

Application No. \_\_\_\_\_ -DRC- \_\_\_\_\_



**APPLICATION FOR SITE PLAN AMENDMENT**

**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](http://www.ci.miramar.fl.us)

## **SECTION 1: GENERAL REQUIREMENTS**

**INSTRUCTIONS:** Please print or type all information. **SUBMIT ALL PAGES.** 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  
(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.

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

**SECTION 2: SUBMITTAL REQUIREMENTS**  
**SITE PLAN - AMENDMENT**  
**(Land Development Code Section 511.2)**

1. A pre-application conference with staff is required prior to submittal. Submittal requirements and qualification may be determined at this meeting.
2. One completed application form with all signatures notarized
3. Project Narrative (written explanation of project and justification; include historical background, if known). The Narrative must also include an itemized list of all requested changes (e.g. *building square footage change from X s.f. to Y s.f.*). One original shall be included with the file. **Copies shall be attached to each set of plans.**
4. One set of proof of ownership document(s)
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.

**One set of plans must include sheets that are signed and sealed by the appropriate licensed design professional; all other sets may be copies.**

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

If directed by staff at pre-application conference:

- a. Site plan details
- b. Architectural floor plans
- c. Architectural elevations for all buildings, accessory structures and signs
- d. Miscellaneous architectural drawings and details
- e. Landscaping plans and details
- f. Site lighting and photometric plans and fixture details
- g. Paving, grading, and drainage plans and details
- h. Water and sewer plans and details
- i. Pavement marking and signage plans and details
- j. Fire Protection Plans and Details

Application Fee: (*\*Legal Cost Recovery / \*\* Refer to Schedule of Engineering Fees Document*)

<b>Minor -</b>	\$1,000 + 7% = \$1,070 + **
<b>Major – Residential:</b>	\$1,500 + 7% = \$1,605 + \$150* + **
<b>Major - Non-residential:</b>	\$2,000 + 7% = \$2,140 + \$150* + **

Cost Recovery deposit **\$3,000**, if applicable.

 **ATTENTION - Resubmittal Fee (upon 3rd submittal): \$2,500**

**A minimum of 11 sets of the foregoing information must be submitted;  
 14 if you choose the Cost Recovery review option**

**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:

<b>PLANNING DIVISION</b> (954) 602-3264		
<b>BUILDING</b> (954) 602-3201	<b>FIRE</b> (954) 602-4600	<b>PUBLIC WORKS</b> (954) 538-6814
<b>COMMUNITY SERVICES</b> (954) 538-6804	<b>LANDSCAPING</b> (954) 602-3260	<b>TRAFFIC</b> (954) 602-3319
<b>ENGINEERING</b> (954) 602-3320	<b>POLICE</b> (954) 602-4000	<b>UTILITIES</b> (954) 538-6828
<b>EXTERNAL AGENCIES</b>		
<b>BROWARD COUNTY MASS TRANSIT</b> (954) 357-8351		<b>SOUTH BROWARD DRAINAGE DISTRICT</b> (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 Department. *Note: DRC Approval is required at least 4 weeks prior to a City Commission or Planning & Zoning Board Public 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 <b>easement and right-of-way issues.</b></p>	<p>The agencies and companies listed below should be contacted for <b>site plan and/or plat review.</b></p>
<p><b>Comcast</b>            2501 S.W. 145<sup>th</sup> Avenue            Miramar, FL 33027            Charlene Reagan - Phone: (954) 534-7440</p>	<p><b>All Service Refuse</b>            751 Northwest 31<sup>st</sup> Avenue            Fort Lauderdale, FL 33311            Ralph Trapani - Phone: (954) 583-1830            email: <a href="mailto:Trapanir@repsrvsouth.com">Trapanir@repsrvsouth.com</a></p>
<p><b>Bell South</b>            8601 West Sunrise Boulevard            Plantation, Florida 33322            Evan Bewry            Phone: (954) 423-6296            Fax: (954) 423-6533</p>	<p><b>Broward County Mass Transit</b>            Broward County Mass Transit Division (BCT)            3201 W. Copans Road            Pompano Beach, FL 33069            David Daniels - E-mail: <a href="mailto:dadaniels@broward.org">dadaniels@broward.org</a>            Phone: (954) 357-8351 - Fax: (954) 357-8342</p>
<p><b>NUI – Florida City Gas</b>            9555 E. 25<sup>th</sup> Street            Hialeah, FL 33013            Ramiro Sicre            Phone: (305) 835-3610            E-mail: <a href="mailto:rsicre@agl.resources.com">rsicre@agl.resources.com</a></p>	<p><b>South Broward Drainage District (SBDD)</b>            6591 S.W. 160<sup>th</sup> Avenue (Dykes Road)            Davie, FL 33331            Leo Schwartzberg, Director            Phone: (954) 680-3337 Cell: (954) 658-1989            Fax: (954) 680-3339</p>
<p><b>FPL - Florida Power and Light Company</b>            4000 Davie Road Extension            Hollywood, Florida 33024            Phone: (954) 442-6350            Fax. (954) 442-6340</p>	<p><b>U.S. Post Office</b> (per site location)</p> <ul style="list-style-type: none"> <li>▪ <b>Between U.S. 441 and Utopia Drive:</b>              810 S. State Road 7, Hollywood, FL 33023              Barbara Moore - Phone: (954) 894-6691</li> <li>▪ <b>Between Utopia Drive and Flamingo Road</b>              Pines Annex:              12277 Pembroke Rd, Pembroke Pines FL 33025              Ida Jauregui - Phone: (954) 441-7729</li> <li>▪ <b>Vicky Coceano Miramar Branch:</b>  <b>Between Flamingo Rd and S.W. 172<sup>nd</sup> Ave.</b>              14900 S.W. 30<sup>th</sup> Street, Miramar, FL 33027              Carol Lima - Phone: (954) 704-8993</li> <li>▪ <b>Chapel Lakes Branch: West of S.W. 172 Ave</b>              21001 Pines Boulevard, Pembroke Pines, FL 33029              Jeanie Brown - Phone: (954) 433-1644</li> </ul>
<p style="text-align: center;">THIS IS A COMPREHENSIVE LIST OF EXTERNAL AGENCIES THAT REVIEW AND APPROVE SPECIFIC APPLICATIONS.            CONTACT INFORMATION IS SUBJECT TO CHANGE.</p>	