

**LAND DEVELOPMENT  
RECEIPT**



Printed: October 03, 2006

TAX ID: 30183141000030  
OUTRIGGER DR  
DELTONA, FL

PROJECT NO: CP06-005  
Receipt Number: P454

Large Scale

<b>Fee Description</b>	<b>Account Number</b>	<b>Fee Amount</b>
Comp Plan Ammendment	329160	\$3,000.00

**COPY**

**Total Fees Paid:**

Date Paid: Tuesday, October 3, 2006  
Paid By: Intrinsic Investments, Inc.  
Pay Method: Check 3234  
Received By: Chris Collier

**\$3,000.00**

LAND DEVELOPMENT

**City of Deltona**  
**2345 Providence Blvd., Deltona, FL 32725**

**Check Request**

Date of Request: 11-15-2006

Vendor Number: \_\_\_\_\_

Vendor Name: Intrinsic Investments Inc. Finance Use Only

Vendor Address: 1199 Page Ct Processed By: \_\_\_\_\_

Deltona FL 32725 Check No: \_\_\_\_\_

Reason for Purchase: Refund of <sup>Withdrawn</sup> Comp Plan application fees Check Date: \_\_\_\_\_

Date & Time Check Required: \_\_\_\_\_

**COPY**

Mail Check to Vendor:  YES  NO

Return Check to Requester:  YES  NO

(Note: Prudent financial control requires Finance to provide checks directly to the vendor and not return them to the requester. If an exception is required and it is necessary for the check to be returned to the requester, a full explanation must be provided.)

Explanation: Refund of withdrawn Comp Plan application fees

Account Number	Description	Quantity	Unit	Unit Price	Total
329160	Refund of withdrawn Comp Plan Application fee	1			3,000. <sup>00</sup>

Requested/Prepared By: Shirley Campbell

Date: 11-15-06

Department Head Approval: [Signature]

Date: 11/15/06

Finance Director Approval: \_\_\_\_\_

Date: \_\_\_\_\_

City Manager Approval: \_\_\_\_\_

Date: \_\_\_\_\_

\*\*\*Sufficient back up must be attached. i.e. Quotes, order form, vendor invoice (if applicable)  
 \*\*\*Must provide packing lists/shipping documents upon receipt.

DATE RECEIVED: \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_



Dept. of Development Services  
 Planning Services Division  
 2345 Providence Boulevard  
 Deltona, FL 32725  
 (386) 878-8600, Fax (386) 878-8621

PROJECT NO.: C409-001  
 ADDRESS: 670 Outrigger  
 PROJECT NAME: Outrigger  
(Do NOT write in this box—for office use only!)

Print.com

**COPY**

**CITY OF DELTONA**  
**APPLICATION FOR AMENDMENT TO THE COMPREHENSIVE PLAN**

This is a request for change of land use designation from RECREATION "FUTURE USE" to LOW-DENSITY RESIDENTIAL on the property described below.

Property legal description: TRACT C DELTONA LAKES UNIT 41 MB  
27 PGS 246-261 INC PER OR 2921  
PG 0241 PER OR 5897 PG 0017

Tax Parcel Number(s): 813041000030

Size of Parcel: 13 ACRES sq. ft/acres.

The existing use of property is: VACANT LAND

Property address: OUTRIGGER DRIVE

Applicant's Name: INTRINSIC INVESTMENTS Day Phone: (407) 321-8283

Address: 764 SHAFTON AVE

City/State/Zip: DELTONA F.L. 32738

E-mail: \_\_\_\_\_

Applicant Status:  Property Owner  Attorney for Owner  
 Agent for Owner  Contract Purchaser

If applicant does not own the property, provide the following:

Owner's Name: N/A

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Day Phone: ( ) \_\_\_\_\_

02-10-08 A 4:43pm

**FILE COPY**

SC COPY

**THE FOLLOWING ITEMS ARE TO BE SUPPLIED AT TIME OF SUBMISSION:**

1. Application fee(s), plus consulting fees.
2. 2 copies of legal description
3. 2 current surveys of property with legal description (no more than 2 years old)
4. Notarized "Authorization of Owner" (if applicant is other than owner or attorney for owner)
5. 3 copies of a Traffic Impact Analysis for Land use requests that increase trips based on maximum density/intensity proposed.
6. Any other information requested by staff.

\*\*\*\*\*

**All submittals must be complete and fees paid before application will be accepted.**

If this application is approved, all other City Ordinances shall be complied with and all applicable fees paid.

Comprehensive Plan Amendments are subject to the City of Deltona City Commission approval, and approval by the Florida Department of Community Affairs. The amendment is not effective until after local and state reviews have been completed and final determinations rendered.

This request will be considered by the City Commission on Monday \_\_\_\_\_ 20 \_\_\_\_\_,

at City Hall, Commission Chambers, 2345 Providence Boulevard, Deltona, Florida at 7:00pm.

Applicant's right for rehearing and res judicata are stated in Chapter 21, Section B-9, Comprehensive Plan, Volusia County Ordinance 90-10 amended.

Applicant Conference on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, or Conference waived by the Applicant on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

CHARLES W. CROSS SR.  
Applicant's signature

2-3-09  
Date

Application submission date: \_\_\_\_\_

Application accepted by: \_\_\_\_\_

Filing fee: \_\_\_\_\_ Check #: \_\_\_\_\_ Date paid: \_\_\_\_\_

Application #: \_\_\_\_\_ Name: \_\_\_\_\_

**LAND DEVELOPMENT  
RECEIPT**

Printed: March 04, 2009



PROJECT NO: CP09-001

Receipt Number: P1162

TAX ID: 30183141000030  
670 Outrigger Drive  
Deltona, FL 32738

**COPY**

Large Scale

Fee Description	Account Number	Fee Amount
Comp Plan Ammendment	329160	\$1,000.00

**Total Fees Paid:**

**\$1,000.00**

Date Paid: Wednesday, March 4, 2009  
Paid By: CHARLES W. CROSS, SR.  
Pay Method: Check 649  
Received By: Sherri Campbell

LAND DEVELOPMENT

**for you and Chris Bowley**

charles cross

**To:** Faith Miller  
**Sent On:** Tuesday, November 17, 2009 2:59:31 PM  
**Archived On:** Tuesday, November 17, 2009 3:00:06 PM

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Faith,

I would like to request that my 1000.00 application for comp plan ammendment be refunded to me. I am pulling the application for Intrinsic Investments. The refund should be to my name if possible since I paid the fee.

Thank you very much  
Charles Cross Sr.

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Hotmail: Trusted email with Microsoft's powerful SPAM protection. [Sign up now.](#)



# Check Request Form

**COPY**

Date of Request: December 17, 2009

Finance Use Only

Vendor Number: \_\_\_\_\_

Processed By \_\_\_\_\_

Vendor Name: Charles Cross Sr.

Check No.: \_\_\_\_\_

Check Date: \_\_\_\_\_

Vendor Address: 764 Shafton Avenue  
Deltona, FL 32738

Reason for Refund: Withdrawn of Comprehensive Plan Amendment application

Date/Time Check Required \_\_\_\_\_

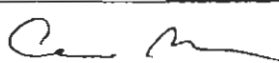
Mail Check to Vendor:  YES  NO

Return Check to Requester:  YES  NO

*Note: Prudent financial control requires Finance to provide checks directly to the vendor and not return them to the requester. If an exception is required and it is necessary for the check to be returned to the requester, a full explanation must be provided.*

Explanation: Refund of withdrawn Comprehensive Plan amendment application fees

<u>Account Number</u>	<u>Description</u>	<u>Quantity</u>	<u>Unit</u>	<u>Unit Price</u>	<u>Total</u>
329160	Project No. CP09-001	1		\$1,000.00	\$1,000.00

<u>Responsible Party</u>	<u>Signature</u>	<u>Date</u>
<u>Department Head:</u> Affirms that the purchase is within budget limits and that the purchase benefits a public purpose		12.17.09
<u>Accounting Supervisor:</u> Affirms that the purchase is within budget appropriation limits or it exceeds such limits that there is an authorization from the City Manager		
<u>City Manager:</u> Authorizes purchases that exceed line item budget appropriation limits		

\*\*\*Sufficient back up must be attached, i.e., vendor invoice, quotes, orders form, etc.

\*\*\*Must provide packing lists/shipping documents upon receipt

Received by: \_\_\_\_\_

Date Received: \_\_\_\_\_