

Application Number \_\_\_\_\_

Environmental Protection and Growth Management Department

PLANNING AND DEVELOPMENT MANAGEMENT DIVISION

1 N. University Drive, Box 102 · Plantation, FL 33324 · T: 954-357-6666 F: 954-357-6521 · Broward.org/Planning

# Development and Environmental Review Online Application

<b>Project Information</b>					
Owner/Applicant/Petitioner Name					
Address			City	State	Zip
Phone		Email		I	
Agent for Owner/Applicant/Petitioner	r		Contact Person		
Address			City	State	Zip
Phone		Email		1	I
Plat/Site Plan Name					
Plat/Site Number			Plat Book - Page (if recorded)		
Folio(s)			<b>!</b>		
Location					
side of north side/corner north		_at/between/and	street name / side/corner	and/of	
north side/corner north	street name		street name / side/corner	stree	et name

# Type of Application (this form required for all applications) Please check all that apply (use attached Instructions for this form). Plat (fill out/PRINT Questionnaire Form, Plat Checklist) Site Plan (fill out/PRINT Questionnaire Form, Site Plan Checklist) Note Amendment (fill out/PRINT Questionnaire Form, Note Amendment Checklist) Vacation (fill out/PRINT Vacation Continuation Form, Vacation Checklist, use Vacation Instructions) Vacating Plats, or any Portion Thereof (BCCO 5-205) Abandoning Streets, Alleyways, Roads or Other Places Used for Travel (BCAC 27.29) Releasing Public Easements and Private Platted Easements or Interests (BCAC 27.30)

Application Status				
Has this project been previously submitted?	□ Yes	□ No		Don't Know
This is a resubmittal of:	□ Portion of P	roject	□ N/A	
What was the project number assigned by the Planning and Development Division?	Project Number		□ N/A	Don't Know
Project Name			□ N/A	Don't Know
Are the boundaries of the project exactly the same as the previously submitted project?	□ Yes	□ No		Don't Know
Has the flexibility been allocated or is flexibility proposed to be allocated under the County Land Use Plan?	□ Yes	□ No		🗆 Don't Know
If yes, consult Policy 13.01.10 of the Land Use	Plan. A compatibil	ity determinati	on may be	e required.

Replat Status			
Is this plat a replat of a plat approved and/or recorded after March 20, 1979?	□ Yes	🗆 No	Don't Know
If YES, please answer the following questions	<b>3</b> .		
Project Name of underlying approved and/or recorded plat	Project Num	ıber	
Is the underlying plat all or partially residential?	□ Yes	□ No	🛛 Don't Know
If YES, please answer the following questions	s.		
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 prop	posed in this re	eplat.	

School Concurrency (Residential Plats, Replats and Site Plan Submissions)		
Does this application contain any residential units? (If "No," skip the remaining questions.)	□ Yes	□ No
If the application is a replat, is the type, number, or bedroom restriction of the residential units changing?	□ Yes	□ No
If the application is a replat, are there any new or additional residential units being added to the replat's note restriction?	□ Yes	🗆 No
Is this application subject to an approved Declaration of Restrictive Covenants or Tri-Party Agreement entered into with the Broward County School Board?	□ Yes	□ No
If the answer is "Yes" to any of the questions above RESIDENTIAL APPLICATIONS ONLY: Provide a receipt from the School Board documenting the Impact Application (PSIA) and fee have been accepted by the School Board for residential project concurrency, exempt from school concurrency (exemptions include projects that generate less than one scommunities, and projects contained within Developments of Regional Impact), or subject to an app Restrictive Covenant or Tri-Party Agreement.	ects subject student, age	t to school e restricted

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

## Existing Land Use

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 within 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.

Are there any existing structures on the site?

□ Yes □ No

			EXISTING STUCTURE(S)				
Land Use	Gross Building sq. ft.* or Dwelling Units	Date Last Occupied	<b>e</b>		<u>Has</u> been or <u>will</u> be Demolished?		
			YES   NO	YES   NO	HAS   WILL   NO		
			YES   NO	YES   NO	HAS   WILL   NO		
			YES   NO	YES   NO	HAS   WILL   NO		
*Cross new residential equare factors includes normanent comprise and everytance for see stations, drive thru							

\*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 id defined by the definition in the Land Development Code.

Proposed Use							
RESID	ENTIAL USES	NON-RESIDENTIAL USES					
Land Use Number of Units/Rooms		Land Use	Net Acreage or Gross Floor Area				

### **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 by means of physical presence | online notarization, this 30th day of June \_\_\_, 20\_\_\_\_, who 📭 is personally known to me | 🗖 has produced

as identification. RICIA Name of Notary Typed, Printed on ETTI PUBLIC STATE Notary Seal (or Title or Rank)

Signature of Notary Public - State of

Serial Number (if applicable)

### For Office Use Only

Application Type					
		-		· · ·	
Application Date		Acceptance Date		Fee	
Comments Due		Report Due		CC Meeting Date	
Adjacent City or Cities				· · · · · · · · · · · · · · · · · · ·	
□ Plats	□ Surveys	☐ Site Plans	🗆 Landscap	ing Plans 🛛 Lighting Plan	IS
City Letter	□ Agreements				
□ Other:					
Distribute To					
Full Review	🗆 🗆 Planni	ng Council	School Board	□ Land Use & Permit	ting
Health Department	nt 🗆	Zoning Code Servic	es (BMSD only)	□ Administrative Rev	view
Other:					
Received By					



# Development and Environmental Review Online Application Questionnaire Form

Туре	of Application								
	Plat	□ Site Plan		□ Note Amen	dment				
	ct Questionnaire								
	Please answer the questions marked for the type of application checked. 1. Why is this property being platted? Attach an additional sheet(s) if necessary.								
1.	why is this property being	platted ? Attach an additional sh	eet(s) if necessa	ry.					
2.	<ol> <li>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.</li> </ol>								
DR	I Name	FQD N	ame						
Lat	est Ordinance Number	Official	Record Book and Page	Number					
3.	<ul> <li>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).</li> </ul>								
4.	Is any portion of this plat cu	urrently the subject of a Land Us	e Plan Amendm	ent (LUPA)?	□ Yes	🗆 No			
If Y	′ES, LUPA Number								
5.	Does the note represent a	change in TRIPS?	□ Increase	Decrease	□ No	Change			
6.	Does the note represent a	major change in Land Use?			□ Yes	□ No			
7.		mprovements being required by ? If "Yes", attach any sheets and		nt agency or	□ Yes	🗆 No			
8.	Does this property or project attach the appropriate doct	ct have an adjudicated or vested umentation.	rights status? If "	Yes", please	□ Yes	□ No			
9.	Does the owner have any f If "Yes", please attach a sh	inancial interest in properties ne leet(s) and describe fully. Other fa	ar or adjacent to cilities owned by the	this project? City of Oakland F	Park are in t	□ No he vicinity			
10.		a State Road? If "Yes", see S required letter from Florida D	••		□ Yes	□ No			

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11. 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
12. 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
13. 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
14. Has any discussion with the School Board taken place? If "Yes", state the name and title of the person contacted.	□ Yes	□ No
Name/Title		
15. If a school site will be reserved or dedicated on the property, is the site delineated on the plat or site plan?	□ Yes	□ No
16. 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, Environ. Licensing & Bldg. Permitting (ELBP) Division.	□ Yes	□ No
17. 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 (ELBP Division).	□ Yes	🗆 No
18. 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 (ELBP Division).	□ Yes	🗆 No
19. 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.	□ Yes	□ No
20. 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 (ELBP Division).	□ Yes	□ No
21. Is the project to be served by an approved potable water system? If "Yes", state the name of facility and facility address.	□ Yes	🗆 No
Facility Name		
Address		
22. Is this project to utilize on-site wells for its potable water? If "Yes", see Supplemental Documentation Requirement No. 13 for required letter.	□ Yes	□ No
23. Is this project to be served by an approved wastewater (sewage) treatment plant? If "Yes", state the name of facility and facility address.	□ Yes	🗆 No
Facility Name		
Address		

24. Will septic tanks serve this project? If "Yes", see Supplemental Documentation Requirement No. 12 for required letter.	□ Yes	□ No
25. Have provisions been made for the collection of solid waste for this project? If "Yes", state the name of the collector.	□ Yes	🗆 No
Solid Waste Collector		
26. 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.	□ Yes	□ No
FPL – Name/Title		
AT&T – Name/Title		
27. Estimate or state the total number of on-site parking spaces to be provided.	Spaces	
28. If applicable, state the seating capacity of any proposed restaurant or public assembly facility, including day care centers or schools, or places of worship.	Seating	