

GROVELAND, FLORIDA DEPARTMENT OF COMMUNITY DEVELOPMENT

CONCURRENCY APPLICATION (INSTRUCTIONS ATTACHED)

	Application Received/_/_	
1.	Name: Groveland Shoppes, LLC	
	Owner: X Agent: Other:	
	Mailing Address: 5555 S. Kirkman Road, Ste. 201	
	Orlando, FL 32819	
	Telephone: _(813) 549-3250	
2.	Land Use: COMM (Office / Commercial)	
3.	Description of Project: Construction of a 7,104 square foot dialysis clinic along with the association drainage, and parking infrastructure improvements on Lot 4C of the Groveland Shoppes master dev	
4.	Alternate Key Number: 3878618	
	(From Tax Bill or Property Record Card)	
5.	Parcel Number: 20-22-25-1001000004C0	
	(From Tax Bill or Property Record Card)	
6.	TYPE OF DEVELOPMENT:	
	X Site Plan Development of Regional Impact	
	Subdivision Plat Minor Subdivision	
	X Other: Construction Plan	
7.	Proposed Specific Use: Dialysis Clinic	
0	D. L. (A.11) No address ossigned	
8.	Project Address: No address assigned.	
9.	PROJECT SIZE AND PHASES	
	a. Phase Number 1 2 3 4	
	b. 1 st C.O. in Phase (Mo./Yr.) 10/2016	
	c. Last C.O. in Phase (Mo./Yr.) N/A	
	d. Total Acreage 1.14	
	e. Dwelling Units (#/type) 7,104 SF / medical office	
	f. Other Land Use Square Feet: (see attached list for category/unit)	
	2.	

3		
10. Signature:		
STATE OF FLORIDA		
COUNTY OF LAKE		
The foregoing instrument has been acknowledged before me this 3 RD day of JUNE, 20/6 by DAMON PARRISH who is personally known to me or who has produced Drivers License as identification and who did or did not take an oath.		
Signature of Acknowledger Kimberly Ann Thomas Name of Acknowledger, Typed or Printed Kimberly Ann Thomas Title Notary Public Commission Number FF 025757 My Commission Expires 6.10-2017		
Stamp (seal)		

