

REPORT OF THE PLANNING AND DEVELOPMENT DEPARTMENT FOR

APPLICATION FOR REZONING ORDINANCE 2015-489

AUGUST 20, 2015

The Planning and Development Department hereby forwards to the Planning Commission, Land Use and Zoning Committee and City Council its comments and recommendation regarding Application for Rezoning **Ordinance 2015-489**.

Locations: 11925 Flynn Road,
between Stongate Drive & Tanya Terrace

Real Estate Numbers: 158145-0000 & 158144-0000

Current Zoning District: Rural Residential-Acre (RR-Acre)

Proposed Zoning District: Residential Low Density-90 (RLD-90)

Current Land Use Category: Low Density Residential (LDR)

Planning District: District 3, Southeast

Planning Commissioner: Daniel Blanchard

City Council District: The Honorable Matt Schellenberg, District 6

Applicant/Agent: Curtis Hart / Hart Resources LLC
8051 Tara Lane
Jacksonville, FL 32216

Owner(s): William L. Smith
11925 Flynn Road
Jacksonville, FL 32223

Michael N. Schneider
11563 Hidden Harbor Way
Jacksonville, FL 32223

Staff Recommendation: **APPROVE**

GENERAL INFORMATION

Application for Rezoning Ordinance 2015-489 seeks to rezone 4.26 acres from Rural Residential-Acre (RR-Acre) to Residential Low Density-90 (RLD-90). The proposed use would be for single family homes, on 90 foot wide lots. The site is within the LDR functional land use

category as defined by the Future Land Use Map series (FLUMs) contained in the Future Land Use Element (FLUE) adopted as part of the 2030 Comprehensive Plan. The property has frontage on Flynn Road, a locally designated road Street as classified by the Functional Highway Classification Map of the 2030 Comprehensive Plan, The project area is predominated by single family homes, with a new single family subdivision under construction to the north. The site currently has one single family structure on the property.

STANDARDS, CRITERIA AND FINDINGS

Pursuant to Section 656.125 of the Zoning Code, an applicant for a proposed rezoning bears the burden of proving, by substantial competent evidence, that the proposed rezoning is consistent with the City's comprehensive plan for future development of the subject parcel. In determining whether a proposed rezoning is consistent with the 2030 Comprehensive Plan, the Planning and Development Department considers several factors, including (a) whether it is consistent with the functional land use category identified in the Future Land Use Map series of the Future Land Use Element; (b) whether it furthers the goals, objectives and policies of the Comprehensive Plan; and (c) whether it conflicts with any portion of the City's land use regulations. Thus, the fact that a proposed rezoning is permissible within a given land use category does not automatically render it consistent with the 2030 Comprehensive Plan, as a determination of consistency entails an examination of several different factors.

1. Is the proposed rezoning consistent with the 2030 Comprehensive Plan?

Yes. The Planning and Development Department finds that the subject property will be located in a Low Density Residential (LDR) functional land use category according to the Future Land Use Map series (FLUMs) adopted as part of the 2030 Comprehensive Plan. The LDR land use category is generally defined as a category that provides for low density residential development. Single-family detached housing should be the predominate development typology in this category. Density, location and mix of uses shall be pursuant to the Development Areas as set forth in the 2030 Comprehensive Plan. The proposed RLD-90 category would be for single family detached dwellings, and would be consistent with the surrounding zoning districts that are all contained within the LDR Land Use designation, and allow for up to 7 units per acre maxim density.

Therefore, the proposed rezoning is consistent with the FLUMs adopted as part of the 2030 Comprehensive Plan pursuant to Chapter 650 Comprehensive planning for future development of the Ordinance Code.

2. Does the proposed rezoning further the goals, objectives and policies of the 2030 Comprehensive Plan?

Yes. The proposed amendment is consistent with the following policies of the Future Land Use Element (FLUE) of the 2030 Comprehensive Plan:

Objective 6.3: The City shall accommodate growth in Jacksonville by encouraging and facilitating new infill development and redevelopment on vacant, bypassed and underutilized land within areas that already have infrastructure, utilities, and public facilities, while addressing the needs of City residents. This application for rezoning will allow for the existence of a single-family development, thereby strengthening the viability of the residential area. The proposed rezoning would be located adjacent to Flynn Road, which is a locally designated road by the Functional Highway Classification Map of the 2030 Comprehensive Plan. The RLD-90 Zoning District would match the surrounding zoning districts' lot pattern of the established RLD-90 lots adjacent. The area is mostly developed, with some new single family home projects under construction nearby. This site represents a small island of RR-Acre within a large area of RLD-90. Approval of this application would promote Objective 6.3 as infill development.

3. *Does the proposed rezoning conflict with any portion of the City's land use regulations?*

No. The proposed change in Zoning District is consistent with the proposed Business Par future land use category as defined in the Future Land Use Element of the 2030 Comprehensive Plan. The BP category allows for uses such as commercial office, and light industrial uses such as warehouse storage. The site proposed new Land Use designation and Zoning District would have direct access to both Cortez Road, but also to Beach Boulevard, though the existing Hospice facility adjacent and to the south.

SURROUNDING LAND USE AND ZONING

The subject property is located on Flynn Road. The surrounding uses, land use category and zoning are as follows:

Adjacent Properties	Land Use Category	Zoning District	Current Use
North	LDR	RLD-90	Single Family / Vacant
East	LDR	RLD-90	Single Family
South	LDR	RLD-90	Single Family
West	LDR	RLD-90	Single Family

The requested Residential Low Density Zoning District would be consistent with the LDR Future Land Use designation of the subject property, as well as the surrounding properties in the area. The RLD-90 zoning district would match the surrounding RLD-90 Zoning District.

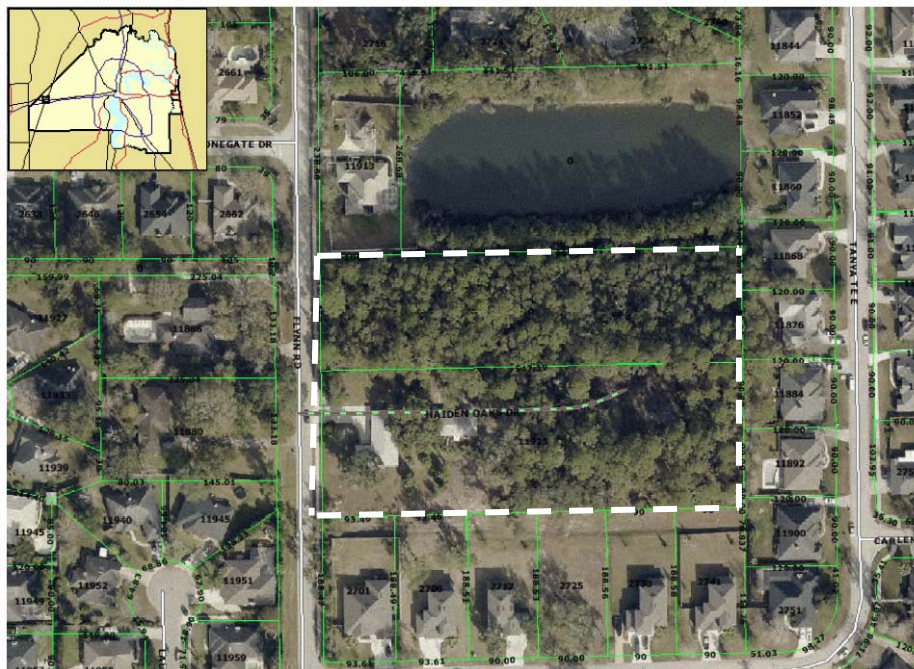
SUPPLEMENTARY INFORMATION

Upon visual inspection of the subject property on the required Notice of Public Hearing signs were posted on August 5, 2015.



RECOMMENDATION

Based on the foregoing, it is the recommendation of the Planning and Development Department that Application for Rezoning **2015-489** be **APPROVED**.



Aerial

*Source: City of Jacksonville Planning and Development Department
Date: August 5, 2015*



Subject Property with frontage on Flynn Road

*Source: City of Jacksonville Planning and Development Department
Date: August 5, 2015*



Existing single family across Flynn Road

*Source: City of Jacksonville Planning and Development Department
Date: August 5, 2015*



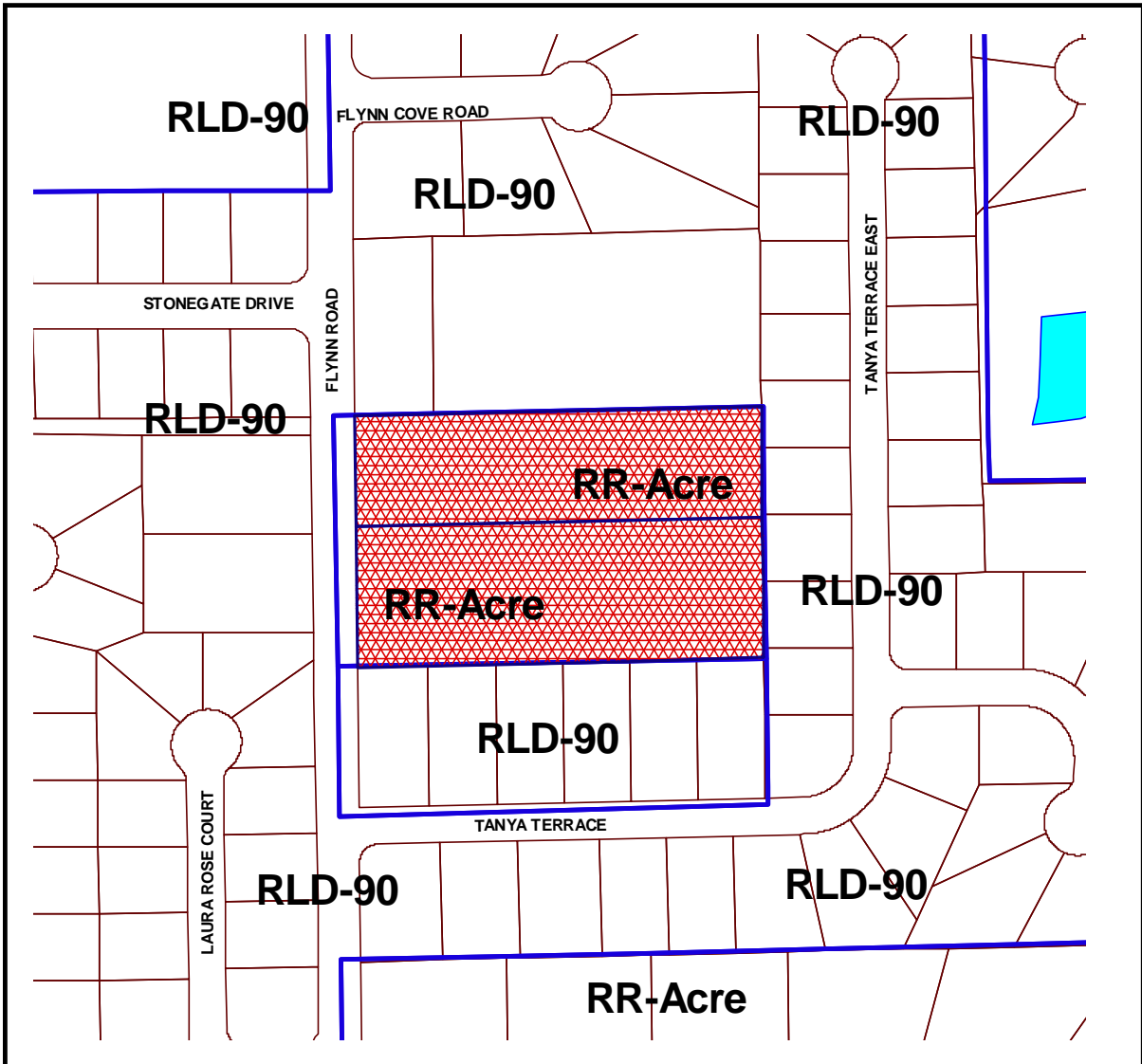
Existing commercial to the south of the subject site

*Source: City of Jacksonville Planning and Development Department
Date: August 5, 2015*



Adjacent single family to the north along Flynn Road

*Source: City of Jacksonville Planning and Development Department
Date: August 5, 2015*



<p>REQUEST SOUGHT:</p> <p>FROM: RR-Acre</p> <p>TO: RLD-90</p>		<p>0 100 Feet</p> <p>COUNCIL DISTRICT: 6</p>
<p>ORDINANCE NUMBER: ORD-2015-0489</p>	<p>TRACKING NUMBER: T-2015-0865</p>	<p>Exhibit 2</p>

Application For Rezoning To Conventional Zoning District

Planning and Development Department Info

Ordinance # 2015-0489 **Staff Sign-Off/Date** CAP / 07/13/2015
Filing Date 07/28/2015 **Number of Signs to Post** 2

Hearing Dates:

1st City Council 08/25/2015 **Planning Comission** 08/20/2015
Land Use & Zoning 09/01/2015 **2nd City Council** 09/08/2015

Neighborhood Association OLDE MANDARIN NEIGHBORHOOD ASSOCIATION / SIENNA FORREST

Neighborhood Action Plan/Corridor Study N/A

Application Info

Tracking # 865 **Application Status** PAID
Date Started 06/05/2015 **Date Submitted** 06/08/2015

General Information On Applicant

Last Name	First Name	Middle Name
HART	CURTIS	L

Company Name

HART RESOURCES LLC

Mailing Address

8051 TARA LANE

City	State	Zip Code
JACKSONVILLE	FL	32216

Phone	Fax	Email
9049935008		CURTISHART1972@ATT.NET

General Information On Owner(s)

Check to fill first Owner with Applicant Info

Last Name	First Name	Middle Name
SMITH	WILLIAM	L

Company/Trust Name

Mailing Address

11925 FLYNN ROAD

City	State	Zip Code
JACKSONVILLE	FL	32223

Phone	Fax	Email

Last Name	First Name	Middle Name
SCHNEIDER	MICHAEL	N

Company/Trust Name

Mailing Address

11563 HIDDEN HARBOR WAY

City	State	Zip Code
JACKSONVILLE	FL	32223
Phone	Fax	Email
9042960100		MSCHNEIDER@JAXLAW.COM

Property Information

Previous Zoning Application Filed For Site?

If Yes, State Application No(s)

Map	RE#	Council District	Planning District	From Zoning District(s)	To Zoning District
Map	158145 0000	6	3	RR-ACRE	RLD-90
Map	158144 0000	6	3	RR-ACRE	RLD-90

Ensure that RE# is a 10 digit number with a space (##### #)

Existing Land Use Category

LDR

Land Use Category Proposed?

If Yes, State Land Use Application #

Total Land Area (Nearest 1/100th of an Acre) 4.26

Justification For Rezoning Application

ALL OF THE SURROUNDING PROPERTY IS ZONED RLD-90, CITY WATER AND SEWER IS AVAILABLE TO THE PROPERTY, AND THE HOUSING STOCK IS OLD. WE ARE ASKING TO DEVELOPE.

Location Of Property

General Location

SOUTH OF STONEGATE DRIVE ON THE EAST SIDE OF FLNN ROAD

House #	Street Name, Type and Direction	Zip Code
11925	FLYNN RD	32223

Between Streets

STONEGATE DRIVE and TANYA TERRIACE

Required Attachments For Formal, Complete application

The following items must be attached to each application in the order prescribed below. All pages of the application must be on 8½" X 11" paper with provision for page numbering by the staff as prescribed in the application instructions manual. Please check each item below for inclusion of information required.

- Exhibit 1** A very clear, accurate and legible legal description of the property on the form provided with application package (Exhibit 1). The legal description (which may be either lot and block or metes and bounds) should not be a faint or distorted copy that is difficult to read or duplicate.
- Exhibit A** Property Ownership Affidavit – Notarized Letter(s).
- Exhibit B** Agent Authorization - Notarized letter(s) designating the agent.

Supplemental Information

Supplemental Information items are submitted separately and not part of the formal application

- One copy of the Deeds to indicate proof of property ownership.

Public Hearings And Posting Of Signs

No application will be accepted until all the requested information has been supplied and the required fee has been paid. Acceptance of a completed application does not guarantee its approval by the City Council. The applicant will be notified of public hearing dates on this application upon the filing of the application. The applicant or authorized agent **MUST BE PRESENT** at the public hearings. The required SIGN(S) must be **POSTED** on the property **BY THE APPLICANT** within 5 days after the filing of an application. The sign(s) may be removed only after final action of the Council and must be removed within 10 days of such action.

The applicant must also pay for the required public notice stating the nature of the proposed request which is required to be published in an approved newspaper **AT LEAST 14 DAYS IN ADVANCE OF THE PUBLIC HEARING**. (The Daily Record - 10 North Newnan Street, Jacksonville, FL 32202 • (904) 356-2466 • Fax (904) 353-2628) Advertising costs are payable by the applicant directly to the newspaper and the applicant must furnish **PROOF OF PUBLICATION** to the Planning and Development Department, 214 North Hogan Street, Ed Ball Building, Suite 300, Jacksonville, Florida, 32202, prior to the public hearing.

Application Certification

I, hereby, certify that I am the owner or the authorized agent of the owner(s) of the property described herein, that all answers to the questions in this application and all information contained in the material attached to and made a part of this application, are accurate and true to the best of my knowledge and belief. I also attest by my signature that all required information for this rezoning application is completed and duly attached in the prescribed order. Furthermore, if the package is found to be lacking the above requirements, I understand that the application will be returned for correct information.

- Agreed to and submitted

Filing Fee Information

- 1) Rezoning Application's General Base Fee:** \$2,000.00
2) Plus Cost Per Acre or Portion Thereof
4.26 Acres @ \$10.00 /acre: \$50.00
3) Plus Notification Costs Per Addressee
68 Notifications @ \$7.00 /each: \$476.00
4) Total Rezoning Application Cost: \$2,526.00

NOTE: Advertising Costs To Be Billed to Owner/Agent

Michael Corrigan, Tax Collector
 Duval County/City of Jacksonville
 Comments - taxcollector@coj.net
 Inquiries - (904)630-1916
 www.coj.net/tc

Duval County, City Of Jacksonville
Michael Corrigan , Tax Collector
 231 E. Forsyth Street
 Jacksonville, FL 32202

General Collection Receipt

Date: 06/12/2015 Time: 11:41:31
 Location: P06 Clerk: MHL
 Transaction 0404442

Date: 6/11/2015

Email: CPopoli@coj.net

Miscellaneous
 Item: CR - CR331855
 Receipt 0404442.0001-0001 2,526.00
 Total Paid 2,526.00
 ECK 005434 2,526.00
 Total Tendered 2,526.00

IN
 Name: Curtis Hart / Hart Resources LLC
 Address: 8051 Tara Lane, Jacksonville, FL 32216
 Description: Invoice for Application #865, the rezoning of 11925 Flynn Road: From RR-Acre to RLD-90

GLAcct	SubsidNo	UserCode	Project	ProjectDtl	Grant	GrantDtl	DocNo	Amount
								2526.00

Received By: HART RESOURCES LLC
 Thank You

Total Due: \$2,526.00

Michael Corrigan , Tax Collector
General Collections Receipt
City of Jacksonville, Duval County

Account No: CR331855
REZONING/VARIANCE/EXCEPTION
 Name: Curtis Hart / Hart Resources LLC
 Address: 8051 Tara Lane, Jacksonville, FL 32216
 Description: Invoice for Application #865, the rezoning of 11925 Flynn Road: From RR-Acre to RLD-90

Date: 6/11/2015

Total Due: \$2,526.00

Checklist / Baseline Review

Application Name

Agent / Owner

Intake Planner

Pre-application meeting

New information received

Application submitted

Sent to OGC

Application reviewed

OGC approved

Date sufficient / insufficient

Date paid

Planning District

Existing Land Use

Council District

Development Area

Council District

Existing Zoning

Neighborhood Association(s)

NAP / Town Center / Corridor Study

Downtown Overlay	<input type="text" value="NA"/>	Aquatic Preserve	<input type="text" value="No"/>	Civilian Notice Zone	<input type="text" value="No"/>
DRI	<input type="text"/>	Septic Tank Failure Area	<input type="text" value="No"/>	Civilian School Zone	<input type="text" value="No"/>
Springfield Historic District	<input type="text" value="No"/>	Boat Facility Siting Zone	<input type="text" value="No"/>	Civilian Height Zone	<input type="text" value="No"/>
Riverside Historic District	<input type="text" value="No"/>	Coastal High Hazard Zone	<input type="text" value="No"/>	Military Notice Zone	<input type="text" value="No"/>
Riverside Overlay	<input type="text" value="No"/>	Wellhead Protection Zone	<input type="text" value="No"/>	Military School Zone	<input type="text" value="No"/>
Lake Marco Overlay	<input type="text" value="No"/>	State Road	<input type="text" value="No"/>	Military Height Zone	<input type="text" value="500 ft"/>
San Marco Overlay	<input type="text" value="No"/>	Outside Suburban Boundry	<input type="text" value="No"/>	Noise Contour Zone	<input type="text" value="No"/>
Mandarin Height Overlay	<input type="text" value="No"/>	Industrial Sanctuary	<input type="text" value="No"/>	NAS Jax APZ	<input type="text" value="No"/>
Mandarin Road Overlay	<input type="text" value="No"/>	Industrial Compatibility	<input type="text" value="No"/>	Whitehouse OLF APZ	<input type="text" value="No"/>
Mayport	<input type="text" value="No"/>	Listed Species Report > 50 acres	<input type="text" value="No"/>	Whitehouse OLF Light Restriction Zone	<input type="text" value="No"/>

Planner's Comments

The request is to go from RR-acre (1/2 unit per acre with utilities to 60 foot wide lots in RLD-60.

Exhibit A

Version 5-29-15

Property Ownership Affidavit

Date: June 4, 2015

City of Jacksonville
City Council / Planning and Development Department
117 West Duval Street, 4th Floor / 128 East Forsyth Street, Florida Theatre Building, Suite 700
Jacksonville, Florida 32202

Re: Ownership Certification

REF 158144-0000

Gentleman:

I, Michael Schneider hereby certify that I am the Owner of the property described in the attached legal description, **Exhibit 1** in connection with filing application(s) for rezoning, submitted to the Jacksonville Planning and Development Department.

Michael Schneider

(a) (Owner's Signature)

STATE OF FLORIDA
(b) COUNTY OF DUVAL

The foregoing affidavit was sworn and subscribed before me this 4th day of JUNE
(month), 2015 (year) by MICHAEL SCHNEIDER who is personally
known to me or has produced _____ as identification.

Robert C. Johnson
(Notary Signature)

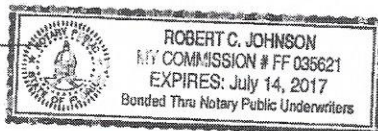


EXHIBIT A

Property Ownership Affidavit

Date: 6-4-2015

City of Jacksonville
City Council / Planning and Development Department
117 West Duval Street, 4th Floor / 128 East Forsyth Street, Florida Theatre Building, Suite 700
Jacksonville, Florida 32202

Re: Ownership Certification RE# 158145-0000

Gentleman:

I, William L. Smith hereby certify that I am the Owner of the property described in the attached legal description, **Exhibit 1** in connection with filing application(s) for Rezoning, submitted to the Jacksonville Planning and Development Department.

William L. Smith
(a) (Owner's Signature)

STATE OF FLORIDA
(b) COUNTY OF DUVAL

The foregoing affidavit was sworn and subscribed before me this 4th day of June (month), 2015 (year) by William L. Smith who is personally known to me or has produced a valid drivers license as identification.

Judith O'Donnell
(Notary Signature)

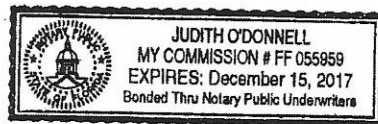


EXHIBIT B - Agent Authorization Affidavit- License Holder, Tenant, Lessee

Date: _____

City of Jacksonville
Planning and Development Department
214 North Hogan Street, Suite 300,
Jacksonville, Florida 32202

Re: Agent Authorization for the following site location: Flynn Road
REF# 15 8144-0000

To Whom it May Concern:

You are hereby advised that the undersigned is the license holder, tenant or lessee occupying the property described in Exhibit 1 attached hereto. Said license holder, tenant or lessee hereby authorizes and empowers CURTIS L. HART to act as agent to file application(s) for Reopening for the above-referenced property and in connection with such authorization to file such applications, papers, documents, requests and other matters necessary for such requested change.

If License Holder, Tenant or Lessee is Individual:

If License Holder, Tenant or Lessee is Corporate Entity:*

Print Corporate Name:

By Barbara Schneider
Print Name: Barbara Schneider

By _____
Print Name: _____
Its: _____

*If Owner is Corporate Entity, please provide documentation illustrating that signatory is an authorized representative of Owner; this may be shown through corporate resolution, power of attorney, printout from sunbiz.org, etc.

STATE OF FLORIDA
COUNTY OF DUVAL

Sworn to and subscribed and acknowledged before me this 23 day of June 2014, by Barbara Schneider, who is personally known to me or who has produced _____ as identification and who took an oath.

(Signature of NOTARY PUBLIC)

(Printed name of NOTARY PUBLIC)
State of Florida at Large. My commission expires: _____

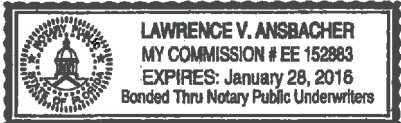


EXHIBIT A - Property Ownership Affidavit

Date: _____

City of Jacksonville
Planning and Development Department
214 North Hogan Street, Suite 300,
Jacksonville, Florida 32202

Re: Property Owner Affidavit for the following site location:

Flynn Road REF 158144-0000

To Whom it May Concern:

I Barbara Schneider hereby certify that I am the Owner of the property described in Exhibit 1 in connection with filing application(s) for REZONING submitted to the Jacksonville Planning and Development Department.

If Owner is Individual:

If Owner is Corporate Entity:*

Print Corporate Name:

By Barbara Schneider
Print Name: Barbara Schneider

By _____
Print Name: _____
Its: _____

*If Owner is Corporate Entity, please provide documentation illustrating that signatory is an authorized representative of Owner; this may be shown through corporate resolution, power of attorney, printout from sunbiz.org, etc.

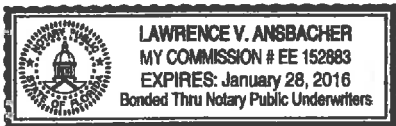
STATE OF FLORIDA
COUNTY OF DUVAL

Sworn to and subscribed and acknowledged before me this 25 day of June 2014, by Barbara Schneider, who is personally known to me or who has produced _____ as identification and who took an oath.

[Signature]

(Signature of NOTARY PUBLIC)

(Printed name of NOTARY PUBLIC)



State of Florida at Large.
My commission expires: _____

OFFICE of VITAL STATISTICS

CERTIFIED COPY

FLORIDA CERTIFICATE OF DEATH

TYPE IN PERMANENT BLACK INK

LOCAL FILE NO.

1. DECEDENT'S NAME (First, Middle, Last, Suffix) Barbara Annette Smith				2. SEX Female	
3. DATE OF BIRTH (Month, Day, Year) February 11, 1932		4a. AGE-Last Birthday (Years) 75	4b. UNDER 1 YEAR Months _____ Days _____	4c. UNDER 1 DAY Hours _____ Minutes _____	5. DATE OF DEATH (Month, Day, Year) November 21, 2007
6. SOCIAL SECURITY NUMBER 266-42-0066		7. BIRTHPLACE (City and State or Foreign Country) Little Rock, Arkansas		8. COUNTY OF DEATH Duval	
9. PLACE OF DEATH (Check only one) HOSPITAL: <input checked="" type="checkbox"/> Inpatient _____ Emergency Room/Outpatient _____ Dead on Arrival _____ NON-HOSPITAL: _____ Hospice Facility _____ Nursing Home/Long Term Care Facility _____ Decedent's Home _____ Other (Specify) _____					
10. FACILITY NAME (If not institution, give street address) Memorial Hospital				11a. CITY, TOWN, OR LOCATION OF DEATH Jacksonville	
12. MARITAL STATUS (Specify) <input checked="" type="checkbox"/> Married _____ Married, but Separated _____ Widowed _____ Divorced _____ Never Married					
13. SURVIVING SPOUSE'S NAME (If wife, give maiden name) William L. Smith				11b. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes _____ No	
14a. RESIDENCE - STATE Florida		14b. COUNTY Duval		14c. CITY, TOWN, OR LOCATION Jacksonville	
14d. STREET ADDRESS 11925 Flynn Road			14e. APT. NO.	14f. ZIP CODE 32223	14g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes _____ No
15a. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life. Do not use "Retired") Medical Secretary				15b. KIND OF BUSINESS/INDUSTRY Doctors Office	
16. DECEDENT'S RACE (Specify the race/ances to indicate what decedent considered himself/herself to be. More than one race may be specified.) <input checked="" type="checkbox"/> White _____ Black or African American _____ American Indian or Alaskan Native (Specify tribe) _____ _____ Asian Indian _____ Chinese _____ Filipino _____ Japanese _____ Korean _____ Vietnamese _____ Other Asian (Specify) _____ _____ Native Hawaiian _____ Guamanian or Chamorro _____ Samoan _____ Other Pacific Isl. (Specify) _____ Other (Specify) _____					
17. DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify if decedent was of Hispanic or Haitian Origin.) _____ Yes (If Yes, specify) <input checked="" type="checkbox"/> No _____ Mexican _____ Puerto Rican _____ Cuban _____ Central/South American _____ Other Hispanic (Specify) _____ Haitian _____					
18. DECEDENT'S EDUCATION (Specify the decedent's highest degree or level of school completed at time of death.) _____ 8th or less _____ High school but no diploma <input checked="" type="checkbox"/> High school diploma or GED _____ College but no degree _____ College degree (Specify): _____ Associate _____ Bachelor's _____ Master's _____ Doctorate					19. WAS DECEDENT EVER IN U.S. ARMED FORCES? _____ Yes <input checked="" type="checkbox"/> No
20. FATHER'S NAME (First, Middle, Last, Suffix) Lester Carl Renfro			21. MOTHER'S NAME (First, Middle, Maiden Surname) Mary Elizabeth Tullous		
22a. INFORMANT'S NAME William L. Smith		22b. RELATIONSHIP TO DECEDENT Husband		23a. INFORMANT'S MAILING - STATE Florida	
23b. CITY OR TOWN Jacksonville		23c. STREET ADDRESS 11925 Flynn Road		23d. ZIP CODE 32223	
24. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Riverside Memorial Park		25a. LOCATION - STATE Florida		25b. LOCATION - CITY OR TOWN Jacksonville	
26a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial _____ Entombment _____ Cremation _____ Donation _____ Removal from State _____ Other (Specify) _____					
26b. IF CREMATION, DONATION OR BURIAL AT SEA, WAS MEDICAL EXAMINER APPROVAL GRANTED? _____ Yes _____ No		27a. LICENSE NUMBER (of Licensee) F044899		27b. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>	
28. NAME OF FUNERAL FACILITY George H. Hewell and Son Funeral Home				29a. FACILITY'S MAILING - STATE Florida	
29b. CITY OR TOWN Jacksonville		29c. STREET ADDRESS 4140 University Boulevard, South		29d. ZIP CODE 32216	
30. CERTIFIER: <input checked="" type="checkbox"/> Certifying Physician - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check one) <input type="checkbox"/> Medical Examiner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, due to the cause(s) and manner stated.					
31a. (Signature and Title of Certifier) <i>[Signature]</i>		31b. DATE SIGNED (mm/dd/yyyy) 11/22/2007		32. TIME OF DEATH (24 hr.) 1627	
31c. MEDICAL EXAMINER'S CASE NUMBER 0074999		35. NAME OF ATTENDING PHYSICIAN (If other than Certifier) S. Oakum MD			
34a. LICENSE NUMBER (of Certifier) 0074999		34b. CERTIFIER'S NAME S. Oakum MD			
36a. CERTIFIER'S - STATE Florida		36b. CITY OR TOWN Jacksonville		36c. STREET ADDRESS 3115 Spring Glen Road, Suite 505	
36d. ZIP CODE 32207		37. SUBREGISTRAR - Signature and Date <i>[Signature]</i>		38. DATE FILED BY REGISTRAR (Mo., Day, Yr.) NOV 27 2007	
39. PROBABLE MANNER OF DEATH: The following are under the jurisdiction of the medical examiner: <input checked="" type="checkbox"/> Natural _____ Accident _____ Suicide _____ Homicide _____ Pending Investigation _____ Undetermined		40. REPORTED TO MEDICAL EXAMINER DUE TO CAUSE OF DEATH? _____ Yes <input checked="" type="checkbox"/> No			
41. CAUSE OF DEATH - PART I. (See instructions on back) IMMEDIATE CAUSE (Final disease or condition resulting in death) Pneumonia		Approximate Interval: Onset to Death			
Sequentially list conditions if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST Dementia - 6rd Stage					
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.					
42a. WAS AN AUTOPSY PERFORMED? _____ Yes <input checked="" type="checkbox"/> No		42b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? _____ Yes <input checked="" type="checkbox"/> No			
43a. IF SURGERY MENTIONED IN PART I OR II, ENTER REASON FOR SURGERY		43b. DATE OF SURGERY (Mo., Day, Yr.)		44. DID TOBACCO USE CONTRIBUTE TO DEATH? _____ Yes <input checked="" type="checkbox"/> No _____ Probably _____ Unknown	
45. IF FEMALE, WAS SHE PREGNANT WITHIN THE PAST YEAR: _____ Yes _____ No _____ Unknown If Yes, specify timeframe: _____ at time of death _____ within 1 to 42 days of death _____ within 43 days to 1 year of death					
46. DATE OF INJURY (Month, Day, Year)		47. TIME OF INJURY (24 hr.)		48. INJURY AT WORK? _____ Yes _____ No	
49a. CITY OR TOWN		49b. STREET ADDRESS		49c. APT. NO.	
49d. ZIP CODE		50. DESCRIBE HOW INJURY OCCURRED			
51. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)					
IF TRANSPORTATION INJURY, 52a. Status of Decedent _____ Driver/Operator _____ Passenger _____ Pedestrian _____ Other (Specify)					
52b. Type of Vehicle _____ Car/Minivan _____ S.U.V. _____ Motorcycle _____ Pickup Truck/Cargo Van _____ Bus _____ Heavy Transport _____ Other (Specify)					

VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED

State of Florida, Department of Health, Vital Statistics

Jean Scoullietta
Chief Deputy Registrar

NOVEMBER 27, 2007



WARNING:

THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK. THE DOCUMENT FACE CONTAINS A MULTI-COLORED BACKGROUND AND GOLD EMBOSSED SEAL THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.



DH FORM 1947 (08/04)

34452860

CERTIFICATION OF VITAL RECORD



Exhibit B

Agent Authorization

Date: June 4, 2015

City of Jacksonville
Planning and Development Department
128 East Forsyth Street, Florida Theatre Building, Suite 700
Jacksonville, Florida 32202

Re: Agent Authorization for the following site location:

0 Flynn Road, RE# 158144-0000

Gentleman:

You are hereby advised that the undersigned is the owner of the property described in **Exhibit 1** attached hereto. Said owner hereby authorizes and empowers Curtis L. Hart to act as agent to file application(s) for rezoning for the above referenced property and in connection with such authorization to file such applications, papers, documents, requests and other matters necessary for such requested change.

[Handwritten Signature]

(Owner's Signature)

STATE OF FLORIDA
COUNTY OF DUVAL

The foregoing affidavit was sworn and subscribed before me this 4th day of JUNE (month), 2015 (year) by MICHAEL SCHNEIDER, who is personally known to me or has produced _____ as identification.

[Handwritten Signature]
(Notary Signature)

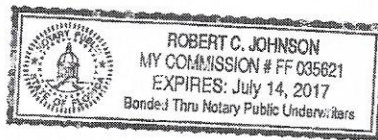


EXHIBIT B

Agent Authorization

Date: 6-4-2015

City of Jacksonville
Planning and Development Department
128 East Forsyth Street, Florida Theatre Building, Suite 700
Jacksonville, Florida 32202

Re: Agent Authorization for the following site location:

11925 Flynn Road, PCE# 158145-0000

Gentleman:

You are hereby advised that the undersigned is the owner of the property described in **Exhibit 1** attached hereto. Said owner hereby authorizes and empowers

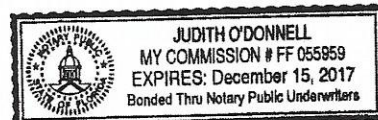
CURTIS L. HART to act as agent to file application(s) for
Rezoning for the above referenced property and in connection with such authorization to file such applications, papers, documents, requests and other matters necessary for such requested change.

William L. Smith
(Owner's Signature)

STATE OF FLORIDA
COUNTY OF DUVAL

The foregoing affidavit was sworn and subscribed before me this 4th day of June (month), 2015 (year) by William L. Smith, who is personally known to me or has produced a valid drivers license as identification.

Judith O'Donnell
(Notary Signature)



Prepared by and Return to:
Michael N. Schneider, Esquire
Ansbacher & Schneider, P.A.
5150 Belfort Road, Building 100
Jacksonville, Florida 32256

WARRANTY DEED

1. **Grantor's** name and address is:

Scott Mill, LLC, a Florida limited liability company
P.O. Box 57187
Jacksonville, Florida 32241-7187

2. **Grantee's** name and address is:

Michael N. Schneider and Barbara Schneider, husband and wife
11563 Hidden Harbor Way
Jacksonville, Florida 32223

Grantee's tax identification number is: _____.

The terms Grantor and Grantee shall be non-gender specific, singular or plural, as the context permits or requires, and include heirs, personal representatives, successors or assigns where applicable and permitted.

3. The real property ("**Property**") located in Duval County, Florida conveyed hereby is described as follows:

See "Exhibit A" attached hereto and by this reference made a part hereof,
together with all tenements, hereditaments, easements and
appurtenances belonging to or benefiting such property.

The Property Appraiser's Parcel Identification Number is 158144-0000.

4. Grantor for good and valuable consideration plus the sum of \$10.00, the receipt whereof is hereby acknowledged, hereby grants, bargains, sells and conveys to Grantee the Property to have and to hold in fee simple forever.
5. Grantor fully warrants title to the Property and will defend the same against the lawful claims of all persons whomsoever, except for (i) taxes subsequent to December 31, 2012, and (ii) covenants, reservations, restrictions and easements of record, if any, with reference hereto not serving to impose or reimpose the same.

Note: There is no conveyance of beneficial ownership. The Grantee are all of the members of the Grantor, and as of the date hereof, the Property is not encumbered by lien.

Executed as of March 13, 2013.

1st Witness: Levinda Robinson
Print Name: Levinda Robinson

2nd Witness: William C. Zirax
Print Name: William C. Zirax

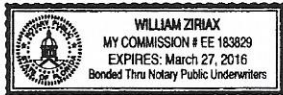
Scott Mill, LLC, a Florida
limited liability company

By: Michael N. Schneider
Michael N. Schneider,
Its Managing Member

State of Florida
County of Duval

The foregoing instrument was acknowledged before me this 13th day of March 2013 by Michael N. Schneider, as Managing Member of Scott Mill, LLC, a Florida limited liability company, (✓) who is personally known to me or () who has produced _____ as identification.

William C. Zirax
Notary Public, State of Florida
My Commission Expires:



WARRANTY DEED
DREW'S FORM 01 (REV.)

OFFICIAL RECORDS

Manufactured and for sale by The H. & W. B. Drew Company
Jacksonville, Florida

This Warranty Deed Made the 31st day of July A. D. 19 64 by
BILLIE W. KELLAM and JACQUELINE H. KELLAM, his wife

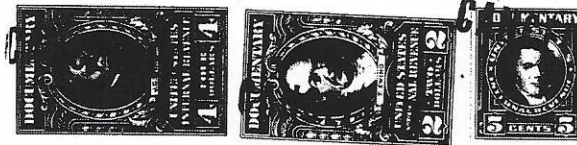
hereinafter called the grantor, to
WILLIAM L. SMITH and BARBARA A. SMITH, his wife

whose postoffice address is C/O Sherburne-Easterling Co. 1824 Atlantic Blvd.
hereinafter called the grantee Jacksonville, Florida

(Wherever used herein the terms "grantor" and "grantee" include all the parties to this instrument and the heirs, legal representatives and assigns of individuals, and the successors and assigns of corporations)

Witnesseth: That the grantor, for and in consideration of the sum of \$ 10.00 and other valuable considerations, receipt whereof is hereby acknowledged, hereby grants, bargains, sells, aliens, releases, conveys and confirms unto the grantee, all that certain land situate in Duval County, Florida, viz:

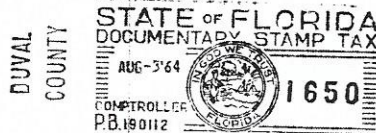
A part of Government Lot 2, Section 18, Township 4 South, Range 27 East, more particularly described to-wit:
Commence at an iron in the Southerly line of said Lot 2, at the point of intersection with the easterly right of way line of Flynn Road, a 60 foot right of way as now established and run thence N 0 degrees, 32 minutes, 30 seconds west along the easterly right of way line of said road 397.20 feet, for a POINT OF BEGINNING. Thence continue North 0 degrees 32 minutes, 30 seconds west along the east line of said road 188.57 feet to an iron, thence easterly parallel with the South line of said Lot 2 a distance of 547.5 feet to an iron, thence South 0 degrees, 32 minutes, 30 seconds East 188.57 feet to an iron, thence West parallel with the South line of said Lot 2 a distance of 547.5 feet to the easterly right of way line of Flynn Road, the point of beginning.



Together with all the tenements, hereditaments and appurtenances thereto belonging or in any-wise appertaining.

To Have and to Hold, the same in fee simple forever.

And the grantor hereby covenants with said grantee that the grantor is lawfully seized of said land in fee simple; that the grantor has good right and lawful authority to sell and convey said land; that the grantor hereby fully warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever; and that said land is free of all encumbrances, except taxes accruing subsequent to December 31, 19 63.



In Witness Whereof, the said grantor has signed and sealed these presents the day and year first above written.

Signed, sealed and delivered in our presence:

Darryl C. Rozier
Darrell Samant

Billie W. Kellam L.S.
Jacqueline H. Kellam L.S.

STATE OF Florida
COUNTY OF Duval

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, personally appeared Billie W. Kellam and Jacqueline H. Kellam, his wife

to me known to be the persons described in and who executed the foregoing instrument and they acknowledged before me that they executed the same.

WITNESS my hand and official seal in the County and State aforesaid this 31st day of July, A. D. 19 64.
Darryl C. Rozier
Notary Public, State of Florida, at Large

My Commission Expires Sept. 15, 1964
Bonded by American Fire & Casualty Co.

SPACE BELOW FOR RECORDERS USE

64-46861

AUG 3 10 39 AM '64

FILED AND RECORDED IN PUBLIC
RECORDS OF DUVAL COUNTY, FLA.
J. Morgan Stewart
CLERK OF DUVAL COUNTY