



City of Pembroke Pines

Planning and Economic Development Department

Unified Development Application

Planning and Economic Development

City Center - Third Floor
601 City Center Way

Pembroke Pines, FL 33025
Phone: (954) 392-2100
<http://www.ppines.com>

Prior to the submission of this application, the applicant must have a pre-application meeting with Planning Division staff to review the proposed project submittal and processing requirements.

Pre Application Meeting Date: _____

Plans for DRC _____ Planner: _____

Indicate the type of application you are applying for:

- | | |
|---|---|
| <input type="checkbox"/> Appeal* | <input type="checkbox"/> Sign Plan |
| <input type="checkbox"/> Comprehensive Plan Amendment | <input type="checkbox"/> Site Plan* |
| <input type="checkbox"/> Delegation Request | <input type="checkbox"/> Site Plan Amendment* |
| <input type="checkbox"/> DRI* | <input type="checkbox"/> Special Exception* |
| <input type="checkbox"/> DRI Amendment (NOPC)* | <input type="checkbox"/> Variance (Homeowner Residential) |
| <input type="checkbox"/> Flexibility Allocation | <input type="checkbox"/> Variance (Multifamily, Non-residential)* |
| <input type="checkbox"/> Interpretation* | <input type="checkbox"/> Zoning Change (Map or PUD)* |
| <input type="checkbox"/> Land Use Plan Map Amendment* | <input type="checkbox"/> Zoning Change (Text) |
| <input type="checkbox"/> Miscellaneous | <input type="checkbox"/> Zoning Exception* |
| <input type="checkbox"/> Plat* | <input type="checkbox"/> Deed Restriction |

INSTRUCTIONS:

1. All questions must be completed on this application. If not applicable, mark **N/A**.
2. Include all submittal requirements / attachments with this application.
3. All applicable fees are due when the application is submitted (Fees adjusted annually).
4. Include mailing labels of all property owners within a 500 feet radius of affected site with signed affidavit (Applications types marked with *).
5. All plans must be submitted no later than noon on Thursday to be considered for Development Review Committee (DRC) review the following week.
6. Adjacent Homeowners Associations need to be noticed after issuance of a project number and a minimum of 30 days before hearing. (Applications types marked with *).
7. The applicant is responsible for addressing staff review comments in a timely manner. Any application which remains inactive for over 6 months will be removed from staff review. A new, updated, application will be required with applicable fees.
8. Applicants presenting demonstration boards or architectural renderings to the City Commission must have an electronic copy (PDF) of each board submitted to Planning Division no later than the Monday preceding the meeting.

Staff Use Only

Project Planner: _____ **Project #:** PRJ 20____ - **Application #:** _____

Date Submitted: ____/____/____ **Posted Signs Required:** (____) **Fees:** \$_____

SECTION 1-PROJECT INFORMATION:

Project Name: _____

Project Address: _____

Location / Shopping Center: _____

Acreage of Property: _____ Building Square Feet: _____

Flexibility Zone: _____ Folio Number(s): _____

Plat Name: _____ Traffic Analysis Zone (TAZ): _____

Legal Description:

Has this project been previously submitted? Yes No

Describe previous applications on property (Approved Variances, Deed Restrictions, etc...) Include previous application numbers and any conditions of approval.

Date	Application	Request	Action	Resolution / Ordinance #	Conditions of Approval

SECTION 2 - APPLICANT / OWNER / AGENT INFORMATION

Owner's Name: _____

Owner's Address: _____

Owner's Email Address: _____

Owner's Phone: _____ Owner's Fax: _____

Agent: _____

Contact Person: _____

Agent's Address: _____

Agent's Email Address: _____

Agent's Phone: _____ Agent's Fax: _____

All staff comments will be sent directly to agent unless otherwise instructed in writing from the owner.

SECTION 3- LAND USE AND ZONING INFORMATION:

EXISTING

PROPOSED

Zoning: _____

Zoning: _____

Land Use / Density: _____

Land Use / Density: _____

Use: _____

Use: _____

Plat Name: _____

Plat Name: _____

Plat Restrictive Note: _____

Plat Restrictive Note: _____

ADJACENT ZONING

ADJACENT LAND USE PLAN

North: _____

North: _____

South: _____

South: _____

East: _____

East: _____

West: _____

West: _____

SECTION 7- PROJECT AUTHORIZATION

OWNER CERTIFICATION

This is to certify that I am the owner of the property described in this application and that all information supplied herein is true and correct to the best of my knowledge.

Signature of Owner _____ Date _____

Sworn and Subscribed before me this _____ day
of _____, 20_____

Fee Paid _____ Signature of Notary Public _____ My Commission Expires _____

AGENT CERTIFICATION

This is to certify that I am the agent of the property owner described in this application and that all information supplied herein is true and correct to the best of my knowledge.

Signature of Agent _____ Date _____

Sworn and Subscribed before me this _____ day
of _____, 20_____

Fee Paid _____ Signature of Notary Public _____ My Commission Expires _____

Waiver of Florida Statutes Section 166.033, Development Permits and Orders

Applicant: _____

Authorized Representative: _____

Application Number: _____

Application Request: _____

I, _____ (print Applicant/Authorized Representative name), on behalf of _____ (Applicant), hereby waive the deadlines and/or procedural requirements of Florida Statute Section 166.033 as the provisions of said statute apply to the above referenced application, including, but not limited to the following:

- a. 30-day requirement for Applicant Response to Staff determination of incompleteness as described in DRC Comments and/or Letter to Applicant;
- b. 30-day Staff review of Applicant Response to DRC Comments and/ or Letter to Applicant;
- c. Limitation of three (3) Staff Requests for Additional Information;
- d. Requirement of Final Determination on Applicant's application approving, denying, or approving with conditions within 120 or 180 days of the determination of incompleteness, as applicable.

Signature of Applicant or Applicant's Date
Authorized Representative

Print Name of Applicant/Authorized Representative