



# City of Green Cove Springs Special Exception Application

<b>FOR OFFICE USE ONLY</b>	
P Z File #	_____
Application Fee:	_____
Filing Date:	_____ Acceptance Date: _____
Review Type:	SDRT <input type="checkbox"/> P & Z <input type="checkbox"/>

### A. PROJECT

- Project Name: RIVER OAKS DEVELOPMENT
- Address of Subject Property: 1609 S ORANGE AVE
- Parcel ID Number(s): 38-06-26-016564-002
- Existing Use of Property: VACANT
- Future Land Use Map Designation: MUH-MIXED USE HIGHWAY
- Zoning Designation: MUH-MIX USE HIGHWAY
- Acreage: 7.84 AC

### B. APPLICANT

- Applicant's Status  Owner (title holder)  Agent
- Name of Applicant(s) or Contact Person(s): QUOC MAI Title: PRESIDENT  
Company (if applicable): MAI ENGINEERING SERVICES, INC  
Mailing address: 2510 US1 S, SUITE D  
City: ST AUGUSTINE State: FL ZIP: 32086  
Telephone: ( ) 904-794-1761 FAX: ( ) \_\_\_\_\_ e-mail: QUOC@MAIENGINEER.COM

- If the applicant is agent for the property owner\*:  
Name of Owner (title holder): WILLIAM KRIEG  
Company (if applicable): 1609 SOUTH ORANGE AVE, LLC  
Mailing address: PO BOX 7902  
City: JACKSONVILLE State: FL ZIP: 32204  
Telephone: ( ) 904-234-1551 FAX: ( ) \_\_\_\_\_ e-mail: \_\_\_\_\_

\* Must provide executed Property Owner Affidavit authorizing the agent to act on behalf of the property owner.

### C. ADDITIONAL INFORMATION

- Is there any additional contact for sale of, or options to purchase, the subject property?  Yes  No  
If yes, list names of all parties involved: NA  
If yes, is the contract/option contingent or absolute?  Contingent  Absolute

**D. STATEMENT OF SPECIAL EXCEPTION SOUGHT**

- 1. Requested Special Exception: CHI-COMMERCIAL ZONING
- 2. Section of Land Development Regulations under which the Special Exception is sought 117-254 (6)
- 3. Reason Special Exception is requested: AS REQUIRED BY CITY
- 4. Statement of Facts for Requested Special Exception (Use additional pages if necessary)

(PLEASE ANSWER THE FOLLOWING QUESTIONS TO THE BEST OF YOUR ABILITY. THESE FACTS WILL BE USED BY THE STAFF TO MAKE A RECOMMENDATION AND THE PLANNING AND ZONING BOARD IN MAKING THEIR DECISION)

a. Is this exception in compliance with all elements of the Comprehensive Plan?

YES

b. Is the establishment, maintenance or operation of the special exception detrimental to or endanger the public health, safety or general welfare, or contrary to established standards, regulations or ordinances of other governmental agencies?

NO

c. Is the structure or improvement so designed and constructed that it is not unsightly, undesirable or obnoxious in appearance to the extent that it will hinder the orderly and harmonious development of Green Cove Springs and zoning district in which it is proposed?

NO

d. Will the special exception adversely impact the permitted use in the zoning district or unduly restrict the enjoyment of the other property in the immediate vicinity nor substantially diminish or impair property values within the area?

NO

e. Will the establishment of the special exception impede the orderly development and improvement of the surrounding property for uses permitted in the zoning district?

NO

f. Are adequate water and sewage disposal facilities provided?

YES

g. Are access roads adequate, on-site parking, on-site loading and loading berths, and drainage have been or will be provided where required?

YES

h. Have adequate measures been taken to provide ingress and egress to the property and design in a manner to minimize traffic congestion on local roads?

YES

i. Is adequate screening and buffering signs of the special exception provided, if needed??

YES

j. Will the special exception require signs or exterior lighting, which will cause glare, adversely impact area traffic safety or have a negative economic effect on the area? Any signs or exterior lighting required by the special exception shall be compatible with development in the zoning district?

NO, SIGNS AND LIGHTING WILL BE MINIMAL AND ACCEPTABLE. YES, THEY WILL BE COMPATIBLE.

k. Will the special exception conform to all applicable regulations of the zoning district in which it is proposed?

YES

**E. ATTACHMENTS (One hard copy or one copy in PDF format)**

1. Copy of Warranty Deed or other proof of ownership
2. Legal description

**F. FEE.**

Home Occupation - \$150  
Residential property - \$250  
Non-residential - \$500

- a. The Cost of postage, signs, advertisements, and outside consultants are in addition to the application fee.
- b. The applicant is responsible to pay the cost of the advertisement and signs.
- c. All applications are subject 10% administrative fee and must pay the cost of any outside consultants' fees.

No application shall be accepted for processing until the required application fee is paid in full by the applicant. Any fees for advertising, signs, necessary technical review or additional reviews of the application by a consultant will be billed to the applicant at the rate of the reviewing entity. The invoice shall be paid in full prior to any action of any kind on the development application.

**Both attachments are required for a complete application. A completeness review of the application will be conducted within five (5) business days of receipt. If the application is determined to be incomplete, the application will be returned to the applicant.**

I/We certify and acknowledge that the information contained herein is true and correct to the best of my/our knowledge:

physical presence

Signature of Applicant

Signature of Co-applicant

QUOC H. MAI

Typed or printed name and title of applicant

Typed or printed name of co-applicant

Date

11/15/23

Date

State of \_\_\_\_\_ County of \_\_\_\_\_

Please See Attached

The foregoing application is acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_

\_\_\_\_\_, who is/are personally known to me, or who has/have produced \_\_\_\_\_ as identification.

NOTARY SEAL

Signature of Notary Public, State of \_\_\_\_\_

# Acknowledgment by Individual

State of Florida

County of St Johns

The foregoing instrument was acknowledged before me this 15th day of November, 20 23, by means of  physical presence or  online notarization

Quoc H Mai (name of person acknowledging).

- Personally known to me
- Produced Identification

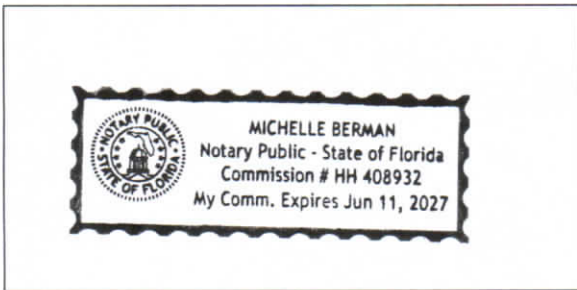
Type of Identification Produced FLDL

Notary signature Michelle Berman

Notary name (typed or printed) Michelle Berman

Title (e.g., Notary Public) Notary

Place Seal Here



## For Bank Purposes Only Description of Attached Document

Type or Title of Document

GCS Special Exception

Document Date

11/15/2023

Number of Pages

4

Signer(s) Other Than Named Above

Account Number (if applicable)