

SEMINOLE COUNTY BUILDING PERMITS



ISSUED DATE: 5/12/11 PARCEL ID#: 36-20-29-513-0A00-0000 PERMIT# 11-3128
 JOB ADDRESS: 999 CITRUS WOOD CT LONGWOOD FL 327500000 PERMIT VALUE: 5,000 WORK D:A996
 CONTRACTOR: SEMINOLE WALLS LLC 1726 W BROADWAY ST OVIEDO FL 32765 OWNER: WOODLANDS EAST HOMEOWNERS ASSN 971 CITRUS WOOD CT LONGWOOD FL 32750

LICENSE HOLDER NAME: HODGES, JAMES
 STATE CONTRACTORS LICENSE: CBC1256677
 SUBCONTRACTORS: BPFN SEMINOLE WALLS LLC
 8/31/12

NOC FILED
 IN OFFICE

SPECIAL NOTES:

woodlands/ add pre cast wall AP/ROUTED TO BUILDING
 April 28, 2011 3:51:25 PM drbw01. Walls cannot exceed 6.6 feet in height without

REQUIRED INSPECTIONS

B102 FOOTER/SETBACK	B DEPT COMM AFFAIR SURCHG	2.00
B108 LINTEL	B CERTIFICATION SURCHARGE	2.00
B129 FINAL FENCE/WALL SETBACK		

ARCHIVE NUMBER



F0070001763167

APPLICATION ACCEPTED BY: TP1	SUB CONTRACTOR FEES	
REQUIREMENTS SET BY: TP1	BPFN PH ACCESS 005746953	45.00
APPROVED FOR ISSUANCE: TP1		

VALIDATED ON 5/12/11	TOTAL FEES ASSESSED	\$ 49.00
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CHECK#:000000001766	BY SEMINOLE W	LESS DEPOSIT	
RECPT#:0159811		LESS PAYMENT	49.00
		BALANCE	\$.00

NOTE:

SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, PLUMBING, HEATING, VENTILATING SEPTIC TANK, AIR CONDITIONING, WELL DRILLING AND/OR PUMP INSTALLATION REMOVAL OR RELOCATION OF TREES AND ADVERTISING SIGNS.

THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER THAT WORK IS COMMENCED.

ALL PLANS FOR THE BUILDING WHICH ARE REQUIRED TO BE SIGNED AND SEALED BY THE ARCHITECT OR ENGINEER OF RECORD SHALL CONTAIN A STATEMENT THAT, TO THE BEST OF THE ARCHITECT'S OR ENGINEER'S KNOWLEDGE THE PLANS AND SPECIFICATIONS COMPLY WITH THE APPLICABLE BUILDING CODES.

THE NAMED CONTRACTOR/OWNER BUILDER TO WHOM THE PERMIT IS ISSUED SHALL HAVE THE RESPONSIBILITY FOR SUPERVISION, DIRECTION, MANAGEMENT, AND CONTROL OF THE CONSTRUCTION ACTIVITIES ON THE PROJECT FOR WHICH THE PERMIT WAS ISSUED.

SIGNATURE OF OWNER

DATE

SIGNATURE OF CONTRACTOR

DATE

FAILURE TO COMPLY WITH THE MECHANIC'S LIEN LAW CAN RESULT IN THE PROPERTY OWNER PAYING TWICE FOR BUILDING IMPROVEMENTS.

Permit # 11.3128
Fee \$
Check #
Workers Comp. Verified: YES NO



1101 EAST 1ST STREET
Sanford, FL 32771
PHONE: 407-665-7050
FAX: 407-665-7486

SEMINOLE COUNTY COMMERCIAL PERMIT APPLICATION

***** SITE PLANS REQUIRED FOR ALL COMMERCIAL PERMITS *****

Job Street Address: 999 Citrus Wood Circle		Date: 4/12/2011		
City & Zip: Cape Coral, FL 32250		Name of Bldg / Complex:		
Parcel ID: 360 -- 20' -- 29' -- 573 -- 0400 0000				
Owner Name: Country Cove HOA				
Address:				
City / St / Zip:				
Phone #:		Fax #:		
Contractor Company: Seminole walls LLC		License Holder Name: James Hedges		
Address: 1726 W Broadway St		License Number: CBC1256677		
City / St / Zip: Orlando, FL 32765				
Phone #: 407-222-6940		Fax #: 407-971-2519		
CONTACT INFORMATION (NAME & PHONE #): David YERMAN 407-222-6940				
EMAIL: DYERMAN@Seminolewalls.com				
Architect / Engineer: DBSS Inc.				
Address: 3662 Armon Park East Blvd				
City / St / Zip: Orlando, FL 32828				
Phone #: 321-251-6006		Fax #: 321-255-5557		
OCCUPANCY CLASSIFICATION:				
FBC:		Life Safety Code:		
Type of Construction per FBC:		Automatic Sprinklers: YES <input type="checkbox"/> NO <input type="checkbox"/>		
Existing Use:		Proposed Use:		
Valuation of Work (Estimate): \$ 5000.00		Other:		
Total SQ FT of Cond Space:		Total Square Footage:		
SQ Footage area affected by work performed: (FL State Statute 553.721 & 468.631)				
Will trees be removed? NO YES (If yes, COMPLETE an Arbor Permit Application)				
Work Description: Adding Per Cont Concrete Wall (6') XXXX				
New Construction <input type="checkbox"/>	Plumbing <input type="checkbox"/>	Roof <input type="checkbox"/>	Demolish <input type="checkbox"/>	Alteration <input type="checkbox"/>
Electrical <input type="checkbox"/>	Well <input type="checkbox"/>	Change of Use <input type="checkbox"/>	Mechanical <input type="checkbox"/>	Addition <input type="checkbox"/>
Sign <input type="checkbox"/>	Security Alarm <input type="checkbox"/>	Fire Alarm <input type="checkbox"/>	Fire Sprinkler <input type="checkbox"/>	Other <input type="checkbox"/>
Utilities Circle items that apply			Utility Letter (Include utility letter from appropriate agency)	
Septic Tank	Well	Existing Well	Public Water	Public Sewer

Subcontractors	License #	Business Name and/or License Holders Name
ELECTRICAL		
MECHANICAL		
PLUMBING		
ROOFING		
LOW VOLTAGE		
GAS		
IRRIGATION		
OTHER		

NOTICE: THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER WORK IS COMMENCED.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT, THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY OR VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERMANENCE OR CONSTRUCTION.

THE VALUATION FOR THIS PERMIT WILL BE CALCULATED USING THE ICC BUILDING VALUATION DATA USING THE GOOD CATEGORY. BY MY SIGNATURE, I ACKNOWLEDGE FACT AND WAIVE ANY RIGHTS TO APPEAL SAID VALUATION AND OR PERMIT FEES.

I HEREBY CERTIFY THAT AT THE TIME OF THE APPLICATION AND ISSUANCE OF THE ABOVE PERMIT, ALL NECESSARY WORKMEN'S COMPENSATION INSURANCE REQUIRED BY THE STATE OF FLORIDA HAS BEEN OBTAINED TO EFFECT THE PROPER PROTECTION OF THOSE WORKERS UNDER MY EMPLOY.

Signature of Contractor/Owner	Date: 4/12/2011
Printed Name: James Hedges	Date: 4/12/2011

PARCEL DETAIL

DAVID JOHNSON, CFA, ASA

**PROPERTY
APPRAISER**

SEMINOLE COUNTY, FL

1101 E. FIRST ST
SANFORD, FL 32771-1468
407-665-7506**GENERAL**

Parcel Id: 36-20-29-513-0A00-0000

Owner: WOODLANDS EAST HOMEOWNERS ASSN

Mailing Address: 971 CITRUS WOOD CT

City, State, Zip Code: LONGWOOD FL 32750

Property Address: LONGWOOD 32750

Facility Name:

Tax District: 01-COUNTY-TX DIST 1

Exemptions:

Dor: N.-INFORMATION/REFERENC

VALUE SUMMARY

VALUES	2011 Working	2010 Certified
Value Method	Cost/Market	Cost/Market
Number of Buildings	0	0
Depreciated Bldg Value	\$0	\$0
Depreciated EXFT Value	\$0	\$0
Land Value (Market)	\$0	\$0
Land Value Ag	\$0	\$0
Just/Market Value	\$0	\$0
Portability Adj	\$0	\$0
Save Our Homes Adj	\$0	\$0
Amendment 1 Adj	\$0	\$0
Assessed Value (SOH)	\$0	\$0

Tax Estimator**2011 TAXABLE VALUE WORKING ESTIMATE**

Taxing Authority	Assessment Value	Exempt Values	Taxable Value
County General Fund	\$0	\$0	\$0
(Amendment 1 adjustment is not applicable to school assessment) Schools	\$0	\$0	\$0
Fire	\$0	\$0	\$0
Road District	\$0	\$0	\$0
SJWM(Saint Johns Water Management)	\$0	\$0	\$0
County Bonds	\$0	\$0	\$0

The taxable values and taxes are calculated using the current years working values and the prior years approved millage rates.

SALES

Deed Date Book Page Amount Vac/Imp Qualified
 QUIT CLAIM DEED 04/1999 03631 1252 \$100 Vacant No

Find Sales within this DOR Code

2010 VALUE SUMMARY

2010 Tax Bill Amount: \$0

2010 Certified Taxable Value and Taxes

DOES NOT INCLUDE NON-AD VALOREM ASSESSMENTS

LAND

Land Assess Method Frontage Depth Land Units Unit Price Land Value
 LOT 0 0 1.000 .00

Permits**LEGAL DESCRIPTION**PLATS: Pick...

LEG TRACT A WOODLANDS EAST PB 27 PG 91

NOTE: Assessed values shown are NOT certified values and therefore are subject to change before being finalized for ad valorem tax purposes.

*** If you recently purchased a homesteaded property your next year's property tax will be based on Just/Market value.

THIS INSTRUMENT PREPARED BY:

Name: Seminole Walls
Address: 1726 W Broadway St
Duriedo, FL 32765
State of Florida



MARYANNE MORSE, CLERK OF CIRCUIT COURT
SEMINOLE COUNTY
BK 07569 Pg 1323; (1pg)
CLERK'S # 2011049702
RECORDED 05/12/2011 07:57:33 AM
RECORDING FEES 10.00
RECORDED BY T Smith

NOTICE OF COMMENCEMENT

Permit Number 11-3128 Parcel ID Number (PID) 36-20-29-513-D400-0000

The undersigned hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

DESCRIPTION OF PROPERTY (Legal description of the property and street address if available) _____

999 Citrus Wood Ct, Longwood FL 32750
Leg Track A Woodlands East PB 27-Pg 91

GENERAL DESCRIPTION OF IMPROVEMENT Adding 6' tall precast wall

OWNER INFORMATION

Name and address: Woodlands East Homeowners Association
999 Citrus Wood Ct, Longwood, FL 32750

CONTRACTOR

Name and address: Seminole Walls, 1726 W Broadway St
Duriedo, FL 32765

Persons within the State of Florida Designated by Owner upon whom notice or other documents may be served as provided by Section 713.13(1)(b), Florida Statutes.

Name and address: _____

In addition to himself, Owner Designates _____ To receive a copy of the Lienor's Notice as Provided in Section 713.13(1)(b), Florida Statutes.

Expiration Date of Notice of Commencement:

The expiration date is 1 year from date of recording unless a different date is specified.

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

STATE OF FLORIDA

COUNTY OF SEMINOLE

OWNER'S SIGNATURE

OWNERS PRINTED NAME

"(NOTE: Per Florida Statute 713.13(1)(g), owner must sign..... and no one else may be permitted to sign in his or her stead."

The foregoing instrument was acknowledged before me this 12 day of May, 2011

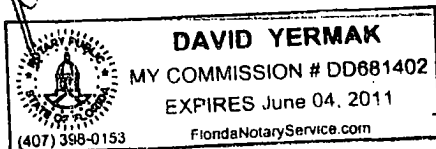
by Justin Arendale Who is personally known to me _____
Name of person making statement

OR who has produced identification _____ type of identification produced _____

VERIFICATION PURSUANT TO SECTION 92.525, FLORIDA STATUTES.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING AND THAT THE FACTS STATED IN IT ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE OF NATURAL PERSON SIGNING ABOVE



Notary Signature

CERTIFIED COPY
MARYANNE MORSE
CLERK OF CIRCUIT COURT
SEMINOLE COUNTY, FLORIDA
DEPUTY CLERK
MAY 12 2011



NOTIFICATION OF POTENTIAL FOR HISTORICAL / ARCHAEOLOGICAL
DISCOVERY DURING CONSTRUCTION PROCESS

This is to certify that I, DAVID YERNALL, am the responsible developer for the project known as COUNTRY COVE. I have notified my Construction Manager of the potential for artifact discoveries during the construction process and that the instructions listed below shall be compiled with the event of a discovery.

In the event of a discovery of artifacts of potential historical or archaeological significance during construction, the Construction Manager shall immediately suspend all disruptive activity within a twenty foot (20') radius of the site of discovery and report the suspected finding(s) to the developer who shall in turn report this to the Florida Division of Historical Resources, Bureau of Historic Preservation, Compliance Review Section for review. The developer shall comply with the recommended course of action or mitigation requested by the Division and notify in writing to the Building Official of the County Building Department of the action or mitigation requested. From the date of notification, construction shall be suspended for a period of up to one-hundred-twenty (120) days to allow evaluation of the site and mitigation if necessary.

I understand that the State may require a systematic, professional archaeological and historic survey be completed by the applicant to determine the presence of any potentially significant historical or archaeological resources on the property. Such a survey may indicate that further investigation of the site be required, including excavation.

I understand that the State review includes the steps listed below:

1. I will contact the State Bureau of Historic Preservation and request a cultural resource assessment. I will submit a map of the site area, indication planned development and construction areas and noting the estimated position of the discovery site. Please allow at least thirty (30) days for the State to Process your request.
2. I will be notified by the State if a historical / archaeological survey is or is not required.
3. I must comply with and provide the State's determination documentation to the Building Official, County Building Department prior to continuing development in the discovery area.

Bureau Of Historic Preservation
Compliance Review Section
500 South Bronough Street
Tallahassee, Fl 32399-0250
Attn: Laura Krammerer
(904) 487-2833

Seminole County Building Department
County Services Building
1101 East First Street
Sanford, Fl 32771
Attn: Building Official
(407) 321-1130, Ext 7461

Affiant Signature: _____

Date: 5/12/2011

Limited Power Of Attorney

This is to serve as certification that I James Hodges,
do hereby authorize DAVID YERMAK, to be
an authorized individual to sign on behalf of Seminole Masonry
/Seminole Walls to obtain all permits or any documents for:

Seminole Masonry / Seminole Walls

Dated this 6, day of April, 2011.

By: _____

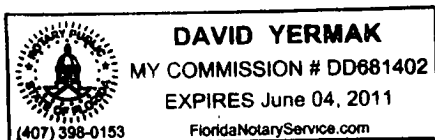
James Hodges, President

Sworn and subscribed before me this 6, day
of April, 2011

Signature of Notary public

Notary's Name: DAVID YERMAK

Notary's commission number: DD681402





Permit Issuance Checklist

Permit Number 11 - 3128 Amount Due \$ 49.⁰⁰

Lot / Subdivision Tract A Woodlands

Address 999 Citrus Wood Ct.

Contractor Seminole Walls - 407.222.6940

Notified _____

DATE, TIME & NAME OF PERSON SPOKEN TO

Paperwork Checklist:

- ☒ NOC Recorded (Certified Original OR Amended Copy)
- ☒ Two sets of approved plans
- ☒ Application signed on both sides
- ☒ Legal print out
- ☒ DINO - Historical Dig
- ☒ Power of Attorney - notarized (James Hodges)
- ☒ Arbor application
- ☒ Septic permit - approved
- ☒ Utility letter
- ☒ Asbestos letter
- ☒ Owner / Builder statement notarized
- ☒ Contractor's registration up to date
- ☒ Workers Compensation (date: 12-31-11)

Computer Checklist:

- ☒ General Information
- ☒ Tracking Approvals
- ☒ Approved AP status
- ☒ Check valuations
- ☒ Check square footage
- ☒ Contractor assigned
- ☒ Subcontractors assigned
- ☒ Fees (Misc)
- ☒ Surcharges \$ 2.⁰⁰ \$ 2.⁰⁰
- ☒ Solid waste \$ _____
- ☒ Apply deposit credit \$ _____
- ☒ Apply Water and Sewer fees \$ _____
- ☒ Project Number _____
- ☒ Created permits for: bldg, elect, mech, plumb, roof, low volt, irrig, gas, and fire attached

Job Cost Examiner	\$ <u>5000.⁰⁰</u>
Addressing	\$ _____
Building	\$ <u>45.⁰⁰</u>
Electrical	\$ _____
Plumbing	\$ _____
Mechanical	\$ _____
Gas	\$ _____
Low Voltage	\$ _____
Irrigation	\$ _____
Roof	\$ _____
Fire	\$ _____
Impact Fees	\$ _____
Driveway	\$ _____
Miscellaneous	\$ _____
Pre-power / TUG	\$ _____
Copy Fees	\$ _____
Postage	\$ _____
DRD Fees	\$ _____

NOTES: need letter from HOA of new NOC - need covenant

Contractor: Seminole Walls
Permit # 11-3128



SEMINOLE COUNTY BUILDING INSPECTIONS

Permit Application Tracking Sheet

Address: 999 Citrus wood Lot #: 600 Subdivision: Woodlands
 Application #: 11.3128 Contractor: Seminole Walls
 Contact Person: _____ Phone #: 407.222.6940 Fax #: _____
 Total S.F. _____ Conditioned S.F.: _____ Valuation: _____
 SFR ☐ ADDITION ☐ POOL ☐ POOL ENCLOSURE ☐ OTHER ☒
 COMMERCIAL (New) ☐ COMMERCIAL (Addition) ☐ COMMERCIAL (Renovation) ☐

Review	Required By	Date Sent	Fees	Approved		Rejected	
				By	Date	By	Date
Addressing							
Zoning							
Arbor							
DRD/Zoning	<u>CF</u>			<u>YB</u>	<u>5/10/11</u>	<u>BW</u>	<u>4/28/11</u>
Driveway							<u>5/3/11</u>
Impact			<u>0</u>	<u>JP</u>	<u>5-4-11</u>		
Signs							
Residential Plan/Bldg	<u>CF</u>			<u>TC</u>	<u>4/29</u>		
Commercial Plan/Bldg							
Fire							
Plumbing							
Mechanical							
Electrical							
Flood Prone/Bldg							
Drainage/DRD							
Boat Dock/DRD							
Econ District/DRD							
Riparian Habitat/DRD							
Wetlands/DRD							
Estoppel Letter/DRD							

NOTES: N/C & NOC required

RECEIVED

APR 26 2011

BY:.....

Building Department to Development Review Checklist

Date Received 4-28-11

Date Assigned 4-28-11

Permit Number 11-3128

Project Manager B MW

Date Completed 4/28/11

Project Managers Initials (B)

Route: Concurrency/Impact Fee Determination ☒ Residential _____

Commercial _____ Zoning _____ Other _____

_____ Zoning compatibility. If the interior of a building is being renovated for a new use, is the zoning compatible with the new use? Is a special exception needed? _____

_____ Permitted Use. If a new business is moving into a site that is part of a PUD or PCD is the business a permitted use? Verify that the use agrees with the Development Order and PUD Agreement.

_____ Split zoning. If there is split zoning, is the zoning compatible with the proposed use?

_____ Change of use. Zonings such as OP and RP are zoned to a site plan. A change of use may require a rezone or site plan. _____

_____ Renovations due to a new use or expansion of current business. Is there enough parking for the type of use? Are there required improvements such as a grease trap, impacts to loading area, fire connections etc.?

_____ New impervious surface proposed. A site plan may be required. YES / NO

_____ Approved site plan submitted with the permit request. For projects in Development Review, an approved site plan must accompany the permit request.

_____ Site plan and building plan must agree. Does the building footprint, building height, and setbacks on the building plan match what is on the approved site plan? Has anything been added that's not part of the approved site plan? Is the building in the same location?

_____ Is the permit for a wall? Is the wall or a wall easement on the approved site plan? If not, a construction revision shall be required. If you are not sure whether or not the wall was reviewed and approved as part of the site plan, have an engineer check the wall for visibility issues, need for weep holes, grading etc. We do not review chain link fences.

_____ Estoppel Letter. If the project is being platted and the applicant desires to get a permit for model homes prior to plat being recorded, an estoppel letter will be needed.

Additional Comments R-1A Zoned (Will exceed 6.6 feet in height - variance needed)

_____ APPROVED REJECTED

_____ Plans that may go into the field shall be stamped as reviewed by Development Review. The original copy shall follow the file and a copy kept in Development Review.

Building Department to Development Review Checklist

Date Received 5-6-11

Date Assigned 5-6-11

Permit Number 11-3128

Project Manager BMW

Date Completed 5/10/11

Project Managers Initials (Signature)

Route: Concurrency/Impact Fee Determination ☒ Residential _____

Commercial _____ Zoning _____ Other _____

____ Zoning compatibility. If the interior of a building is being renovated for a new use, is the zoning compatible with the new use? Is a special exception needed? _____

____ Permitted Use. If a new business is moving into a site that is part of a PUD or PCD is the business a permitted use? Verify that the use agrees with the Development Order and PUD Agreement.

____ Split zoning. If there is split zoning, is the zoning compatible with the proposed use?

____ Change of use. Zonings such as OP and RP are zoned to a site plan. A change of use may require a rezone or site plan. _____

____ Renovations due to a new use or expansion of current business. Is there enough parking for the type of use? Are there required improvements such as a grease trap, impacts to loading area, fire connections etc.?

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____ Estoppel Letter. If the project is being platted and the applicant desires to get a permit for model homes prior to plat being recorded, an estoppel letter will be needed.

Additional
Comments _____

APPROVED / REJECTED

____ Plans that may go into the field shall be stamped as reviewed by Development Review. The original copy shall follow the file and a copy kept in Development Review.

✓

Building Department to Development Review Checklist

Date Received 5-2-11

Date Assigned 5-2-11

Permit Number 11-3128

Project Manager BMW

Date Completed 5/3/11

Project Managers Initials (BR)

Route: Concurrency/Impact Fee Determination _____ Residential _____

Commercial _____ Zoning _____ Other _____

_____ Zoning compatibility. If the interior of a building is being renovated for a new use, is the zoning compatible with the new use? Is a special exception needed? _____

_____ Permitted Use. If a new business is moving into a site that is part of a PUD or PCD is the business a permitted use? Verify that the use agrees with the Development Order and PUD Agreement.

_____ Split zoning. If there is split zoning, is the zoning compatible with the proposed use?

_____ Change of use. Zonings such as OP and RP are zoned to a site plan. A change of use may require a rezone or site plan. _____

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_____ Estoppel Letter. If the project is being platted and the applicant desires to get a permit for model homes prior to plat being recorded, an estoppel letter will be needed.

Additional Comments Signed & Sealed Construction
Plans still show and include an 8' Wall.

_____ APPROVED REJECTED

_____ Plans that may go into the field shall be stamped as reviewed by Development Review. The original copy shall follow the file and a copy kept in Development Review.

11-3128



Additional Information***

*** permit has not been issued yet

RECEIVED

MAY 05 2011

☐ Residential

☐ Commercial (\$20.00 per page after 1st resubmittal of additional information)

Date: 5/5/2011

Permit #: 11-3128

Received By: SB3

Project Name:

* Job Address:

999 Citrus Woods Ct

* Owner / Contractor Name:

Seminole Walls

* Phone:

407-222-6940

* Fax:

407-971-2519

*List Items Being Submitted:

Removed Any Detail of 8' wall, wall will only be 6' tall Throughout project.

Square footage:

FROM

TO:

Valuation:

FROM \$

TO: \$

Value difference:

\$

Reviews	Date Sent	Date App / Rej	By	Returned	Fees
DRD	5-5-11	5/10/11 Approved	(Signature)		
Zoning					
Res Plan Rev					
Comm Plan Rev					
Fire					
Other					

*Required Fields

TOTAL FEES



Additional Information***

*** permit has not been issued yet

RECEIVED
MAY 02 2011

☐ Residential

☒ Commercial (\$20.00 per page after 1st resubmittal of additional information)

Date: 5/2/11

Permit #: 11-3128

Received By: JS

Project Name:

* Job Address: 998 ~~2700~~ Citrus Woods Cir, Longwood, FL 32750

* Owner / Contractor Name: Seminole walls

* Phone: 407-222-6940

* Fax: 407-971-2519

*List Items Being Submitted:

6' wall Throughout instead of 8'

Square footage:	FROM	TO:
Valuation:	FROM \$	TO: \$
Value difference:	\$	

Reviews	Date Sent	Date App / Rej	By	Returned	Fees
DRD		5/10/11 Approved [▲]	(JS)		
(JS) Zoning	5-2-11	5/3/11 Rejected *	JS		
Res Plan Rev					
Comm Plan Rev					
Fire					
Other					

*Required Fields

* Plans still include an 8 foot wall.

▲ Approved on 5/10/11
BMW

TOTAL FEES