

Application No. _____ -MZP- _____



APPLICATION FOR MASTER ZONING PLAN

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:		PROPERTY OWNER 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:		CONTRACT PURCHASER 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:		TENANT 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:		AGENT 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:	_____

INTERNAL USE ONLY

Leave this page blank

CITY STAFF USE ONLY

Application Fees: \$ _____

Mail Public Notice Required

Sign Public Notice Required

Application Complete: YES ___ NO ___

RECEIVED & REVIEWED BY:

SUPPORTING DOCUMENTS RECEIVED

Proof of Ownership

Warranty Deed

Letter of Consent

Project Narrative

Section 2 Required Submittal Documents

APPLICATION NO.: _____

INTAKE DATE: _____

RECEIPT NO.: _____

COMMENTS:

INTERNAL USE ONLY

Leave this page blank

SECTION 2: SUBMITTAL REQUIREMENTS
MASTER ZONING PLAN AMENDMENT
(Land Development Code Section 702)

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. Narrative (explanation of proposal, existing and proposed zoning districts, background information and justification for revision)
4. Proof of Ownership Documents (Warranty Deed)
5. Completed chart of MZP Proposed Uses (attached)
6. Criteria – Standards for MZP approval per LDC Section 720.8 *(attached on page 9)* addressed in writing
7. Survey dated within one year of date of submittal that accurately reflects current site conditions **(One survey must be signed and sealed; the others may be copies)**
8. Application Fee: Residential: **\$2,140** (\$2,000 + \$140 (%7 surcharge))
Non-Residential: **\$2,675** (\$2,500 + \$175 (%7 surcharge))
PLUS
Legal Cost Recovery: **\$300**
9. Cost recovery deposit **\$3,000**, if applicable
10. Proposed MZP Package:
 - a. Overall Plan, including location sketch, with Parcel/Pod Layout per LDC Section 702.4.1 and specifying collector road system
 - b. Landscape Plan per LDC Section 702.5.3 and LDC Chapter 9
 - c. Master Sign Plan per LDC Section 702.4.4 and LDC Chapter 10
 - d. Pedestrian/Bicycle Plan per LDC Section 702.4.6
 - e. Phasing Plan per LDC Section 702.4.6
 - f. Master lighting plan (LDC Sections 805 and 813)
 - g. Master fencing plan (LDC Sections 809.7 and 813)
12. Legal documents *(draft)* ensuring unified control of the entire area included within the MZP per LDC Section 702.4.7

**A minimum of 4 sets of the foregoing information must be submitted;
7 if you choose the Cost Recovery review option**

Required accompanying applications:

- + Separate rezoning applications for each zoning district within the MZP affected by the amendment
- + Replatting application (partial or full subdivision plat required by LDC Section 702.7) if necessitated by the amendment

PROPOSED USE OF PROPERTY AS AMENDED
(Address all zoning districts within the MZP)

MZP NAME: _____

Number of Pods/Parcels: _____ **Total Units:** _____

Total Gross Acres: _____ **Open Space Acres:** _____

Net Developed Acres: _____ **Lakes:** _____ **Wetlands:** _____

Zoning District Acres: _____ **Right of Way Acres:** _____

RESIDENTIAL ZONING:

Zoning District	Parcel/ Pod	Units/ Acres	Zoning District	Parcel/ Pod	Units/ Acres
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

NON-RESIDENTIAL ZONING:

Zoning District	Acres (per zone)	Zoning District	Acres (per zone)
_____	_____	_____	_____
_____	_____	_____	_____

STANDARDS FOR MZP APPROVAL (Land Development Code Section 702.8)

- a. The MZP shall comply with the intent, purpose, and requirements for MZP designation.
- b. The design of the MZP and structures within a development parcel shall minimize adverse effects, including visual impacts of the proposed use on adjacent property through the use of building orientation, setbacks, buffers, landscaping and other design criteria.
- c. Adequate measures exist or shall be taken to provide safe and adequate ingress and egress to the MZP development parcels.
- d. Utilities, roadway capacity, drainage and other necessary public facilities, including police, fire, emergency services, shall exist at the City's adopted level of service or will be available concurrent with the demand.
- e. The MZP shall be compatible with the community character of the surrounding area and adequate measures shall be taken to buffer the adjacent uses.
- f. Development within the MZP shall not have a substantially adverse affect upon a known archaeological, historical, or cultural resource located on or adjacent to the parcel proposed for development and shall be protective of natural resources.
- g. The establishment of the MZP shall not impede the orderly development and improvement of surrounding properties for uses permitted in the zoning district.

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 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>	