

Application No. \_\_\_\_\_ -CAB- \_\_\_\_\_



**APPLICATION FOR COMMUNITY APPEARANCE BOARD**  
**MEDIUM SCALE PROJECTS**

**PLANNING AND ZONING DIVISION**

SUBMIT ALL

Section 1: **General Application Requirements**

HELPFUL INFORMATION

Section 2: **Submittal Requirements**

SUBMIT ALL

Section 3: **Forms**

*City of*  
**Miramar**

**Community Development Department**  
2200 Civic Center Place  
Miramar, Florida 33025  
(954) 602-3264  
[www.ci.miramar.fl.us](http://www.ci.miramar.fl.us)

## SECTION 1: GENERAL REQUIREMENTS

**INSTRUCTIONS:** Please print or type all information. The application must be filled out accurately and completely. Answer all questions. Do not leave an item blank. If an item does not apply, write N/A (Not Applicable). Please include the items listed in Section 2 of the application.

**DEVELOPMENT REQUEST** – Check one type **ONLY** (Use separate applications if applicable)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Abandonment/Vacation of Right-of-Way or Easement | <input type="checkbox"/> Land Development Code Amendment | <input type="checkbox"/> Plat Waiver   |
| <input type="checkbox"/> Appeal of decision/determination                 | <input type="checkbox"/> Land Use Plan Map Amendment     | <input type="checkbox"/> Rezoning      |
| <input type="checkbox"/> Community Appearance Board                       | <input type="checkbox"/> Master Development Plan (PUD)   | <input type="checkbox"/> Site Plan     |
| <input type="checkbox"/> Comprehensive Plan Text Amendment                | <input type="checkbox"/> Master Zoning Plan              | <input type="checkbox"/> Temporary Use |
| <input type="checkbox"/> Conditional Use                                  | <input type="checkbox"/> Plat                            | <input type="checkbox"/> Variance      |
| <input type="checkbox"/> Developer’s Agreement                            | <input type="checkbox"/> Plat Delegation Request         | <input type="checkbox"/> Other _____   |
| <input type="checkbox"/> Development of Regional Impact (DRI)             | <input type="checkbox"/> Plat Exemption                  |  |

**DEVELOPMENT/PROJECT NAME:** \_\_\_\_\_

**DEVELOPMENT / PROJECT ADDRESS OR LOCATION:** \_\_\_\_\_

Legal Description (*attach separate sheet if necessary*): \_\_\_\_\_

All Tax ID Folio Numbers: \_\_\_\_\_

**Project Narrative** (*Please attach as a separate sheet*)

Residential Use(s)/Unit Type(s): \_\_\_\_\_

Number of Residential Units: \_\_\_\_\_

Non-Residential Use(s) (Type & sq. ft.): \_\_\_\_\_

Current Use(s) of Property: \_\_\_\_\_

Proposed Use(s) of Property: \_\_\_\_\_

Is the property platted?      Yes      No  
 OR Book & Page: \_\_\_\_\_  
 Plat Name: \_\_\_\_\_

Is the property an existing legal lot of record?      Yes      No  
 If no, please explain on a separate sheet.

Site Area (sq. ft. & acres): \_\_\_\_\_

**Existing** Zoning Designation(s): \_\_\_\_\_

**Proposed** Zoning Designation(s): \_\_\_\_\_

**Existing** Land Use Designation(s): \_\_\_\_\_

**Proposed** Land Use Designation(s): \_\_\_\_\_

Will the plat be affected by this application?      Yes      No  
 If yes, please explain on a separate sheet.

Is the property the subject of code enforcement action?  
 Yes      No  
 If yes, code enforcement case no.: \_\_\_\_\_

<b>PROPERTY OWNER NAME:</b>		<b>SIGNATURE:</b>	
Address:			
Telephone:	Fax:	E-mail:	
<input type="checkbox"/> Proof of Ownership (Submit Warranty Deed/Tax Record)			
<b>NOTARIZATION</b>			
STATE OF FLORIDA/COUNTY OF _____			
The foregoing instrument was acknowledged before me this ____ day of _____, _____, by _____			
<u>(Signature of Notary Public - State of Florida)</u>			
<u>(Print, Type, or Stamp Commissioned Name of Notary Public)</u>			
Personally Known _____ OR Produced Identification _____ Type of Identification Produced _____			

<b>CONTRACT PURCHASER NAME:</b>		<b>SIGNATURE:</b>	
Address:			
Telephone:	Fax:	E-mail:	
<input type="checkbox"/> Proof of Ownership (Submit Warranty Deed/Tax Record)			
<b>NOTARIZATION</b>			
STATE OF FLORIDA/COUNTY OF _____			
The foregoing instrument was acknowledged before me this ____ day of _____, _____, by _____			
<u>(Signature of Notary Public - State of Florida)</u>			
<u>(Print, Type, or Stamp Commissioned Name of Notary Public)</u>			
Personally Known _____ OR Produced Identification _____ Type of Identification Produced _____			

<b>TENANT NAME:</b>		<b>SIGNATURE:</b>	
Address:			
Telephone:	Fax:	E-mail:	
<input type="checkbox"/> Proof of Ownership (Submit Warranty Deed/Tax Record)			
<b>NOTARIZATION</b>			
STATE OF FLORIDA/COUNTY OF _____			
The foregoing instrument was acknowledged before me this ____ day of _____, _____, by _____			
<u>(Signature of Notary Public - State of Florida)</u>			
<u>(Print, Type, or Stamp Commissioned Name of Notary Public)</u>			
Personally Known _____ OR Produced Identification _____ Type of Identification Produced _____			

<b>AGENT NAME:</b>		<b>SIGNATURE:</b>	
Address:			
Telephone:	Fax:	E-mail:	
<input type="checkbox"/> Proof of Ownership (Submit Warranty Deed/Tax Record)			
<b>NOTARIZATION</b>			
STATE OF FLORIDA/COUNTY OF _____			
The foregoing instrument was acknowledged before me this ____ day of _____, _____, by _____			
<u>(Signature of Notary Public - State of Florida)</u>			
<u>(Print, Type, or Stamp Commissioned Name of Notary Public)</u>			
Personally Known _____ OR Produced Identification _____ Type of Identification Produced _____			

**APPLICATION FOR PLAN REVIEW SERVICES  
(Cost Recovery Review)**

**APPLICANT:** \_\_\_\_\_

**PROJECT:** \_\_\_\_\_

APPLICANT hereby requests CITY to utilize the cost recovery plan/permit review services provided by Ordinance No. 97-39 of the City of Miramar, Florida. In electing the cost recovery procedure, the APPLICANT will benefit from an expedited review of the project application. The APPLICANT understands and agrees that APPLICANT will be responsible for all costs and expenses incurred by the CITY's consultant(s) in reviewing such project, plus a 10% administration fee and a 7% surcharge. A minimum initial deposit is required. APPLICANT has deposited with the CITY the sum of \$\_\_\_\_\_, which shall be applied to the review cost and expenses incurred and which shall be replaced upon notice from CITY that such funds have been expended.

APPLICANT understands and agrees that any decision concerning compliance with any applicable codes and regulations is solely within and reserved to the authority of CITY employees and the City Commission, as provided by law. CITY reserves the right to review, modify and/or revise, in its sole discretion, any work performed by cost recovery consultants. APPLICANT understands and agrees that the above-referenced consultant shall work solely under the supervision and direction of CITY staff.

This document shall be executed by the owner and/or the agent that has signed the application on pages 3 or 4.

<b>APPLICANT SIGNATURE</b>	
<b>Sign Name:</b>	_____
<b>Print Name:</b>	_____
<b>Title:</b>	_____
<b>Date:</b>	_____

**SECTION 2: SUBMITTAL REQUIREMENTS**  
**COMMUNITY APPEARANCE BOARD**  
**Medium Scale Projects**  
**(Land Development Code Section 813)**

1. Pre-application conference with staff is required prior to submittal

*Note: A complete CAB application is required to be submitted simultaneously with the site plan or site plan amendment application.*

2. Completed application form with all signatures notarized. If applicant is the contract purchaser, include copy of contract (privileged information, such as the sale price, may be blacked out).

*Note: The primary agent for the CAB application shall be defined, in most cases, as the project's architect. The architect(s) will be the primary attendant(s) at the CAB meeting.*

3. Project Narrative  
Written explanation of project and design concept

4. Proof of ownership document(s) (*copy of Warranty Deed*)

5. Site Plan Package bound together as a complete set of drawings. The drawings must be 24" x 36" with the same orientation of the north arrow. Appropriate drawing scales must be used so that drawings are legible; match marks may be used for continuous drawings for larger projects.

*Note: The CAB set of plans does not require sheets that are signed and sealed by the appropriate licensed design professional.*

The order of the drawings must be as follows:

- a. Cover sheet that contains the project name, a comprehensive plan sheet index, a location map, and contact information for the entire design team
- b. Survey dated within one year of date of submittal that accurately reflects current site conditions
- c. Copy of Recorded Plat
- d. Existing or approved site plan
- e. Proposed site plan, with clouded revisions
- f. Horizontal control plan
- g. Site plan details, if directed by staff
- h. Architectural floor plans
- i. Architectural elevations for all buildings, accessory structures and signs
- j. Miscellaneous architectural drawings and details
- k. Landscaping plans and details
- l. Site lighting and photometric plans and fixture details, if directed by staff
- m. Engineering plans consisting of the following (*if directed by staff*):
  - i. Paving, grading, and drainage plans and details
  - ii. Water and sewer plans and details
  - iii. Pavement marking and signage plans and details
  - iv. Miscellaneous details
- n. Fire Protection Plans and Details, if directed by staff

6. Completed specifications of proposed façade, ground, and roof treatments including color and material samples. Include color chips and material samples. Use the attached forms as a guide.
7. Photographs of existing site, similar buildings, and/or samples or cut sheets may be included. Forms are provided to attach photographs. **Overly large or bulky material will not be accepted.**
8. Application Fee:

Staff Review Fee: **\$535.00** (\$500+ \$35.00 (7% surcharge))

**PLUS**

Cost Recovery Deposit: **\$500**  
**Required**

**Only 1 set of the foregoing information must be submitted**

**SECTION 3: FORMS**

**DIGITAL ART: (Insert CD with 300 dpi / PDF / JPEG / TIFF / GIF formats)  
or ATTACH PHOTOS**

<b>BUILDING COLOR SAMPLES AND FINISHES</b>			
<b>ITEM</b>	<b>MFG #</b>	<b>ATTACH SAMPLE</b>	<b>FINISH TEXTURE / MATERIAL</b>
<b>ROOF</b>			
<b>PRIMARY WALLS &amp; COLUMNS</b> (Base Color)			
<b>SECONDARY WALLS, CORNICE BANDS, AND COLUMNS</b> (Secondary, accent or trim color)			
<b>FASCIA</b> (Trim Color)			
<b>WINDOWS</b> (Color/type of frames and glazing, impact- resistance specification)			
<b>DOORS</b> (Colors/Types/Materials)			
<b>RAILINGS</b> (Colors and Types)			
<b>GUTTERS/DOWNSPOUTS</b> (Colors)			
<b>STORM SHUTTERS</b> (Color and Type)			
<b>ACCESSORY STRUCTURES</b> , including Fences, Perimeter Walls, Gates, Dumpster Enclosures, Canopies, Awnings (Color and Type)			
<b>OTHER</b> (Specify)			

<b>SIGN COLOR SAMPLES AND FINISHES</b>			
<b>ITEM</b>	<b>MFG #</b>	<b>ATTACH SAMPLE</b>	<b>FINISH TEXTURE / MATERIAL</b>
<b>MONUMENT OR SUPPORT BASE COLOR(S)</b>			
<b>TRIM COLOR(S)</b>			
<b>LETTERING COLORS</b>			
<b>LOGO/INSIGNIA (Design and Color)</b>			
<b>SIGN FACE COLOR</b>			
<b>SIGN FACE TRIM COLOR</b>			
<b>LIGHTING COLOR</b>			
<b>OTHER (Specify)</b>			