	\$0
Non-Hx 10% Cap (AMD 1)	\$0	\$0
P&G Adjustment	\$0	\$0
Assessed Value	\$1,682,136	\$0

2024 Certified Tax Summary

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

Owner(s)

Name - Ownership Type

BURPONCE HOLDINGS LLC

Note: Does NOT INCLUDE Non Ad Valorem Assessments

Legal Description

SEC 30 TWP 21S RGE 31E
W 560 FT OF N 880 FT OF NW 1/4 OF SW 1/4
& W 295 FT OF S 440 FT OF NW 1/4 OF SW 1/4
(LESS RD)

Taxes

Taxing Authority	Assessed	Exempt Amount	Taxable
COUNTY GENERAL FUND	\$1,682,136	\$0	\$1,682,136
Schools	\$1,682,136	\$0	\$1,682,136
FIRE	\$1,682,136	\$0	\$1,682,136
ROAD DISTRICT	\$1,682,136	\$0	\$1,682,136
SJWM(Saint Johns Water Management)	\$1,682,136	\$0	\$1,682,136

Sales

Deed Type	Date	Sale Amount	Book / Page	Sale Type	Qualified?
WARRANTY DEED	5/12/2025	\$2,400,000	10823/1265	Vacant	Yes
WARRANTY DEED	9/1/1989	\$100	02109/0560	Vacant	No
WARRANTY DEED	12/1/1986	\$210,000	01804/1148	Vacant	No
WARRANTY DEED	12/1/1982	\$135,000	01430/0379	Improved	Yes
WARRANTY DEED	3/1/1981	\$100,000	01325/0731	Vacant	No

Land

Units	Rate	Assessed	Market
13.79 Acres	\$122,000/Acre	\$1,682,136	\$1,682,136

Building Information

#	
Use	
Year Built*	
Bed	
Bath	
Fixtures	
Base Area (ft ²)	
Total Area (ft ²)	
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

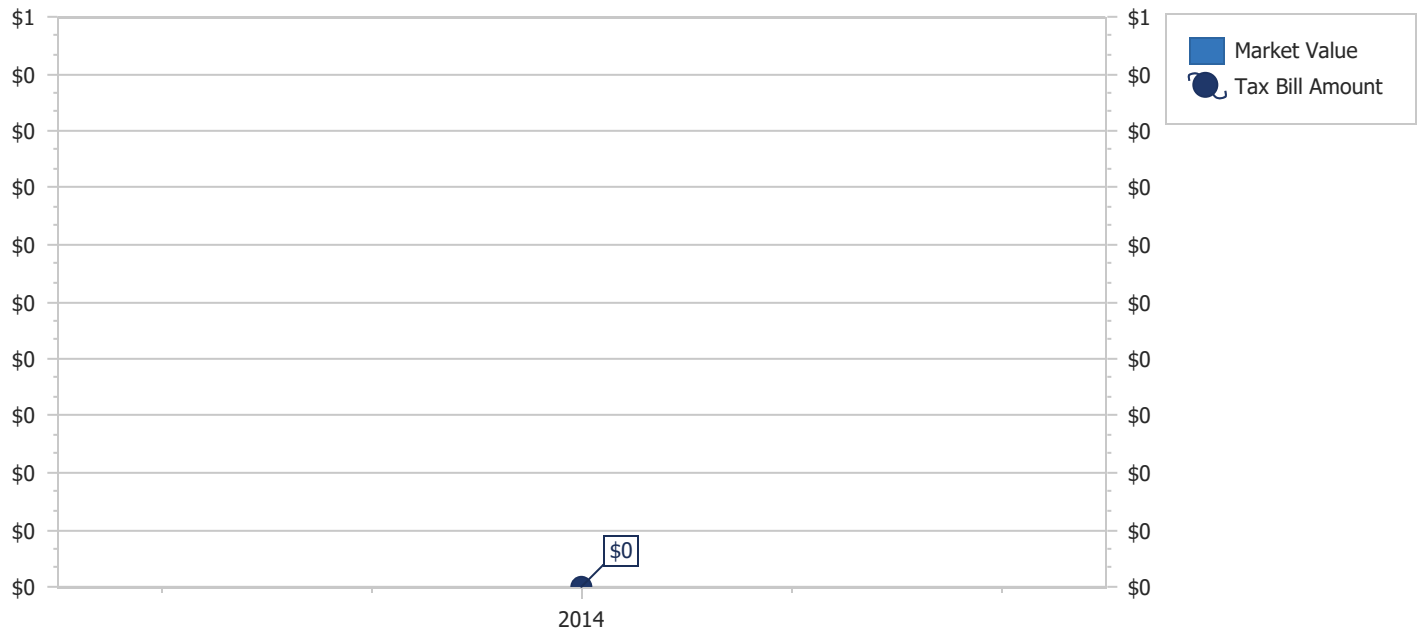
Zoning	
Zoning	A-1
Description	Agricultural-1Ac
Future Land Use	SE
Description	Suburban Estates

Political Representation	
Commissioner	District 1 - Bob Dallari
US Congress	District 7 - Cory Mills
State House	District 38 - David Smith
State Senate	District 10 - Jason Brodeur
Voting Precinct	Precinct 69

School Districts	
Elementary	Rainbow
Middle	Tuskawilla
High	Lake Howell

Utilities	
Fire Station #	Station: 27 Zone: 271
Power Company	DUKE
Phone (Analog)	AT&T
Water	Seminole County Utilities
Sewage	Seminole County Utilities
Garbage Pickup	
Recycle	
Yard Waste	
Hauler #	

Property Value History



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9/03/25 SEMINOLE COUNTY GOVERNMENT - PROJECT FEES RECEIPT13:21:39
PROJ # 25-06000039 RECEIPT # 0245493
OWNER: SAIDI, SHARON W
JOB ADDRESS: *UNASSIGNED LOT #: 0000

SITE PLAN	3282.00	3282.00	.00
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TOTAL FEES DUE.....: 3282.00

AMOUNT RECEIVED.....: 3282.00

* DEPOSITS NON-REFUNDABLE *
** THERE IS A PROCESSING FEE RETAINAGE FOR ALL REFUNDS **

COLLECTED BY: DRHR01	BALANCE DUE.....:	.00
CHECK NUMBER.....:	000000001028	
CASH/CHECK AMOUNTS...:	3282.00	
COLLECTED FROM:	BURPONCE HOLDINGS LLC	
DISTRIBUTION.....:	1 - COUNTY 2 - CUSTOMER 3 -	4 - FINANCE