



## Meeting Agenda Coversheet

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| <b>MEETING DATE:</b>                                                                                                                                                                     |  | July 7, 2026                                                                                                                                                                                                                                                                                                                                                    |  | <b>Submitted By:</b> Lorraine Peterson- Planning & Zoning Department |        |
| <b>SUBJECT:</b><br><i>This will be the name of the Item as it will appear on the Agenda</i>                                                                                              |  | DISCUSSION & ACTION, SITE DEVELOPMENT PLAN APPROVAL FOR CENTRAL FLORIDA HEALTH CARE.                                                                                                                                                                                                                                                                            |  |                                                                      |        |
| <b>STAFF RECOMMENDATION:</b><br>(MOTION READY)                                                                                                                                           |  | I move <b>approval</b> of the Site Development Plan for Central Florida Health Care by the applicant Ann Claussen, on behalf of Central Florida Health Care Inc.                                                                                                                                                                                                |  |                                                                      |        |
| <b>SUMMARY and/or JUSTIFICATION:</b>                                                                                                                                                     |  | The Applicant, Ann Claussen, on behalf of Central Florida Health Care Inc, is requesting approval of a site development plan for the construction of Central Florida Hela Care. The proposed site is located at 916 Dundee Road on 4.39 +/- acres in the Town of Dundee in Section 29, Township 28, Range 27, further described as parcel 272829-000000-014030. |  |                                                                      |        |
| <b>SELECT, if applicable</b>                                                                                                                                                             |  | <b>AGREEMENT:</b>                                                                                                                                                                                                                                                                                                                                               |  | <b>BUDGET:</b>                                                       |        |
|                                                                                                                                                                                          |  | <b>STAFF REPORT:</b>                                                                                                                                                                                                                                                                                                                                            |  | <b>PROCLAMATION:</b>                                                 |        |
|                                                                                                                                                                                          |  | <b>EXHIBIT(S):</b>                                                                                                                                                                                                                                                                                                                                              |  | <b>OTHER:</b>                                                        |        |
| <b>IDENTIFY EACH ATTACHMENT.</b><br><i>For example, an agreement may have 2 exhibits, identify the agreement and Exhibit A and Exhibit B</i>                                             |  | Staff Report<br>Location Map<br>Aerial Map<br>Site Development Plan                                                                                                                                                                                                                                                                                             |  |                                                                      |        |
| <b>SELECT, if applicable</b>                                                                                                                                                             |  | <b>RESOLUTION: N/A</b>                                                                                                                                                                                                                                                                                                                                          |  | <b>ORDINANCE: N/A</b>                                                |        |
| <b>IDENTIFY FULL RESOLUTION OR ORDINANCE TITLE</b><br><i>(If Item is <b>not</b> a Resolution or Ordinance, please erase all default text from this field's textbox and leave blank.)</i> |  |                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                      |        |
| <b>FISCAL IMPACT (if any):</b>                                                                                                                                                           |  | This Ordinance will not produce any fiscal impacts to the Town.                                                                                                                                                                                                                                                                                                 |  |                                                                      | \$0.00 |