



Environmental Protection and Growth Management Department

**PLANNING AND DEVELOPMENT MANAGEMENT DIVISION**

1 N. University Drive, Box 102 · Plantation, FL 33324 · T: 954-357-8695 F: 954-357-6521 · Broward.org/Planning

Plat/Site Plan Number \_\_\_\_\_

## Plat/Site Plan Application

<b>I. Project Information</b>			
Plat/Site Plan Name			
Owner/Applicant Name			
Address		City	State Zip
Phone	Email	FAX	
Agent		Contact Person	
Address		City	State Zip
Phone	Email	FAX	
Location  _____ side of _____ at/between/and _____ and/of _____ north side/corner north street name street name / side/corner street name			
<b>II. Application Status</b>			
Has this project been previously submitted?		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Don't Know
This is a resubmittal of:		<input type="checkbox"/> Entire Project	<input type="checkbox"/> Portion of Project <input type="checkbox"/> N/A
What was the project number assigned by the Planning and Development Division?		Project Number	<input type="checkbox"/> N/A <input type="checkbox"/> Don't Know
Project Name		<input type="checkbox"/> N/A <input type="checkbox"/> Don't Know	
Are the boundaries of the project exactly the same as the previously submitted project?		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Don't Know
Has the flexibility been allocated or is flexibility proposed to be allocated under the County Land Use Plan?		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Don't Know
If yes, consult Policy 13.01.10 of the Land Use Plan. A compatibility determination may be required.			

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<b>III. Replat Status</b>	
Is this plat a replat of a plat approved and/or recorded after March 20, 1979? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	
<b>If YES, please answer the following questions.</b>	
Project Name of underlying approved and/or recorded plat	Project Number
Is the underlying plat all or partially residential? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	
<b>If YES, please answer the following questions.</b>	
Number and type of units approved in the underlying plat.	
Number and type of units proposed to be deleted by this replat.	
Difference between the total number of units being deleted from the underlying plat and the number of units proposed in this replat.	

<b>IV. School Concurrency (Residential Plats, Replats and Site Plan Submissions)</b>	
Does this application contain any residential units? (If "No," skip the remaining questions.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If the application is a replat, is the type, number, or bedroom restriction of the residential units changing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If the application is a replat, are there any new or additional residential units being added to the replat's note restriction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this application subject to an approved Declaration of Restrictive Covenants or Tri-Party Agreement entered into with the Broward County School Board?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If the answer is "Yes" to questions 1-4, please see the "Required Documentation" for "School Concurrency Submission Requirements."</b>	

V. Land Use and Zoning	
EXISTING	PROPOSED
Land Use Plan Designation(s)	Land Use Plan Designation(s)
Zoning District(s)	Zoning District(s)

VI. Existing Land Use					
<p>A credit against impact fees may be given for the site's current or previous use. No credit will be granted for any demolition occurring more than eighteen (18) months and/or sixty (60) months for mobile homes of Environmental Review of construction plans. To receive a credit, complete the following table. Note: If buildings have been demolished, which are not shown on the survey required with this application, attach an additional "as built" survey dated <u>within</u> eighteen (18) months of this application. Other evidence may be accepted if it clearly documents the use, gross square footage and/or number and type of dwelling units, and date of demolition.</p>					
<p>Are there any existing structures on the site? <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span></p>					
Land Use	Gross Building sq. ft.* or Dwelling Units	Date Last Occupied	EXISTING STRUCTURE(S)		
			Remain the Same?	Change Use?	Has been or will be Demolished?
			YES   NO	YES   NO	HAS   WILL   NO
			YES   NO	YES   NO	HAS   WILL   NO
			YES   NO	YES   NO	HAS   WILL   NO
<p>*Gross non-residential square footage includes permanent canopies and overhangs for gas stations, drive-thru facilities, and overhangs designed for outdoor tables at a restaurant. A building is defined by the definition in the Land Development Code.</p>					

VII. Proposed Use			
RESIDENTIAL USES <input type="checkbox"/> N/A		NON-RESIDENTIAL USES <input type="checkbox"/> N/A	
Land Use	Number of Units/Rooms	Land Use	Net Acreage or Gross Floor Area

## VIII. Project Questionnaire

1. Why is this property being platted? Attach an additional sheet(s) if necessary.

2. Is this project within an existing Development of Regional Impact (DRI) or Florida Quality Development (FQD)? If "Yes", indicate DRI or FQD name and Latest Ordinance number or Official Record Book and Page Number. ☐ Yes ☐ No

DRI Name	FQD Name
Latest Ordinance Number	Official Record Book and Page Number

3. Is the project subject to any existing or proposed agreement(s) with Broward County or a municipality? If "Yes", state the title and subject of the agreement(s) and attach a copy(s). ☐ Yes ☐ No

4. Are any off-site roadway improvements being required by any government agency or proposed by the applicant? If "Yes", attach any sheets and describe fully. ☐ Yes ☐ No

5. Does this property or project have an adjudicated or vested rights status? If "Yes", please attach the appropriate documentation. ☐ Yes ☐ No

6. Does the owner have any financial interest in properties near or adjacent to this project? If "Yes", please attach a sheet(s) and describe fully. ☐ Yes ☐ No

7. Does this property abut a State Road? If "Yes", see Supplemental Documentation Requirement No. 19 for required letter from Florida Department of Transportation (FDOT). ☐ Yes ☐ No

8. Has consideration been given to public transportation routes, shelters, or turnouts for the proposed project? If "Yes", please attach sheet(s) and describe fully. ☐ Yes ☐ No

9. Are bikeways and walkways to be provided to connect residential areas to school or recreational sites? If "Yes", attach five (5) drawings showing facilities (if not show on plat). ☐ Yes ☐ No

10. Is credit being requested for private recreational facilities? If "Yes", attach two (2) sets of plans showing facilities. (APPLIES TO PROJECTS IN THE UNINCORPORATED AREA ONLY.) ☐ Yes ☐ No

11. Has any discussion with the School Board taken place? If "Yes", state the name and title of the person contacted. ☐ Yes ☐ No

Name/Title
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12. If a school site will be reserved or dedicated on the property, is the site delineated on the plat or site plan? ☐ Yes ☐ No

13. Are there any natural features located on the property (e.g. wetlands, dunes, areas of native tree canopy wildlife, habitats, etc.)? If "Yes", attach a sheet(s) and describe fully. For information, contact Aquatic and Wetland Resources Section, Environmental Engineering and Permitting Division. ☐ Yes ☐ No

14. Does the property contain any portion of lands identified as "Natural Resource Areas?" If "Yes" see Supplemental Documentation Requirement No. 8. For locations, contact Aquatic and Wetland Resources Section, Environmental Engineering and Permitting Division. ☐ Yes ☐ No

15. Does the property contain any portion of lands identified as an "Urban Wilderness Area" or "Vegetative Resource Category Local Area of Particular Concern?" If "Yes", please see Supplemental Documentation Requirement No. 9. For locations, contact Aquatic and Wetland Resources Section, Environmental Engineering and Permitting Division. ☐ Yes ☐ No

16. Does the property contain any portion of lands identified as a "Cultural Resource Category Local Area of Particular Concern" which include archaeological sites and/or historic sites and structures? If "Yes", for archaeological sites, see Supplemental Documentation Requirement No. 10. For historic locations, contact the Broward County Historic Preservation Officer, Planning and Development Management Division.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
17. Will any dredging or major filling operation be necessary, or is a waterway involved in the proposed project? If "Yes", permits may be required from Broward County. Please contact Broward County Aquatic and Wetland Resources Section, Environ Eng and Permit Division.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
18. Is the project to be served by an approved potable water system? If "Yes", state the name of facility and facility address.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px;"></div>		
19. Is this project to utilize on-site wells for its potable water? If "Yes", see Supplemental Documentation Requirement No. 13 for required letter.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
20. Is this project to be served by an approved wastewater (sewage) treatment plant? If "Yes", state the name of facility and facility address.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px;"></div>		
21. Will septic tanks serve this project? If "Yes", see Supplemental Documentation Requirement No. 12 for required letter.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
22. Have provisions been made for the collection of solid waste for this project? If "Yes", state the name of the collector.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<div style="border: 1px solid black; height: 20px;"></div>		
23. Has any contact been made with FPL and AT&T regarding service availability and easement requirements? If "Yes", state name and title of the person contacted.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px;"></div>		
24. Estimate or state the total number of on-site parking spaces to be provided.	<div style="border: 1px solid black; height: 20px;"></div>	
25. If applicable, state the seating capacity of any proposed restaurant or public assembly facility, including places of worship.	<div style="border: 1px solid black; height: 20px;"></div>	

## IX. NOTARY PUBLIC: Owner/Agent Certification

This is to certify that I am the owner/agent of the property described in this application and that all information supplied herein is true and correct to the best of my knowledge. By signing this application, owner/agent specifically agrees to allow access to described property at reasonable times by County personnel for the purpose of verification of information provided by owner/agent.

Owner/Agent Signature \_\_\_\_\_

Date \_\_\_\_\_

### NOTARY PUBLIC STATE OF FLORIDA, COUNTY OF BROWARD

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

By \_\_\_\_\_

(NOTARY SEAL)

Signature of Notary Public – State of Florida \_\_\_\_\_

Name of Notary Typed, Printed or Stamped \_\_\_\_\_

Personally Known ☐ or Produced Identification ☐

ID Type: \_\_\_\_\_

## For Planning and Development Management Use Only

Application Type	Time	Application Date
Acceptance Date	Fee	Comments Due
Report Due	Adjacent City	
<input type="checkbox"/> Plats <input type="checkbox"/> Surveys <input type="checkbox"/> Site Plans <input type="checkbox"/> Landscaping Plans <input type="checkbox"/> Lighting Plans		
<input type="checkbox"/> Other:	Describe	Received By
Comments		