

City of Groveland Planning and Zoning Application

The applicant shall be responsible for any advertising fees and all required recording fees assessed by the Lake County Clerk of Court. Invoice will be mailed, payment due on receipt.

Date: January 29, 2	015	Application #				
Applicant Name:	Shea Homes Active Adult, LLC Attn: Michael Fraley Applicant Phone# 352-432-					
Address:	749 Wilson Lake Parkwa					
	Groveland, FL 34736	Email Address: michael.fraley @sheahomes.com				
Applicant is: (X) Ow	ner () Agent () Purcha	ser () Lessee () Optionee				
Owners Name:		Owner's Phone #				
Address:		Owner's Fax #				
		Email Address:				
Application Type: () Annexation () Rezoning () Comprehensive Plan Amendment () Lot Split () Lot Line Deviation () Variance-Residential () Site Plan Approval () Preliminary Plat () Variance-Commercial/Industrial () Concurrency Review () Construction Plan Review () Re-Review () Special Exception Use () Conditional Use Permit () Residential Design Review () Road/Easement Vacation (X) Final Plat () Planned Unit Development () DRI Development () Proportionate Fair Share () DRI Regional Development () Other:						
Reason for Request: Apply for Final Plat of Cascades of Groveland Phase 5						
Project Title (Site Plans, future/existing subdivisions only):						
Property Address: Sil		Property Size: 68.8 acres				
Alternate Key #s:						
Property Tax I.D. #s _	energie egeration					
Proposed Use of Prope	erty: _Residential Subdiv	ision				
Existing Zoning: PU	Existing Zoning: PUD Existing Land Use:					



City of Groveland Planning and Zoning Application

The applicant shall be responsible for any advertising fees and all required recording fees assessed by the Lake County Clerk of Court. Invoice will be mailed, payment due on receipt.

Would like to change Zoning to: N/A						
Would like to change Land Use to: N/A						
Current number of structures on the property:						
What utilities currently exist on the site? () Water () Reclaim Water () Sewer () Well () Septic (X) None						
What utilities are proposed to be used? (X) Water (X) Reclaim Water (X) Sewer						
Have any previous applications been filed within the last year in connection with this property? (X) Yes () No						
If yes, please describe: Preliminary Plat						

Property Owner & Agent Affidavit

Date: tebruary 11 2016							
Before me, the who being by m	undersigned authority personally appeared, Mike Fr. ne duly sworn on oath, deposes and says: Shea Ho	nes Active Adult, LLC (property owner's name),					
1. That sa	aid authority is the fee-simple owner of the property l	egally described in this application.					
2. That sa	aid authority desires to Final Plat -	Casindes of Grandad PHS.					
act on his beha	aid authority (property owner) has appointed <u>Tadd K</u> If to accomplish the above, and before me the und y sworn on oath, deposes and says:	(asbeer, Dewberry Engineers Inc. (agent's name) to lersigned authorized agent personally appeared and					
А.	A. That he/she affirms and certifies that he/she understands and will comply with all ordinances, regulations, and provisions of the City of Groveland, Florida, and that all statements and diagrams submitted herewith are true and accurate to the best of his/her knowledge and belief, and further that this application and attachments shall become part of the Official Records of the City of Groveland, Florida, and are not returnable.						
В.	That the submittal requirements for the application have been completed and attached hereto as part of the application.						
C.	C. Fees are non-refundable unless the application is withdrawn in writing within five (5) business days of submittal.						
Property Owner	's signature	Agent's signature					
STATE OF TO COUNTY OF LA Subscribed and s	AIGE worn to (or affirmed) before	STATE OF FLORIDA COUNTY OF LAKE Subscribed and sworn to (or affirmed) before me					
on February 11 2016 (date) by Michael Fraley (name) of affiant, deponent, or other signer. He/she is personally known to me or has presented		before me on February 11 2016 (date) Tadd Kasheer (name) of affiant, deponent, or other signer. He/she is personally known to me or has presented					
as identification.	Expires April 16, 2016 Bonded Thru Troy Fain Insurance 800-385-7019	as identification. SUSAN ANDERSON Commission # EE 189770 Expires April 16, 2016 Bonded Thru Troy Fain Insurance 800-385-7019					
PUBLIC NOTA	RY Conductors	PUBLIC NOTARY					
Susan	Anderson	Susan Anderson					

Note: The Property Owner(s) must sign the Affidavit(s). When an Agent is representing the case, both the Agent and the Property Owner(s) must sign the Affidavit(s).

SHEA HOMES, INC

Active Adult Division 8800 N. Gainey Center Dr, Suite 350. Scottsdale AZ 85258 (480) 348-6000

CHECK NO. 64158019 **CHECK DATE** 1/27/2016

PAYMENT ADVICE

STUB 1 of 1

INVOICE NUMBER	DATE	DESCRIPTION	GROSS	DISCOUNT	AMOUNT PAID
CKRQ012116	1/21/16	PH 5 FINAL PLAT APPLICATION	\$1,800.00		\$1,800.00
		TOTALS	\$1,800.00		\$1,800.00

************** END OF STATEMENT ***********

DETACH STATEMENT BEFORE DEPOSITING

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPEF HEA HOMES, INC WELLS FARGO BANK N.A CHECK NO. 64158019

SHEA HOMES, INC

Active Adult Division 8800 N. Gainey Center Dr, Suite 350 Scottsdale AZ 85258 (480) 348-6000

64158019

56-382 412

450960

DATE **AMOUNT** 1/27/2016 \$****1,800.00

ONE THOUSAND EIGHT HUNDRED AND 00/100**

PAY TO THE ORDER OF

CITY OF GROVELAND

AUTHORIZED SIGNATURE