



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

PROJ. #: 24-06000019

Received: 2/27/24

Paid: 3/1/24

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)	N/A	\$500.00
<input type="checkbox"/>	RESTRIPING AND RESURFACING (WITH NO CHANGES TO THE EXISTING LAYOUT)	N/A	
<input type="checkbox"/>	FILL (≥100 CUBIC YARDS OF FILL AND/OR IN FLOOD PLAIN OR WETLAND PER SEC. 40.2)	N/A	\$500.00
<input type="checkbox"/>	DREDGE AND FILL	N/A	\$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>5,942 SF</u> + NEW PAVEMENT SQUARE FOOTAGE: <u>17,291 SF</u> = TOTAL SQUARE FEET OF NEW IMPERVIOUS SURFACE AREA (ISA) SUBJECT FOR REVIEW: <u>23,233 SF</u>			
(TOTAL NEW ISA <u>23,233 SF</u> /1,000 = <u>23.23</u>) * x \$25 + \$2,500 = FEE DUE: <u>\$ 3,080.75</u> EXAMPLE: 40,578 SF OF NEW ISA SUBJECT FOR REVIEW = 40,578/1,000 = 40.58* x \$25 = \$1,014.50 + \$2,500 = \$3,514.50			
*ROUNDED TO 2 DECIMAL POINTS			

PROJECT

PROJECT NAME:	PINKAL PATEL OVIEDO FAMILY HEALTH VILLAGE (REMINGTON - LOT 3)		
PARCEL ID #(S):	27-21-31-511-0000-002B		
DESCRIPTION OF PROJECT:	CONSTRUCTION OF RETAIL COMMERCIAL MEDICAL OFFICE FACILITY		
EXISTING USE(S):	VACANT - UNDEVELOPED	PROPOSED USE(S):	RETAIL COMMERCIAL MEDICAL OFFICE
ZONING:	C-1	FUTURE LAND USE:	COM TOTAL ACREAGE: 0.97 AC BCC DISTRICT: 1-DALLARI
WATER PROVIDER:	SEMINOLE CO. UTILITIES	SEWER PROVIDER:	SEMINOLE CO. UTILITIES
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: PINKAL PATEL	COMPANY: OVIEDO FAMILY HEALTH CENTER	
ADDRESS: 6012 ALOMA WOODS BLVD		
CITY: OVIEDO	STATE: FL	ZIP: 32765
PHONE: (321) 246-0581	EMAIL: OFHCDOCTOR@GMAIL.COM	

CONSULTANTEPLAN PRIVILEGES: VIEW ONLY UPLOAD NONE

NAME: DAVID BORYS	COMPANY: OM ENGINEERING SERVICES, INC.	
ADDRESS: 621 E. WASHINGTON ST., STE 8		
CITY: ORLANDO	STATE: FL	ZIP: 32801
PHONE: (407) 704-7815	EMAIL: DBORYS@OMENGINEER.COM	

OWNER(S)(INCLUDE NOTARIZED OWNER'S AUTHORIZATION FORM)

NAME(S): MAYA P LLC		
ADDRESS: 6012 ALOMA WOODS BLVD		
CITY: OVIEDO	STATE: FL	ZIP: 32765
PHONE: (321) 246-0581	EMAIL: OFHCDOCTOR@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 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.

SIGNATURE OF AUTHORIZED APPLICANT

1/25/2024

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): _____

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
Pinkal Patel	6012 Aloma Woods Blvd OUIDO FL 32765	321-246-0581

(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: MAYA P LLC

NAME	TITLE	ADDRESS	% OF INTEREST
Pinkal Patel	MANAGER	6012 Aloma Woods Blvd	50
Monal Patel	MANAGER	DUNEDO FL 32745	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:

02/22/2024

Date

[Signature]

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 22nd day of February, 2024, by Pinkal Patel, MD, who is personally known to me, or has produced _____ as identification.

[Signature]

Signature of Notary Public

Sharon Crandall

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, Pinkal Patel, the owner of record for the following described property [Parcel ID Number(s)] 27-21-31-511-0000-002B hereby designates OM ENGINEERING SERVICES, INC. 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 checked="" type="checkbox"/> Final Engineering
<input type="checkbox"/> Final Plat	<input type="checkbox"/> Future Land Use Amendment	<input type="checkbox"/> Lot Split/Reconfiguration	<input 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.

Date 1/29/2024

Pinkal Patel
Property Owner's Signature

Pinkal P. Patel
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 Pinkal Patel (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 25th day of January, 2024.



Sharon Crandall
Notary Public

Property Record Card



Parcel 27-21-31-511-0000-002B

Property Address OVIEDO, FL 32765

Parcel Location

Site View



Sorry, No Image Available at this Time

Parcel Information

Value Summary

Parcel	27-21-31-511-0000-002B
Owner(s)	MAYA P LLC
Property Address	OVIEDO, FL 32765
Mailing	6012 ALOMA WOODS BLVD OVIEDO, FL 32765-3116
Subdivision Name	REMINGTON COMMERCIAL PARK
Tax District	01-COUNTY-TX DIST 1
DOR Use Code	10-VAC GENERAL-COMMERCIAL
Exemptions	None
AG Classification	No

	2024 Working Values	2023 Certified Values
Valuation Method	Cost/Market	Cost/Market
Number of Buildings	0	0
Depreciated Bldg Value		
Depreciated EXFT Value		
Land Value (Market)	\$358,305	\$358,305
Land Value Ag		
Just/Market Value	\$358,305	\$358,305
Portability Adj		
Save Our Homes Adj	\$0	\$0
Non-Hx 10% Cap (AMD 1)	\$0	\$0
P&G Adj	\$0	\$0
Assessed Value	\$358,305	\$358,305

2023 Certified Tax Summary

2023 Tax Amount w/o Exemptions/Cap \$4,768.32
2023 Tax Bill Amount \$4,768.32

* Does NOT INCLUDE Non Ad Valorem Assessments

Legal Description

PT LOTS 2 & 3 DESC AS BEG SE COR LOT 3 RUN SWLY ON CURVE 266.38 FT N 323.81 FT NELY ON CURVE 156.42 FT S 01 DEG 51 MIN 53 SEC W 186.35 FT S 47 DEG 21 MIN 21 SEC E 76.27 FT TO BEG (LESS BEG 10.89 FT N OF SE COR LOT 2 RUN N 39 DEG 27 MIN 35 SEC W 16.91 FT SWLY ON CURVE 7.48 FT S 49 DEG 17 MIN 10 SEC W 17.53 FT S 39 DEG 27 MIN 35 SEC E 25.01 FT N 49 DEG 17 MIN 10 SEC E 18.08 FT NELY ON CURVE 6.93 FT N 39 DEG 27 MIN 35

Taxes

Taxing Authority	Assessment Value	Exempt Values	Taxable Value
ROAD DISTRICT	\$358,305	\$0	\$358,305
SJWM(Saint Johns Water Management)	\$358,305	\$0	\$358,305
FIRE	\$358,305	\$0	\$358,305
COUNTY GENERAL FUND	\$358,305	\$0	\$358,305
Schools	\$358,305	\$0	\$358,305

Sales

Description	Date	Book	Page	Amount	Qualified	Vac/Imp
SPECIAL WARRANTY DEED	12/23/2021	10135	0803	\$410,000	Yes	Vacant
SPECIAL WARRANTY DEED	11/01/2001	04229	1938	\$100	No	Vacant

Land

Method	Frontage	Depth	Units	Units Price	Land Value
SQUARE FEET			42253	\$8.48	\$358,305

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
C-1	Commercial	COM	Retail Commercial-Commodies

Utility Information

Fire Station	Power	Phone(Analog)	Water Provider	Sewer Provider	Garbage Pickup	Recycle	Yard Waste	Hauler
65.00	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 37 - SUSAN PLASENCIA	Dist 10 - Jason Brodeur	74

School Information

Elementary School District	Middle School District	High School District
Evans	Jackson Heights	Hagerty



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

Detail by Entity Name

Florida Limited Liability Company

MAYA P, LLC

Filing Information

Document Number L04000010835

FEI/EIN Number 20-1153474

Date Filed 02/02/2004

State FL

Status ACTIVE

Principal Address

6012 Aloma Woods Blvd
OVIEDO, FL 32765

Changed: 01/23/2024

Mailing Address

6012 Aloma Woods Blvd
OVIEDO, FL 32765

Changed: 01/23/2024

Registered Agent Name & Address

PATEL, PINKAL

6012 Aloma Woods Blvd
OVIEDO, FL 32765

Name Changed: 01/23/2024

Address Changed: 01/23/2024

Authorized Person(s) Detail

Name & Address

Title MGR

PATEL, PINKAL, MGR
6012 Aloma Woods Blvd
OVIEDO, FL 32765

Title MGR

PATEL, MONAL, MGR
6012 Aloma Woods Blvd
WINTER SPRINGS, FL 32708

Annual Reports

Report Year	Filed Date
2022	01/26/2022
2023	01/26/2023
2024	01/23/2024

Document Images

01/23/2024 -- ANNUAL REPORT	View image in PDF format
01/26/2023 -- ANNUAL REPORT	View image in PDF format
01/26/2022 -- ANNUAL REPORT	View image in PDF format
02/01/2021 -- ANNUAL REPORT	View image in PDF format
03/11/2020 -- ANNUAL REPORT	View image in PDF format
02/08/2019 -- ANNUAL REPORT	View image in PDF format
02/04/2018 -- ANNUAL REPORT	View image in PDF format
04/19/2017 -- ANNUAL REPORT	View image in PDF format
05/11/2016 -- AMENDED ANNUAL REPORT	View image in PDF format
03/08/2016 -- ANNUAL REPORT	View image in PDF format
04/27/2015 -- ANNUAL REPORT	View image in PDF format
04/19/2014 -- ANNUAL REPORT	View image in PDF format
06/10/2013 -- ANNUAL REPORT	View image in PDF format
02/26/2012 -- ANNUAL REPORT	View image in PDF format
02/16/2011 -- ANNUAL REPORT	View image in PDF format
04/09/2010 -- ANNUAL REPORT	View image in PDF format
04/30/2009 -- ANNUAL REPORT	View image in PDF format
05/23/2008 -- ANNUAL REPORT	View image in PDF format
03/12/2007 -- ANNUAL REPORT	View image in PDF format
02/22/2006 -- ANNUAL REPORT	View image in PDF format
05/01/2005 -- ANNUAL REPORT	View image in PDF format
02/02/2004 -- Florida Limited Liabilites	View image in PDF format



**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: 3/1/2024 8:34:41 AM
Project: 24-06000019
Credit Card Number: 41*****1141
Authorization Number: 39866G
Transaction Number: 010324O39-13741D53-A1C5-4FA4-8482-3393EE84A619
Total Fees Paid: 3126.74

Fees Paid

Description	Amount
CC CONVENIENCE FEE -- PZ	46.74
SITE PLAN	3080.00
Total Amount	3126.74