



City of North Port

Office of the City Attorney
4970 City Hall Boulevard
North Port, Florida 34286
(941) 429-7260
aslayton@cityofnorthport.com

July 18, 2022

Via CMRRR # 7020 0640 0001 8402 0943

I-75 INTERCHANGETHIRTYTWO LLC
C/O Jeffrey A. Boone, Esquire
Boone Law Firm
P.O. Box 1596
Venice, Florida 34284-1596

Via CMRRR # 7020 0640 0001 8402 0950

Mary Jude Moffat
1448 Dufferin Avenue
North Port, Florida 34286

Via CMRRR # 7020 0640 0001 8402 0929

Kevin Moffat
1504 Greenley Road
North Port, Florida 34286

Via CMRRR # 7020 0640 0001 8402 0936

Joshua Wichers
1500 Musa Road
North Port, Florida 34286

Via CMRRR # 7020 0640 0001 8402 0899

Tammie Wichers
1500 Musa Road
North Port, Florida 34286

Via CMRRR # 7020 0640 0001 8402 0905

Craig G. Beal
1568 Clow Court
North Port, Florida 34286

Via CMRRR # 7020 0640 0001 8402 0912

Lois Rose
1642 Musa Road
North Port, Florida 34286

Re: Orders Denying Rezone Application

Dear Parties:

Pursuant to the North Port Unified Land Development Code Section 2-83(D)(1), enclosed is the Order Denying Rezone Application (REZ-21-335).

Thank you for your attention to this matter.

Sincerely,

Amber L. Slayton
City Attorney

Enc: As stated



City of North Port

Office of the City Attorney

ORDER DENYING REZONE APPLICATION

Application Number: REZ-21-335

Proposed Ordinance: Ordinance No. 2022-06

Proposed Rezone: Rezone ± 15.64 acres from Commercial General District (CG) Classification to Planned Community Development District (PCD) Classification

Property Address/Location: Northeast corner of I-75 and Toledo Blade Boulevard

Parcel Identification Number: 0959-00-1000

Legal Description: A portion of Section 12, Township 39 South, Range 21 East of Sarasota County and further described in Instrument No. 2019102990 in the Official Records of Sarasota County, Florida

Property Owners: I-75 INTERCHANGETHIRTYTWO, LLC and INTERCHANGE THIRTY-TWO INC.

Applicant: Jeffery A. Boone, Esq.

PROCEEDINGS

This matter came before the City Commission on July 12, 2022. The parties were provided a complete opportunity to present evidence, and to refute and respond to evidence in accordance with federal, state, and local laws and procedures for the quasi-judicial proceeding.

MOTION AND FINDINGS

After conducting the hearing on this matter, based on the testimony and evidence provided by the parties, the City Commission voted 5-0 to:

DENY Ordinance No. 2022-06 and find that, based on the competent and substantial evidence, one or more of the requirements of the City of North Port Comprehensive Plan and Unified Development Code Section 1-33.E(1) have not been met, including one or more of the factors below:

- (b) The relationship of the proposed change to the existing land use pattern is, in effect, adverse to the public interest, health, safety, and general welfare;

- (e) There are no relevant changed or changing conditions that make the passage of the proposed zoning necessary;
- (m) There are no substantial reasons why the property cannot be used in accord with existing zoning; and
- (o) The proposed use causes a decrease in level of service and concurrency in any area listed in Chapter 5, or causes adverse effects on the health, safety and welfare of the citizens of North Port; and it is possible to find other adequate sites in the City for the proposed use in the districts already permitting this use that would maintain the adopted level of service and concurrency levels as listed in Chapter 5, or adequate services for the health, safety, and welfare of the citizens of North Port.

LIMITATIONS

Upon the City Commission’s denial of an application for rezoning, the Planning and Zoning Advisory Board shall not consider any further application for any rezoning of any part of or all the same property for a period of twelve (12) months.¹


HEARING RECORD

The clerk shall maintain custody of all recordings of testimony, evidence, and documents submitted into evidence at the hearing. This shall include the official file in the matter, as well as any document presented at the hearing or demonstrative exhibit seen by the quasi-judicial body while making its decision. Nothing herein shall be deemed to prohibit any party from providing a court reporter for the proceedings. Any party wishing to appeal the decision of a quasi-judicial body shall have the responsibility to ensure compliance with F.S. § 286.0105.²

RIGHT TO APPEAL

Any person aggrieved by the City Commission’s decision may appeal to the Circuit Court of Sarasota County, Florida, within thirty (30) days of any decision being appealed. The criteria for granting an appeal shall be based upon substantial competent evidence proving that the decision removes all reasonable use of the property. The granting of any appeal shall not be in conflict with State Statutes and City Codes and Ordinances. Based upon the evidence submitted to the department responsible for land development services, the appeal shall include the City Commission’s decision and staff finding(s).³

THIS ORDER IS ISSUED IN COMPLIANCE WITH SECTION 2-83(D)(1) OF THE CODE OF THE CITY OF NORTH PORT, FLORIDA.



AMBER L. SLAYTON, CITY ATTORNEY
Legal Counsel to the City Commission

¹ See § 1-34.A, Unified Land Development Code.
² See § 2-83(e), Code of the City of North Port, Fla.
³ See § 1-27.F (1), Unified Land Development Code.

CERTIFICATE OF SERVICE

I hereby certify that a true copy of the foregoing order has been furnished to the parties by certified mail/return receipt requested on July 18, 2022 as follows:

Via CMRRR # 7020 0640 0001 8402 0943
I-75 INTERCHANGETHIRTYTWO LLC
C/O Jeffrey A. Boone, Esquire
Boone Law Firm
P.O. Box 1596
Venice, Florida 34284-1596

Via CMRRR # 7020 0640 0001 8402 0950
Mary Jude Moffat
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North Port, Florida 34286

Via CMRRR # 7020 0640 0001 8402 0929
Kevin Moffat
1504 Greenley Road
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Joshua Wichers
1500 Musa Road
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Tammie Wichers
1500 Musa Road
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Via CMRRR # 7020 0640 0001 8402 0905
Craig G. Beal
1568 Clow Court
North Port, Florida 34286

Via CMRRR # 7020 0640 0001 8402 0912
Lois Rose
1642 Musa Road
North Port, Florida 34286



AMBER L. SLAYTON, CITY ATTORNEY

7020 0640 0001 8402 0905

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Certified Mail Fee	\$4.00
Extra Services & Fees (check box, add fee as appropriate)	\$7.75
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postage	\$0.60
Total Postage and Fees	\$7.85



Sent To **Craig G. Beal**
 Street and Apt. No., or PO Box No.
1548 Clow Court
 City, State, ZIP+4®
North Port, FL 34286

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

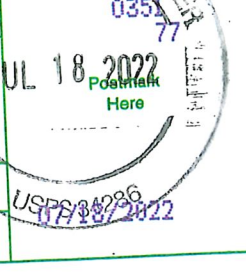
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Sent To **Lois Rose**
 Street and Apt. No., or PO Box No.
1642 Musa Road
 City, State, ZIP+4®
North Port FL 34286

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Postage	\$0.60
Total Postage and Fees	\$7.85



Sent To **Tammie Wichers**
 Street and Apt. No., or PO Box No.
1500 Musa Road
 City, State, ZIP+4®
North Port FL 34286

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Extra Services & Fees (check box, add fee as appropriate)	\$7.75
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postage	\$0.60
Total Postage and Fees	\$7.85



Sent To **Jeffrey A. Boonesq**
 Street and Apt. No., or PO Box No.
P.O. Box 1596
 City, State, ZIP+4®
Venice FL 34284

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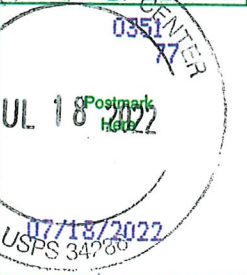
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<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postage	\$0.60
Total Postage and Fees	\$7.85



Sent To **Mary Jude Moffat**
 Street and Apt. No., or PO Box No.
1498 Dufferin Avenue
 City, State, ZIP+4®
North Port, FL 34286

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<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postage	\$0.60
Total Postage and Fees	\$7.85



Sent To **Kevin Moffat**
 Street and Apt. No., or PO Box No.
1504 Greenley Road
 City, State, ZIP+4®
North Port FL 34286

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Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$0.00

Return Receipt (electronic) \$0.00

Certified Mail Restricted Delivery \$0.00

Adult Signature Required \$0.00

Adult Signature Restricted Delivery \$0.00

Postage \$0.60

Total Postage and Fees \$7.85

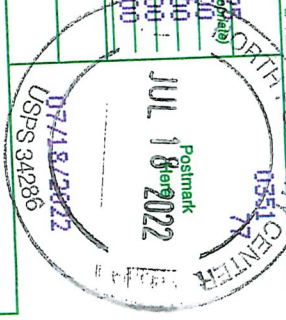
Sent To Joshua Withers

Street and Apt. No. of PO Box No. 1500 Musa Road

City, State, ZIP+4® NORTH PORT FL 34286

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete Items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input checked="" type="checkbox"/> Yes S. Stevenson <input type="checkbox"/> No</p> <p>C. Date of Delivery 7/21/22</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p>1-75 Interchange ThirtyTwo LLC C/O Jeffrey A. Boone, Esq. Boone Law Firm P.O. Box 1596 Venice, FL 34284</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7020 0640 0001 8402 0943</p>	<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete Items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Yes Kevin Moffat <input type="checkbox"/> No</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p>Kevin Moffat 1504 Greenley Road North Port FL 34286</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7020 0640 0001 8402 0929</p>	<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete Items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Yes Tammie Wickers <input type="checkbox"/> No</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p>Tammie Wickers 1500 Musa Road North Port FL 34286</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7020 0640 0001 8402 0899</p>	<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

SENDER: COMPLETE THIS SECTION

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- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Joshua Wickers
1500 Musa Road
North Port, FL 34286



9590 9402 6410 0303 9552 91

2. Article Number (Transfer from service label)

7020 0640 0001 8402 0936

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Signature]

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

- D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article

Craig G. Beal
1568 Clow Court
North Port FL 34286



9590 9402 6410 0303 9552 15

2. Article Number (Transfer from service label)

7020 0640 0001 8402 0905

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Signature]

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

- D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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1. Article Addressed to:

Mary Jude Moffat
1448 Dufferin Avenue
North Port, FL 34286



9590 9402 6410 0303 9552 46

2. Article Number (Transfer from service label)

7020 0640 0001 8402 0950

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Signature]

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

- D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

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1. Article Addressed to:

Lois Rose
1642 Musa Road
North Port, FL 34286



9590 9402 6410 0303 9552 22

2. Article Number (Transfer from service label)

7020 0640 0001 8402 0912

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Lois Rose

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Mail Restricted Delivery (500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Signature Confirmation™
- Signature Confirmation Restricted Delivery