DEVELOPMENT PERMIT APPLICATION

The type of development permit(s) for which this form is applicable and the corresponding fee schedule are described on Pages 5-7. Mandatory application documents and the required ancillary attachments for each type of request are on Pages 8-10. Prior to the submission of an application, the applicant must contact the Planning and Zoning Division for pre-application meeting at 954-630-4423.

ALL APPLICATIONS THAT ARE INACTIVE ON THE PART OF THE APPLICANT FOR SIX (6) MONTHS OR MORE MAY BE DEEMED WITHDRAWN BY THE DEVELOPMENT REVIEW COMMITTEE.

4942 13 01 1780

Mom's Kitchen Expansion

Project Name:

Folio number(s). of affected lots:

Date Submitted:	
GENERAL DATA – COMPLETE ALL SECTIONS	
Address(s) of property. 1940. Suite 3 / 1950 Suite 2+3 NE 45th street	
Legal Description: (or attach description) Coral Hills 37-20 B Lot 1,2 BUL 16	
Gross Site Square Footage/Acreage:	Net Site Square Footage/Acreage:
Existing one-site Parking Spaces: 40	Proposed on-site Parking Spaces 40
Title to this Property has been held since: 2019	Existing Zoning: B-1 + B-P
Existing Use of Property [include no. and sq. ft. of existing structure(s)]:	
Proposed Use of Property [include no. and sq. ft. of proposed structure(s)]:	
Type of Development Permit(s) requested: parking variance, site plan approval and lituse agreement	
OWNER/APPLICANT INFORMATION (The undersigned has reviewed all instructions concerning the application and understands the application must be complete and accurate prior to staff review or Public Hearing(s). Attach proof of ownership and owner's authorization for representative.	
Name of Property Owner(s): Flores ala East, UC	
Name of Property Owner(s): Floranda East, UC Address: 1082 NE 45 to 51 neet 0akland Park, FL 33334	
Name of Person Authorized to Sign as Owner: Glor E. Hyaff II	
Signature:	
Owner's Phone: 954-605-0226	Owner's Email: gilfe gilhyatt. Com
Name of Developer/Applicant/Agent (if different from owner):	
Address:	
Developer/Applicant/Agent Authorized to Sign as Applicant/Developer:	
Signature:	
Phone:	Email:
Application Contact Person (name, title): Gl Hyaff	
Application Contact Person's Company: Gil Hyaft Construction	
Office Phone: 954-665.0726 Addl. Phone:	
Email Address: gilfe zilhyatt. Com	
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