

Application No. _____ -DAG- _____



APPLICATION FOR DEVELOPER'S AGREEMENT

PLANNING AND ZONING DIVISION

SUBMIT ALL

Section 1: **General Application Requirements**

HELPFUL INFORMATION

Section 2: **Submittal Requirements**

Section 3: **Development Review Committee (DRC) Information**

City of
Miramar

Community Development Department
2200 Civic Center Place
Miramar, Florida 33025
(954) 602-3264
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.: _____

PROPERTY OWNER NAME:		SIGNATURE:	
Address:			
Telephone:	Fax:	E-mail:	
<input type="checkbox"/> Proof of Ownership (Submit Warranty Deed/Tax Record)			
NOTARIZATION			
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 _____			

CONTRACT PURCHASER NAME:		SIGNATURE:	
Address:			
Telephone:	Fax:	E-mail:	
<input type="checkbox"/> Proof of Ownership (Submit Warranty Deed/Tax Record)			
NOTARIZATION			
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 _____			

TENANT NAME:		SIGNATURE:	
Address:			
Telephone:	Fax:	E-mail:	
<input type="checkbox"/> Proof of Ownership (Submit Warranty Deed/Tax Record)			
NOTARIZATION			
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 _____			

AGENT NAME:		SIGNATURE:	
Address:			
Telephone:	Fax:	E-mail:	
<input type="checkbox"/> Proof of Ownership (Submit Warranty Deed/Tax Record)			
NOTARIZATION			
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
(Optional; 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.

APPLICANT SIGNATURE	
Sign Name:	_____
Print Name:	_____
Title:	_____
Date:	_____

SECTION 2: SUBMITTAL REQUIREMENTS
DEVELOPER’S AGREEMENT

1. A pre-application conference with staff is required prior to submittal.
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 covered up).*
3. Joinder and Consent of Mortgagor, if applicable (attached)
4. Certificate of Title
5. Narrative (explanation of project, justification, and historical background, if known)
Fully state the grounds for and relevant facts to support the application.
6. Tax letter or receipt from the Broward County Revenue Collection Division
7. Executed – Four (4) original, **executed** agreements; **PLUS**
7. Application Fee:

\$2,675 (\$2,500 + \$175 (7% surcharge))

PLUS

Legal Cost Recovery: \$600

Total: \$3,275
9. Cost Recovery deposit **\$1,000**, if applicable.

**A minimum of 2 sets of the foregoing information must be submitted;
1 if you choose the Cost Recovery review option**

JOINDER, CONSENT AND SUBORDINATION

The undersigned hereby certifies that _____, is the holder of a mortgage, lien or other encumbrance upon the above-described property, and that the undersigned hereby joins in and consents to the Plat Waiver by the owner thereof and agrees that its mortgage, lien or other encumbrance, which is recorded in Official Records Book _____, Page _____, of the Public Records of Broward County, Florida, shall be subordinated to the foregoing agreement.

Signed, sealed and delivered
in the presence of:

By: _____

Print Name: _____

Name: _____

Its: _____

Print Name: _____

(CORPORATE SEAL)

STATE OF _____)

SS:

COUNTY OF _____)

THIS IS TO CERTIFY, that on this ____ day of _____, 20__ before me, an officer duly authorized to take acknowledgements in the State and County aforesaid, personally appeared _____ as _____ of _____, who [] is personally known to me or [] produced _____ as identification.

NOTARY PUBLIC STATE OF _____

Print Name: _____

Commission No.: _____

Commission Expires: _____

SECTION 3: DEVELOPMENT REVIEW COMMITTEE (DRC)

1. **Pre-application meeting:** Contact the Community Development Department at (954) 602-3264 to schedule a pre-application meeting.
2. **Application Intake:** DRC meetings occur bi-monthly, usually on a Thursday morning. New submittals will only be accepted by appointments on the Monday prior to the DRC meeting. Resubmittals are accepted by appointments on the Tuesday prior to the DRC meeting in the **morning only**. Please contact the DRC Plans Coordinator at (954) 602-3269 to schedule an appointment. See our Meeting Calendar: <http://www.commdev.miramar-fl.gov/calendar.htm>
3. **Review by DRC members:** The following Departments / Divisions review DRC applications:

PLANNING DIVISION		
(954) 602-3264		
BUILDING (954) 602-3201	FIRE (954) 602-4600	PUBLIC WORKS (954) 538-6814
COMMUNITY SERVICES (954) 538-6804	LANDSCAPING (954) 602-3260	TRAFFIC (954) 602-3319
ENGINEERING (954) 602-3320	POLICE (954) 602-4000	UTILITIES (954) 538-6828
EXTERNAL AGENCIES		
BROWARD COUNTY MASS TRANSIT (954) 357-8351	SOUTH BROWARD DRAINAGE DISTRICT (954) 680-3337	

4. **DRC Approval Meetings:** The DRC generally meets twice a month on Thursday mornings, excluding holidays. A project may be postponed a maximum of six (6) months. Additional postponements require the approval of the Assistant Director. *Note: DRC Approval is required at least 4 weeks prior to City Commission Hearing.*
5. **Resubmissions:** Applications that are not approved may require submittal of new or revised materials to resolve outstanding issues. These applications will then be considered at the next DRC meeting, or at a subsequent DRC meeting as determined by Staff or as requested by the applicant.

HELPFUL CONTACTS

UTILITY COMPANIES	SITE PLAN & PLAT REVIEWS
<p>The Utility companies listed below should be contacted for easement and right-of-way issues.</p>	<p>The agencies and companies listed below should be contacted for site plan and/or plat review.</p>
<p>Comcast 2501 S.W. 145th Avenue Miramar, FL 33027 Charlene Reagan - Phone: (954) 534-7440</p>	<p>All Service Refuse 751 Northwest 31st Avenue Fort Lauderdale, FL 33311 Ralph Trapani - Phone: (954) 583-1830 email: Trapanir@repsrvsouth.com</p>
<p>Bell South 8601 West Sunrise Boulevard Plantation, Florida 33322 Evan Bewry Phone: (954) 423-6296 Fax: (954) 423-6533</p>	<p>Broward County Mass Transit Broward County Mass Transit Division (BCT) 3201 W. Copans Road Pompano Beach, FL 33069 David Daniels - E-mail: dadaniels@broward.org Phone: (954) 357-8351 - Fax: (954) 357-8342</p>
<p>NUI – Florida City Gas 9555 E. 25th Street Hialeah, FL 33013 Ramiro Sicre Phone: (305) 835-3610 E-mail: rsicre@agl.resources.com</p>	<p>South Broward Drainage District (SBDD) 6591 S.W. 160th Avenue (Dykes Road) Davie, FL 33331 Leo Schwartzberg, Director Phone: (954) 680-3337 Cell: (954) 658-1989 Fax: (954) 680-3339</p>
<p>FPL - Florida Power and Light Company 4000 Davie Road Extension Hollywood, Florida 33024 Phone: (954) 442-6350 Fax. (954) 442-6340</p>	<p>U.S. Post Office (per site location)</p> <ul style="list-style-type: none"> ▪ Between U.S. 441 and Utopia Drive: 810 S. State Road 7, Hollywood, FL 33023 Barbara Moore - Phone: (954) 894-6691 ▪ Between Utopia Drive and Flamingo Road Pines Annex: 12277 Pembroke Rd, Pembroke Pines FL 33025 Ida Jauregui - Phone: (954) 441-7729 ▪ Vicky Coceano Miramar Branch: Between Flamingo Rd and S.W. 172nd Ave. 14900 S.W. 30th Street, Miramar, FL 33027 Carol Lima - Phone: (954) 704-8993 ▪ Chapel Lakes Branch: West of S.W. 172 Ave 21001 Pines Boulevard, Pembroke Pines, FL 33029 Jeanie Brown - Phone: (954) 433-1644
<p>THIS IS A COMPREHENSIVE LIST OF EXTERNAL AGENCIES THAT REVIEW AND APPROVE SPECIFIC APPLICATIONS. CONTACT INFORMATION IS SUBJECT TO CHANGE.</p>	