

PROJ. #: SEMINOLE COUNTY PLANNING & DEVELOPMENT DIVISION Received: 10/17/24

1101 EAST FIRST STREET, ROOM 2028

SANFORD, FLORIDA 32771 (407) 665-7371 EPLANDESK@SEMINOLECOUNTYFL.GOV

24-20500014

Paid: 10/23/24

REZONE/FUTURE LAND USE AMENDMENT

ALL INFORMATION MUST BE PROVIDED FOR APPLICATION TO BE CONSIDERED COMPLETE

APPLICATION TYPES/FEES	
LARGE SCALE FUTURE LAND USE AMENDMENT ONLY (>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
LSFLUA FEE + 50% OF REZONE FEE =	TOTAL LSFLUA AND REZONE FEE
SMALL SCALE FUTURE LAND USE AMENDMENT ONLY (<50 ACRES)	\$3,500
SMALL SCALE FLU AMENDMENT AND REZONE (<50 ACRES)	\$3,500 + 50% OF REZONE FEE
SSFLUA FEE \$3,500 + 50% OF REZONE FEE \$2,450 = \$5,95	TOTAL SSFLUA AND REZONE FEE
☐ TEXT AMENDMENT ASSOCIATED WITH LAND USE AMENDMENT	\$1,000
REZONE (NON-PD)**	\$2,500 + \$75/ACRE* (\$6,500 MAX. FEE)
☑ PD REZONE**	
☑ PD REZONE	\$4,000 + \$75/ACRE* (\$10,000 MAX. FEE)
☐ PD FINAL DEVELOPMENT PLAN	\$1,000
☐ PD FINAL DEVELOPMENT PLAN AS AN ENGINEERED SITE PLAN	CALCULATED BELOW
(TOTAL SF OF <u>NEW</u> IMPERVIOUS SURFACE AREA SUBJECT FOR REVIEW/	/1,000)^^ x \$25 + \$2,500 = FEE DUE
(TOTAL SF OF <u>NEW</u> ISA/1,000 =)^^	x \$25 + \$2,500 = FEE DUE:
EXAMPLE: 40,578 SF OF NEW ISA UNDER REVIEW = 40,578/1,000 = 40.	<u>58</u> x \$25 = <u>\$1,014.50</u> + \$2,500 = \$ <u>3,514.50</u>
☐ PD MAJOR AMENDMENT	\$4,000 + \$75/ACRE*^ (\$10,000 MAX. FEE)
☐ PD MINOR AMENDMENT	\$1,000
☐ DEVELOPMENT OF REGIONAL IMPACT (DRI) ☐ DETERMINATION OF SUBSTANTIAL DEVIATION (OR OTHER CHAN	IGE) \$3,500.00

^{*}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

^{^^}ROUNDED TO 2 DECIMAL POINTS

PROJECT	
PROJECT NAME: Highway 46 Commercial	
PARCEL ID #(S): 16-19-30-5AC-0000-0920	
LOCATION: 3550 W SR 46 Sanford, Flo	orida 32771
EXISTING USE(S): Residential	PROPOSED USE(S): Commercial Uses
TOTAL ACREAGE: 11.637 acres	BCC DISTRICT: District 5
WATER PROVIDER: City of Sanford	SEWER PROVIDER: City of Sanford
CURRENT ZONING: C-1 / A-1	PROPOSED ZONING: PD
CURRENT FUTURE LAND USE: HIPTI	PROPOSED FUTURE LAND USE: PD
APPLICANT	EPLAN PRIVILEGES: VIEW ONLY 🗹 UPLOAD 🕢 NONE 🗌
NAME: Thomas A Dixon	COMPANY: First Team Commercial, LLC
ADDRESS: 1300 Country Lane	
CITY: Orlando	STATE: Florida ZIP: 32804
PHONE: 321-594-6771	EMAIL: tad@dixoncap.com
CONSULTANT	EPLAN PRIVILEGES: VIEW ONLY UPLOAD NONE
NAME:	COMPANY:
ADDRESS:	
CITY:	STATE: ZIP:
PHONE:	EMAIL:
OWNER(S)	(INCLUDE NOTARIZED OWNER'S AUTHORIZATION FORM)
NAME(S): Lo Bros Enterprises Inc	
ADDRESS: 924 Silverton Loop	bority to the this apple seems
CITY: Lake Mary	STATE: Florida ZIP: 32746
PHONE: 407-227-2938	EMAIL: hplw@yahoo.com
Part Charles and the second of	edward 8 \$ 74 @ acol. com

CON	CURRENCY REVIEW MAN	AGEMENT SYSTEM (SELECT ONE	
	previously issued Certificate of		nd property described are covered by a valid ermination (Test Notice issued within the past te of Vesting or Test Notice.)
	TYPE OF CERTIFICATE	CERTIFICATE NUMBER	DATE ISSUED
	VESTING:		
	TEST NOTICE:	Tarlo Sapa	
best	of applicable facility reservation of applicable facility fac	on fees is a Certificate of Concurrer m. y certify that the information contain	the Development Order and the full payment acy issued and entered into the Concurrency ared in this application is true and correct to the action of such information may be grounds for assed upon this application.
inves		uest. I also hereby agree to place a	at any reasonable time for the purposes of public notice sign (placard), if required, on the
Ame actio	ndment/Rezoning and related ones and approvals, which auth	development approvals, and that it norize the use or development of t	challenge to my proposed Future Land Use hay be my sole obligation to defend any and all he subject property. Submission of this form ny of its boards, commissions or staff.
amei suffic	ndments to the official Zoning	g map, official Future Land Use ma ith regard to matters set forth there	I in this application pertaining to proposed ap and/or Comprehensive Plan and have had ein and, accordingly, understand all applicable
here	eby represent that I have the la	wful right and authority to file this a	pplication.
	aday xx P	(P_	OCTOBER 16 2024

SIGNATURE OF OWNER/AUTHORIZED AGENT

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

CS CamScanner

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). , the owner of record for the following described I, Henry P Lo hereby designates property [Parcel ID Number(s)] 16-19-30-5AC-0000-0920 to act as my authorized agent for the filing of the attached Thomas A Dixon application(s) for: Final Engineering □ Construction Revision ☐ Alcohol License ☐ Arbor Permit ☐ Lot Split/Reconfiguration Minor Plat ☐ Future Land Use Amendment **▼** Final Plat ☐ Special Event Site Plan ☐ Preliminary Subdivision Plan **□** Rezone □ Variance ☐ Temporary Use Permit ☐ Vacate Special Exception 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. OCTOBER 16, 2024 Date 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 Henry P. Lo (property owner), by means of physical presence or 🗆 online notarization; and 🗆 who is personally known to me or 🗆 who has produced Flonda Drivers license as identification, and who executed the foregoing instrument and day of October CHRISTINA S GARRETT Notary Public - State of Florida Commission # HH 225446 My Comm. Expires Mar 5, 2026 Boncec through National Notary Assn.

Christina S. Garrett

SEMINOLE COUNTY APPLICATION & AFFIDAVIT

Ownership Disclosure Form

☐ Individual	Corporation	☐ Land Trust	
☐ Limited Liability Company	☐ Partnership	☐ Other (describe):	
Lo	BROS ENTE	ERPRISES, INC	•
			ম matter of this petition, by name an
NAME		ADDRESS	PHONE NUMBER
	(Use additional	al sheets for more space)	
and the name and address of	each shareholder who owns	each officer; the name and address two percent (2%) or more of the sublicity on any national stock exchange.	ss of each director of the corporation stock of the corporation. Shareholds ange.
NAME	TITLE OR OFFICE	ADDRESS	% OF INTERES
SEE	MOORDOW		
In the case of a <u>trust</u> , list the percentage of interest of each required in paragraph 2 above	name and address of each to beneficiary. If any trustee of	al sheets for more space) rustee and the name and address or beneficiary of a trust is a corpora	of the beneficiaries of the trust and tation, please provide the information
Trust Name:			
NAME	TRUSTEE OR BENEFICIARY	ADDRESS	% OF INTERES
	(Use additional	al sheets for more space)	
 For <u>partnerships</u>, including lir or limited partners. If any part 	nited partnerships, list the na ner is a corporation, please	ame and address of each principal provide the information required in	l in the partnership, including genera paragraph 2 above.
NAME		ADDRESS	% OF INTERES
			1

Rev 1/2020 Ref. Seminole County Code of Ordinances, Section 74.1 (2007)



	5. For each <u>limited liability company</u> , list the name, address, and tille 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
L		(Use additio	l nal sheets for more space)	
6.	corporation, trust, partnership, or L	LC, provide the inform	e name and address of each contract purchaser. If nation required for those entities in paragraphs 2, 3	the purchaser is a , 4 and/or 5 above.
_	Name of Purchaser:			
	NAME		ADDRESS	% OF INTEREST
\vdash				
		(Use addition	nal sheets for more space)	
	Date of Contract:Specify any contingency clause related to the outcome for consideration of the application:			
7.			wnership occurring subsequent to this application, the date of the public hearing on the application.	shall be disclosed in
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:				
•	OCTOBER 16, 2024 Planny P. So			· · · · · · · · · · · · · · · · · · ·
Dat	Date Owner, Agent, Applicant Signature			
STATE OF FLORIDA COUNTY OF SEMINOLE				
Sworn to and subscribed before me by means of paper physical presence or online notarization, this <u>flo</u> day of <u>October</u> , 2024, by <u>Henry Pl-0</u> , who is personally known to me, or				
has produced FL Drivers Cicens as identification. Clarkera A Smith				
	Notar Cor My Co	HRISTINA S GARRETT y Public - State of Florida mmission # HH 25446 mm. Expires Mar 5, 2026 bugh National Notary Assn.	Signature of Notary Public ('Inristina S. (arren

Rev 1/2020 Ref. Seminole County Code of Ordinances, Section 74.1 (2007)

ADDENDUM 1

Paragraph 2, Ownership Disclosure Form, Answers

CORPORATE OFFICERS		
NAME	ADDRESS	TITLE
Henry P Lo	924 Silverton Loop, Lake Mary, FL, 32746	President
Edward Lo	932 Silverton Loop, Lake Mary, FL, 32746	VP
Jeanne C Lo	932 Silverton Loop, Lake Mary, FL, 32746	Secretary
	CORPORATE DIRECTORS	
NAME	ADDRESS	TITLE
Helen L Woo	932 Silverton Loop, Lake Mary, FL, 32746	Director
SHAREHOLDERS WHO OWN 2% OR MORE OF THE CORPORATION		
NAME	ADDRESS	% OWNERSHIP
Henry P Lo	924 Silverton Loop, Lake Mary, FL, 32746	30.80%
Edward Lo	932 Silverton Loop, Lake Mary, FL, 32746	30.80%
Helen L Woo	932 Silverton Loop, Lake Mary, FL, 32746	13.50%
Thomas P Lo	5372 Fairfield Way, Fort Myers, FL, 32919	8.60%
Patricia L Lim	4730 Fendyke Ave, Rosemead, CA, 91770	5.40%
Mary Anne L Pay	2808 Bluffview Dr, Lewisville, TX, 75067	3.70%
Grace L Kwan	17408 Mayall St, Northridge, CA, 91325	3.70%



Department of State / Division of Corporations / Search Records / Search by Entity Name /

Detail by Entity Name

Foreign Profit Corporation

LO BROS. ENTERPRISES, INC.

Filing Information

Document Number P40160

FEI/EIN Number 95-3222508

Date Filed 08/24/1992

State CA

Status ACTIVE

Principal Address

924 SILVERTON LOOP LAKE MARY, FL 32746

Changed: 04/21/2021

Mailing Address

924 SILVERTON LOOP LAKE MARY, FL 32746

Changed: 03/04/2021

Registered Agent Name & Address

LO, HENRY P 924 SILVERTON LOOP LAKE MARY, FL 32746

Name Changed: 01/05/2011

Address Changed: 01/09/2022

Officer/Director Detail

Name & Address

Title DCP

LO, HENRY P 924 SILVERTON LOOP LAKE MARY, FL 32746

Title VP

LO, EDWARD 932 SILVERTON LOOP LAKE MARY, FL 32746

Title D

WOO, HELEN L 932 SILVERTON LOOP LAKE MARY, FL 32746

Title VP

LO, CHISAKO S 924 SILVERTON LOOP LAKE MARY, FL 32746

Title S

LO, JEANNE C 932 SILVERTON LOOP LAKE MARY, FL 32746

Annual Reports

Report Year	Filed Date
2022	01/09/2022
2023	01/31/2023
2024	01/16/2024

Document Images

01/16/2024 ANNUAL REPORT	View image in PDF format
01/31/2023 ANNUAL REPORT	View image in PDF format
01/09/2022 ANNUAL REPORT	View image in PDF format
02/09/2021 ANNUAL REPORT	View image in PDF format

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01/05/2016 ANNUAL REPORT	View image in PDF format
01/08/2015 ANNUAL REPORT	View image in PDF format
01/08/2014 ANNUAL REPORT	View image in PDF format
01/09/2013 ANNUAL REPORT	View image in PDF format
01/13/2012 ANNUAL REPORT	View image in PDF format
02/04/2011 ANNUAL REPORT	View image in PDF format
01/05/2011 ANNUAL REPORT	View image in PDF format
01/11/2010 ANNUAL REPORT	View image in PDF format
01/13/2009 ANNUAL REPORT	View image in PDF format
01/31/2008 ANNUAL REPORT	View image in PDF format
02/26/2007 ANNUAL REPORT	View image in PDF format
03/01/2006 ANNUAL REPORT	View image in PDF format
03/19/2005 ANNUAL REPORT	View image in PDF format
03/04/2004 ANNUAL REPORT	View image in PDF format
03/03/2003 ANNUAL REPORT	View image in PDF format
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02/06/1998 ANNUAL REPORT	View image in PDF format
03/05/1997 ANNUAL REPORT	View image in PDF format
03/04/1996 ANNUAL REPORT	View image in PDF format

03/24/1995	ANNUA	L REPORT
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View image in PDF format

Florida Department of State, Division of Corporations

Property Record CardA



Parcel: 16-19-30-5AC-0000-0920

Property Address: 3550 W SR 46 SANFORD, FL 32771

Owners: LO BROS ENTERPRISES INC

2025 Market Value \$1,496,420 Assessed Value \$1,173,077

2024 Tax Bill \$16,353.14 Tax Savings with Non-Hx Cap \$3,404.87

The 3 Bed/1 Bath Vac Comm - Misplaced Impr property is 1,648 SF and a lot size of 11.62 Acres



201-133		
1619305AC0000	00920 04/29/2023	
Value S	SummaryA	
	2025 Working	2024 Certified

Site ViewA

Parcel InformationA		
Parcel	16-19-30-5AC-0000-0920	
Property Address	3550 W SR 46 SANFORD, FL 32771	
Mailing Address	924 SILVERTON LOOP LAKE MARY, FL 32746-4900	
Subdivision	ST JOSEPHS	
Tax District	01:County Tax District	
DOR Use Code	1005:Vac Comm - Misplaced Impr	
Exemptions	None	
AG Classification	No	

Value SummaryA			
	2025 Working Values	2024 Certified Values	
Valuation Method	Cost/Market	Cost/Market	
Number of Buildings	1	1	
Depreciated Building Value	\$0	\$0	
Depreciated Other Features	\$3,311	\$2,690	
Land Value (Market)	\$1,493,109	\$1,493,109	
Land Value Agriculture	\$0	\$0	
Just/Market Value	\$1,496,420	\$1,495,799	
Portability Adjustment	\$0	\$0	
Save Our Homes Adjustment/Maximum Portability	\$0	\$0	
Non-Hx 10% Cap (AMD 1)	\$323,343	\$429,365	
P&G Adjustment	\$0	\$ 0	
Assessed Value	\$1,173,077	\$1,066,434	

2024 Certified Tax SummaryA		
Tax Amount w/o Exemptions	\$19,758.01	
Tax Bill Amount	\$16,353.14	
Tax Savings with Exemptions	\$3,404.87	

LO BROS ENTERPRISES INC

Owner(s)A

Note: Does NOT INCLUDE Non Ad Valorem Assessments

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LOT 92 (LESS ST RD) ST JOSEPHS PB 1 PG 114

TaxesA				
Taxing Authority	Assessed	Exempt Amount	Taxable	
COUNTY GENERAL FUND	\$1,173,077	\$0	\$1,173,077	
Schools	\$1,496,420	\$0	\$1,496,420	
FIRE	\$1,173,077	\$0	\$1,173,077	
ROAD DISTRICT	\$1,173,077	\$0	\$1,173,077	
SJWM(Saint Johns Water Management)	\$1,173,077	\$0	\$1,173,077	

SalesA					
Deed Type	Date	Sale Amount	Book / Page	Sale Type	Qualified?
WARRANTY DEED	11/1/1984	\$255,000	01594/0819	Improved	Yes

LandA			
Units	Rate	Assessed	Market
181,645 SF	\$8.20/SF	\$1,489,489	\$1,489,489
7.24 Acres	\$500/Acre	\$3,620	\$3,620

Building InformationA		
#	1	
Use	SINGLE FAMILY	
Year Built*	1927/1930	
Bed	3	
Bath	1.0	
Fixtures	3	
Base Area (ft²)	1360	
Total Area (ft²)	1648	
Constuction	WD/STUCCO FINISH	
Replacement Cost	\$0	
Assessed	\$0	

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23

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16

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Search by Apex Medica™

Building 1

^{*} Year Built = Actual / Effective

AppendagesA	
Description	Area (ft²)
ENCLOSED PORCH FINISHED	192
ENCLOSED PORCH FINISHED	96

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PermitsA				
Permit #	Description	Value	CO Date	Permit Date
08358	ELECTRIC WIRING	\$1,000		8/1/2002

Extra FeaturesA				
Description	Year Built	Units	Cost	Assessed
WOOD UTILITY BLDG	1970	360	\$5,278	\$2,111
FIREPLACE 1	1970	1	\$3,000	\$1,200

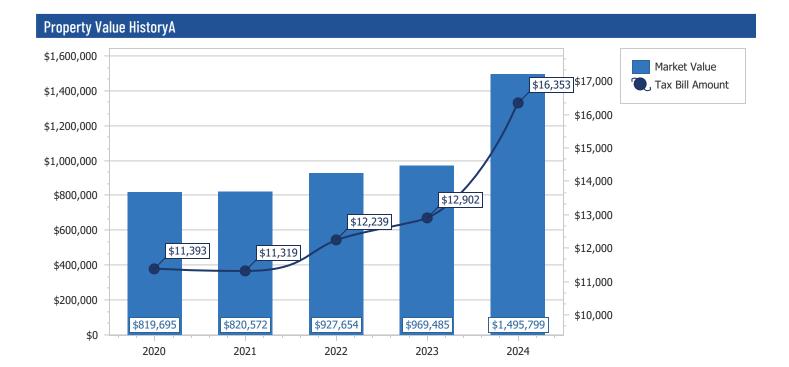
ZoningA		
Zoning A-1		
Description Agricultural-1Ac		
Future Land Use	HIPTI	
Description Higher Intensity Planned Development – Target Industry		

Political RepresentationA		
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 6	

School DistrictsA	
Elementary	Region 1
Middle	Markham Woods
High	Seminole

UtilitiesA	
Fire Station #	Station: 38 Zone: 381
Power Company	FPL
Phone (Analog)	AT&T
Water	Sanford
Sewage	City Of Sanford
Garbage Pickup	MON/THU
Recycle	MON
Yard Waste	NO SERVICE
Hauler #	Waste Pro

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Monday, October 21, 2024 4/4



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: 10/23/2024 3:19:31 PM

Project: 24-20500014

Credit Card Number: 41*******2231

Authorization Number: 07935G

Transaction Number: 231024C1A-A51998D7-9D06-43AC-912C-51FD5421178E

Total Fees Paid: 6077.10

Fees Paid

Description	Amount
CC CONVENIENCE FEE PZ	127.10
REZONE WITH LUA (50% OF FEE)14	5950.00
Total Amount	6077.10