



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

*-This page is for Variance, Zoning Appeal, Interpretation and Land Use applications only-*

**SECTION 4 – VARIANCE • ZONING APPEAL • INTERPRETATION ONLY**

Application Type (Circle One):    Variance        Zoning Appeal        Interpretation

Related Applications: \_\_\_\_\_

Code Section: \_\_\_\_\_

Required: \_\_\_\_\_

Request: \_\_\_\_\_

Details of Variance, Zoning Appeal, Interpretation Request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION 5 - LAND USE PLAN AMENDMENT APPLICATION ONLY**

City Amendment Only

City and County Amendment

Existing City Land Use: \_\_\_\_\_

Requested City Land Use: \_\_\_\_\_

Existing County Land Use: \_\_\_\_\_

Requested County Land Use: \_\_\_\_\_

**SECTION 6 - DESCRIPTION OF PROJECT (attach additional pages if necessary)**

A large rectangular box containing 25 horizontal lines for writing.

**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\_\_\_\_\_

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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