

APPLICATION FOR ADMINISTRATIVE SITE PLAN REVIEW (RESIDENTIAL)

GENERAL INFORMATION

PRE-APPLICATION

Applicants are required to attend a pre-application meeting prior to filing for an Administrative Site Plan Review (ASPR). During the pre-application process, you will be given information on the ASPR process and review plans for deficiencies. You will be required to provide your assigned pre-application number and package that includes the letter indicating you have completed a pre-application meeting. For assistance with scheduling a pre-application meeting, please call (305) 375-2640 for more information.

FILING

In-Person: Applications may be filed in person with the Application Intake Section of the Miami-Dade County Department of Regulatory and Economic Resources, located on the 11th floor of the Stephen P. Clark Center, 111 NW First Street. Appointments are needed to file an application. To schedule an appointment, please call (305) 375-2640.

Online: Applications may be filed online at www.miamidade.gov/zoning/online-services.asp and selecting "Citizen Self-Service Portal" The same information and materials required when filing in person are required to be submitted online.

The following items must be submitted at the time of filing:

- 1 copy of fully executed application (attached)
- 2 sets of plans (site, landscaping, floor plans, typical lot layout and elevation)
- 1 copy of legal description (if lengthy, please submit in Microsoft Word format via e-mail, in addition to printed copy).
- Boundary Survey (signed and sealed required with every application, no older than 1 year. Must show all structures, rights-of-way, etc. and municipal boundary, if any).
- 1 copy of pre-application letter

DEPARTMENT REVIEWS

When the application is accepted, it is scanned and distributed to other County Departments who must review the request and provide comments for compliance with zoning regulations and other County Code requirements. Applicants will be notified of required revisions or corrections to the plan or other required document. Revised plans, once received, will again be reviewed by all departments.

For information related to other County Department reviews, please contact them directly.

RER – Division of Environmental Resources Management (305) 372-6764

RER – Platting and Traffic Review Section (305)375-2141

Miami Dade Fire Rescue Department - Planning Section (786)331-4540

Miami Dade Aviation (305)876-0479

**MIAMI-DADE COUNTY DEPARTMENT OF REGULATORY AND ECONOMIC RESOURCES
APPLICATION FOR ADMINISTRATIVE SITE PLAN REVIEW**

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LIST ALL FOLIO'S: _____

Stamp Date Received

- 1. NAME OF APPLICANT** (Provide complete name of applicant, exactly as recorded on deed, if applicable. If applicant is a lessee, an executed 'Owner's Sworn-to-Consent' and copy of a valid lease for 1 year or more is required. If the applicant is a corporation, trust, partnership, or like entity, a 'Disclosure of Interest' is required).

2. APPLICANT'S MAILING ADDRESS, TELEPHONE NUMBER:

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone#: _____

3. OWNER'S NAME, MAILING ADDRESS, TELEPHONE NUMBER:

Owner's Name (Provide name of ALL owners): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone#: _____ Fax#: _____ E-mail: _____

4. CONTACT PERSON'S INFORMATION:

Name: _____ Company: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone#: _____ Fax#: _____ E-mail: _____

5. LEGAL DESCRIPTION OF ALL PROPERTY COVERED BY THE APPLICATION

Provide complete legal description, i.e., lot, block, subdivision name, plat book and page number, or metes and bounds. Include section, township, and range. Attach separate sheets as needed and clearly label (identify) each legal description attached. In addition to the paper version it is requested that lengthy metes and bounds descriptions be provided electronically in Microsoft Word:

6. ADDRESS OR LOCATION OF PROPERTY (For location, use description such as NE corner of, etc.)

7. DATE property ☐ ~~ac~~quired ☐ ~~le~~ased: _____ (month & year)

8. Lease term: _____ years

9. SIZE OF PROPERTY _____ ' x _____ ' sq. ft. _____ (acreage): _____
(divide total sq. ft. by 43,560 to obtain acreage)

10. ZONING DISTRICT: _____

11. WHAT IS THE PROJECT'S P.M. PEAK HOUR TRIP GENERATION? _____ TRIPS – PLEASE LIST ALL OF THE (ITE) INSTITUTE OF TRANSPORTATION ENGINEERS CODE(S) THAT WERE USED IN DETERMINING THE NUMBERS OF P.M. PEAK HOUR TRIPS: _____

12. PLEASE INDICATE WHETHER OR NOT THIS PROPERTY WAS SUBJECT TO A RECENT COMPREHENSIVE DEVELOPMENT MASTER PLAN (CDMP) AMENDMENT. IF SO, PLEASE INDICATE THE ORDINANCE #: _____

APPLICANT'S AFFIDAVIT

The Undersigned, first being duly sworn depose that all answers to the questions in this application, and all supplementary documents made a part of the application are honest and true to the best of (my)(our) knowledge and belief. (I)(We) understand this application must be complete and accurate before the application can be submitted.

OWNER OR TENANT AFFIDAVIT

(I)(WE), _____, being first duly sworn, depose and say that (I am)(we are) the ☐ owner ☐ tenant of the property described and which is the subject matter of the application.

Signature

Signature

Sworn to and subscribed to before me
this ____ day of _____, ____.

Notary Public: _____
Commission Expires: _____

CORPORATION AFFIDAVIT

(I)(WE), _____, being first duly sworn, depose and say that (I am)(we are) the ☐ President ☐ Vice-President ☐ Secretary ☐ Asst. Secretary of the aforesaid corporation, and as such, have been authorized by the corporation to file this application; and that said corporation is the ☐ owner ☐ tenant of the property described herein and which is the subject matter of the proposed application.

Attest: _____

Authorized Signature

Office Held

(Corp. Seal)

Sworn to and subscribed to before me
this ____ day of _____, ____.

Notary Public: _____
Commission Expires: _____

PARTNERSHIP AFFIDAVIT

(I)(WE), _____, being first duly sworn, depose and say that (I am)(we are) partners of the hereinafter named partnership, and as such, have been authorized to file this application; and that said partnership is the ☐ owner ☐ tenant of the property described herein which is the application.

By _____ %
By _____ %

(Name of Partnership)
By _____ %
By _____ %

Sworn to and subscribed to before me
this ____ day of _____, ____.

Notary Public: _____
Commission Expires: _____

ATTORNEY AFFIDAVIT

I, _____, being first duly sworn, depose and say that I am a State of Florida Attorney at Law, and I am the Attorney for the Owner of the property described and which is the application.

Signature

Sworn to and subscribed to before me

Notary Public: _____

this ____ day of _____, ____.

Commission Expires ____ _

**OWNERSHIP AFFIDAVIT
FOR
CORPORATION**

STATE OF _____

COUNTY OF _____

Before me, the undersigned authority, personally appeared _____
_____ hereinafter the Affiant(s), who being first duly sworn by
me, on oath, deposes and says:

1. Affiant is the president, vice-president or CEO of the Corporation, with the following address:

2. The Corporation owns the property which is the subject of the application.
3. The subject property is legally described as:

4. Affiant is legally authorized to file this application.
5. Affiant understands this affidavit is subject to the penalties of law for perjury and the possibility of voiding any zoning approval granted.

Witnesses:

Signature

Affiant's signature

Print Name

Print Name

Signature

Print Name

Sworn to and subscribed before me on the ____ day of _____ 20 ____.

Affiant is personally known to me or has produced _____
as identification.

Notary

(Stamp/Seal)

Commission Expires: _____

**OWNERSHIP AFFIDAVIT
FOR
INDIVIDUAL**

STATE OF _____

COUNTY OF _____

Before me, the undersigned authority, personally appeared _____,
hereinafter the Affiant, who being first duly sworn by me, on oath, deposes and says:

1. Affiant is the fee owner of the property that is the subject of the application.
2. The subject property is legally described as:

3. Affiant understands this affidavit is subject to the penalties of law for perjury and the possibility of voiding any zoning approval granted.

Witnesses:

Signature

Affiant's signature

Print Name

Print Name

Signature

Print Name

Sworn to and subscribed before me on the _____ day of
_____, 20_____. Affiant is personally known to me or has produced
as identification _____.

Notary

(Stamp/Seal)

Commission Expires:

DISCLOSURE OF INTEREST*

If a CORPORATION owns or leases the subject property, list principal stockholders and percent of stock owned by each. [Note: Where principal officers or stockholders consist of other corporation(s), trust(s), partnership(s) or other similar entities, further disclosure shall be made to identify the natural persons having the ultimate ownership interest].

CORPORATION NAME: _____

<u>NAME AND ADDRESS</u>	<u>Percentage of Stock</u>
_____	_____
_____	_____
_____	_____
_____	_____

If a **TRUST** or **ESTATE** owns or leases the subject property, list the trust beneficiaries and the percent of interest held by each. [Note: Where beneficiaries are other than natural persons, further disclosure shall be made to identify the natural persons having the ultimate ownership interest].

TRUST/ESTATE NAME _____

<u>NAME AND ADDRESS</u>	<u>Percentage of Interest</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

If a PARTNERSHIP owns or leases the subject property, list the principals including general and limited partners. [Note: Where the partner(s) consist of another partnership(s), corporation(s), trust(s) or other similar entities, further disclosure shall be made to identify the natural persons having the ultimate ownership interests].

PARTNERSHIP OR LIMITED PARTNERSHIP NAME: _____

<u>NAME AND ADDRESS</u>	<u>Percentage of Ownership</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

If there is a **CONTRACT FOR PURCHASE**, by a Corporation, Trust or Partnership list purchasers below, including principal officers, stockholders, beneficiaries or partners. [Note: Where principal officers, stockholders, beneficiaries or partners consist of other corporations, trusts, partnerships or other similar entities, further disclosure shall be made to identify natural persons having the ultimate ownership interests].

NAME OF PURCHASER: _____

<u>NAME, ADDRESS AND OFFICE</u> (if applicable)	<u>Percentage of Interest</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Date of contract: _____

If any contingency clause or contract terms involve additional parties, list all individuals or officers, if a corporation, partnership or trust.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

NOTICE: For any changes of ownership or changes in purchase contracts after the date of the application, but prior to the date of zoning approval, a supplemental disclosure of interest is required.

The above is a full disclosure of all parties of interest in this application to the best of my knowledge and belief.

Signature: _____
(Applicant)

Sworn to and subscribed before me this ____ day of _____, _____. Affiant is personally known to me or has produced _____ as identification.

(Notary Public)

My commission expires: _____

*Disclosure shall not be required of: 1) any entity, the equity interests in which are regularly traded on an established securities market in the United States or another country; or 2) pension funds or pension trusts of more than five thousand (5,000) ownership interests; or 3) any entity where ownership interests are held in a partnership, corporation or trust consisting of more than five thousand (5,000) separate interests, including all interests at every level of ownership and where no one (1) person or entity holds more than a total of five per cent (5%) of the ownership interest in the partnership, corporation or trust. Entities whose ownership interests are held in a partnership, corporation, or trust consisting of more than five thousand (5,000) separate interests, including all interests at every level of ownership, shall only be required to disclose those ownership interest which exceed five (5) percent of the ownership interest in the partnership, corporation or trust.

Make checks payable to: Miami-Dade County

**FEE SCHEDULE
ADMINISTRATIVE SITE PLAN REVIEW FOR ALL RESIDENTIAL PROJECTS**

Basic fee	\$1,467.75
Basic fee: Pre-Application Credit	(_____)
Size of Property - \$733.38 per 10 acres or portion thereof	_____
Number of Units - \$366.94 per 15 units or portion thereof	_____
DERM	\$250.00
Platting & Traffic Review	\$500.00
Web Document Fee	\$77.25
*7.5% Surcharge (added to all above fees)	_____
	Subtotal _____
ADDITIONAL FEES	
MD FIRE RESCUE	\$190.00
PROS REVIEW (Residential < 50 units - \$125.00)	_____
(Residential 50-250 units - \$375.00)	_____
(Residential >250 units - \$625.00)	_____
**TRAFFIC PLAN REVIEW	_____
**TRAFFIC IMPACT STUDY REVIEW	_____
**TRAFFIC SCHOOL REVIEW	_____
(* See Traffic Review Fee Schedule)	
	TOTAL \$ _____
Revision fees - First revision no charge, each revision thereafter	
Development Services	\$880.65
DERM	\$125.00
Platting & Traffic Review	\$400.00
PROS REVIEW – Non Residential	\$150.00
MD FIRE RESCUE	\$70.00

* 7.5% Surcharge will be added to all fees except MD Fire Rescue, PROS, Traffic Plan Review and Traffic Study Review.