



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

PROJ #: 25-32000015  
BS #: 2025-15  
Received & paid: 11/24/25

### 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 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 checked="" type="checkbox"/> COMMUNICATION TOWER
	<input type="checkbox"/> KENNEL	<input type="checkbox"/> OTHER: _____

#### PROPERTY

PARCEL ID #:	03-20-31-5AY-0000-067F	
ADDRESS:	3900 KENTUCKY STREET, SANFORD, FL 32773	
TOTAL ACREAGE:	1.69	CURRENT USE OF PROPERTY: VACANT
WATER PROVIDER:	Sanford	SEWER PROVIDER: City of Sanford
ZONING:	A-1	FUTURE LAND USE: HIPAP

#### OWNER(S)

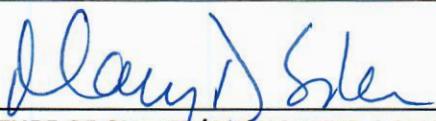
EPLAN PRIVILEGES:  VIEW ONLY  UPLOAD  NONE

NAME: JOHNIE M. SHAW	COMPANY:	
ADDRESS: 5431 TURKEY CREEK COURT		
CITY: JACKSONVILLE	STATE: FL	ZIP: 32244
PHONE: 407 314 0997	EMAIL:	

#### APPLICANT/CONSULTANT

EPLAN PRIVILEGES:  VIEW ONLY  UPLOAD  NONE

NAME: MARY J. SOLIK, ESQ.	COMPANY: DOTY SOLIK LTR	
ADDRESS: 121 S ORANGE AVE STE 1500		
CITY: ORLANDO	STATE: FL	ZIP: 32801
PHONE: 407 367 7868	EMAIL: msolik@dotysoliklaw.com	

  
SIGNATURE OF OWNER/AUTHORIZED AGENT

11/11/25  
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, Johnnie M. Shaw, the owner of record for the following described property [Parcel ID Number(s)] 03-20-31-5AY-0000-067F hereby designates Many D. Solik, Esq. as agent for C4 Towers, LLC to act as my authorized agent for the filing of the attached application(s) for:

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

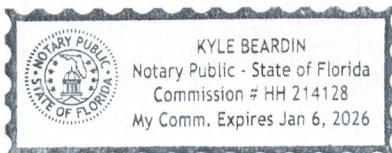
10 Nov 2025  
Date

Johnnie Mae Shaw  
Property Owner's Signature

Johnnie M. Shaw  
Property Owner's Printed Name

STATE OF FLORIDA  
COUNTY OF Osceola

SWORN TO AND SUBSCRIBED before me, an officer duly authorized in the State of Florida to take acknowledgements, appeared Johnnie M. Shaw (property owner),  by means of physical presence or  online notarization; and  who is personally known to me or  who has produced PROVIDER LICENSE as identification, and who executed the foregoing instrument and sworn an oath on this 10th day of November, 2025.



Kyle Beardin  
Notary Public

**SEMINOLE COUNTY  
APPLICATION & AFFIDAVIT**

**Ownership Disclosure Form**

The owner of the real property associated with this application is a/an (check one):

<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Corporation	<input type="checkbox"/> Land Trust
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Partnership	<input type="checkbox"/> 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
Johnnie M. Shaw	3900 Kentucky St Sanford Fl 32773	407-314-0997

(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: \_\_\_\_\_

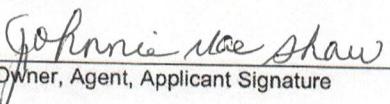
Specify any contingency clause related to the outcome for consideration of the application: \_\_\_\_\_

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:

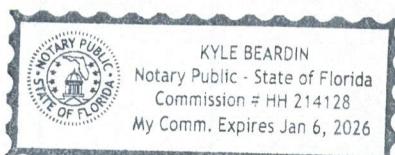
Date

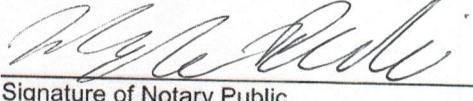
10 Nov 2025

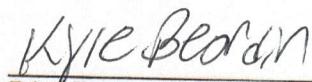
  
Johnnie Mae Shaw  
Owner, Agent, Applicant Signature

STATE OF FLORIDA *MS*  
COUNTY OF SEMINOLE *MS*

Sworn to and subscribed before me by means of  physical presence or  online notarization, this 10th day of November, 2025, by Johnnie D Shaw, who is  personally known to me, or  has produced FL Driver License as identification.



  
Signature of Notary Public

  
Print, Type or Stamp Name of Notary Public

# Property Record Card



Parcel: 03-20-31-5AY-0000-067A  
 Property Address: 3900 KENTUCKY ST SANFORD, FL 32773  
 Owners: SHAW, RONALD J; SHAW, JOHNNIE M  
 2026 Market Value \$214,585 Assessed Value \$125,437 Taxable Value \$74,715  
 2025 Tax Bill \$1,108.69 Tax Savings with Exemptions \$1,833.77  
 The 2 Bed/2 Bath Single Family property is 1,144 SF and a lot size of 1.49 Acres

## Parcel Location



## Site View



## Parcel Information

Parcel	03-20-31-5AY-0000-067A
Property Address	3900 KENTUCKY ST SANFORD, FL 32773
Mailing Address	PO BOX 2936 SANFORD, FL 32772-2936
Subdivision	SANFORD CELERY DELTA
Tax District	01:County Tax District
DOR Use Code	01:Single Family
Exemptions	00-HOMESTEAD (1998)
AG Classification	No

## Value Summary

	2026 Working Values	2025 Certified Values
Valuation Method	Cost/Market	Cost/Market
Number of Buildings	1	1
Depreciated Building Value	\$119,809	\$120,932
Depreciated Other Features	\$1,800	\$1,200
Land Value (Market)	\$92,976	\$92,976
Land Value Agriculture	\$0	\$0
Just/Market Value	\$214,585	\$215,108
Portability Adjustment	\$0	\$0
Save Our Homes Adjustment/Maximum Portability	\$89,148	\$93,206
Non-Hx 10% Cap (AMD 1)	\$0	\$0
P&G Adjustment	\$0	\$0
Assessed Value	\$125,437	\$121,902

## 2025 Certified Tax Summary

Tax Amount w/o Exemptions	\$2,942.46
Tax Bill Amount	\$1,108.69
Tax Savings with Exemptions	\$1,833.77

Note: Does NOT INCLUDE Non Ad Valorem Assessments

## Owner(s)

Name - Ownership Type

SHAW, RONALD J - Tenants in Common :50  
 SHAW, JOHNNIE M - Tenants in Common :50

## Legal Description

FROM NE COR LOT 67 RUN W 134.14 FT S  
 99.02 FT W 15.86 FT TO POB RUN S 365.98 FT E  
 30 FT S 160 FT W 210.68 FT N 160 FT E 100 FT  
 N 365.98 FT E 80.68 FT TO BEG SANFORD  
 CELERY DELTA PB 1 PGS 75 & 76

## Taxes

Taxing Authority	Assessed	Exempt Amount	Taxable
COUNTY GENERAL FUND	\$125,437	\$50,722	\$74,715
Schools	\$125,437	\$25,000	\$100,437
FIRE	\$125,437	\$50,722	\$74,715
ROAD DISTRICT	\$125,437	\$50,722	\$74,715
SJWM(Saint Johns Water Management)	\$125,437	\$50,722	\$74,715

## Sales

Deed Type	Date	Sale Amount	Book / Page	Sale Type	Qualified?
QUIT CLAIM DEED	2/1/2007	\$25,500	06590/0951	Improved	No
QUIT CLAIM DEED	10/1/2001	\$100	04272/0962	Improved	No
QUIT CLAIM DEED	3/1/1997	\$100	03223/1006	Improved	No
QUIT CLAIM DEED	12/1/1992	\$100	02565/1296	Improved	No

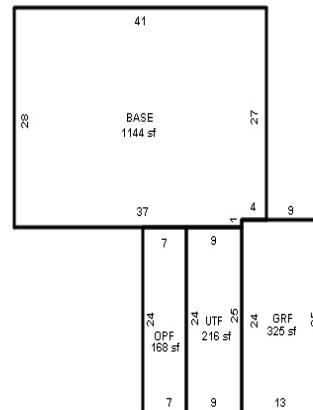
## Land

Units	Rate	Assessed	Market
1.49 Acres	\$78,000/Acre	\$92,976	\$92,976

## Building Information

#	1
Use	SINGLE FAMILY
Year Built*	1985
Bed	2
Bath	2.0
Fixtures	6
Base Area (ft <sup>2</sup> )	1144
Total Area (ft <sup>2</sup> )	1853
Construction	CONC BLOCK
Replacement Cost	\$149,761
Assessed	\$119,809

\* Year Built = Actual / Effective



Sketch by Apex Medina™

Building 1

## Appendages

Description	Area (ft <sup>2</sup> )
GARAGE FINISHED	325
OPEN PORCH FINISHED	168
UTILITY FINISHED	216

## Permits

Permit #	Description	Value	CO Date	Permit Date
10981	REROOF	\$4,095		11/1/2002
08163	MECHANICAL & CONDENSOR; PAD PER PERMIT 3900 KENTUCKY ST	\$2,400		8/31/2000
04032	EQUIPMENT CHANGE OUT W/COS	\$2,400		6/1/1997

## Extra Features

Description	Year Built	Units	Cost	Assessed
CARPORT 1	2006	1	\$3,000	\$1,800

## Zoning

Zoning	A-1
Description	Agricultural-1Ac
Future Land Use	HIPAP
Description	

## School Districts

Elementary	Region 3
Middle	Sanford
High	Seminole

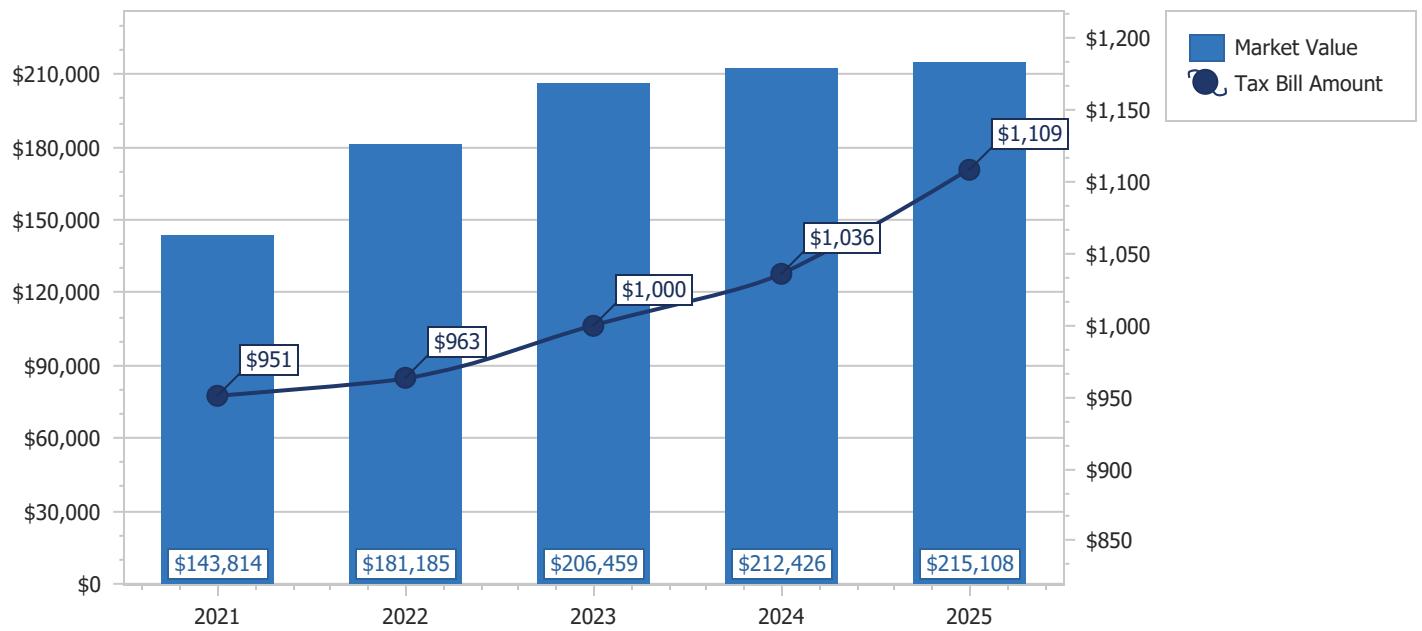
## Political Representation

Commissioner	District 2 - Jay Zembower
US Congress	District 7 - Cory Mills
State House	District 36 - Rachel Plakon
State Senate	District 10 - Jason Brodeur
Voting Precinct	Precinct 18

## Utilities

Fire Station #	Station: 41 Zone: 413
Power Company	FPL
Phone (Analog)	AT&T
Water	Sanford
Sewage	City Of Sanford
Garbage Pickup	TUE/FRI
Recycle	TUE
Yard Waste	WED
Hauler #	Waste Pro

## Property Value History



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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](mailto:eplandesk@seminolecountyfl.gov) or call us at: (407) 665-7371.

**Receipt Details**

**Date:** 11/24/2025 5:06:42 PM  
**Project:** 25-32000015  
**Credit Card Number:** 37\*\*\*\*\*7004  
**Authorization Number:** 229977  
**Transaction Number:** 241125C29-F6F81819-919F-47C8-8F04-E19313F1A5A0  
**Total Fees Paid:** 1352.50

**Fees Paid**

<b>Description</b>	<b>Amount</b>
CC CONVENIENCE FEE -- PZ	2.50
SPECIAL EXCEPTIONS	1350.00
Total Amount	1352.50