

Application No. _____ -APP- _____



APPLICATION FOR APPEAL OF DECISION

PLANNING AND ZONING DIVISION

SUBMIT ALL

Section 1: **General Application Requirements**

HELPFUL INFORMATION

Section 2: **Submittal Requirements**

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 _____			

SECTION 2: SUBMITTAL REQUIREMENTS
APPEAL OF DECISION
(Land Development Code Section 515)

1. Completed application form submitted within 15 days of date of decision being appealed
2. Narrative that includes:
 - a. Date of Decision
 - b. Written description of the decision of Planning and Zoning Board, CAB, or Zoning Administrator (Planning and Zoning Division) decision
 - c. Reason/justification for appeal, including all appropriate documentation to support the appeal

3. Filing fee: **\$1070*** (\$1000.00 + 70.00 (7% surcharge))

PLUS

Legal Cost Recovery Deposit*: **\$600**

Total: \$1,670

** For individual homeowners appealing a decision of denial for a setback variance, no additional fees are required.*

PLEASE NOTE: When appealing the decision of the Planning and Zoning Board, the applicant is responsible to provide mailed and posted notice of the hearing of the appeal in the same manner that the initial Planning and Zoning Board hearing was noticed.

A minimum of 1 set of the foregoing information must be submitted

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>	