## APPLICATION FOR ADMINISTRATIVE SITE PLAN REVIEW (URBAN CENTER DISTRICT)

#### **GENERAL INFORMATION**

The following items must be submitted to the Administrative Review Section for review of proposed Mixed-Use developments in the Urban Center District:

- 1 copy of application (attached)
- 3 sets of plans 24' X 36' in size (site, landscaping, floor plans, typical lot layout, elevation) & CD with plans & docs (PDF format, layered plans must be flattened)
- 1 copy of legal description
- 1 copy of current valid survey
- 1 copy of Pre-Application Letter (if applicable)

Fee (See fee schedule attached)

The Site Plan must contain a complete legend. Landscape plans, accompanied by a Landscape Legend and a signed Certificate of Compliance, along with floor plans, elevations and typical lot layout (See Attached).

The plan will be reviewed by the Department of Regulatory and Economic Resources: Development Services, Platting and Traffic Review, Division of Resources Management (DERM), and Fire Department and for compliance with zoning regulations and for compliance with site plan review criteria and other requirements. Applicants will be notified by the Planner of required revisions or corrections to the plan within 21 days from the date of submission. Revised plans, once received, will again be reviewed by all departments, and if approved will proceed for further staff review and final review resulting in written approval or denial of the plan.

- <u>FIRE RESCUE DEPARTMENT</u> reviews and comments on applications. Call (786) 331-4540 to obtain information required for proper plans review by this department.
- <u>AVIATION DEPARTMENT</u> reviews and comments on applications located within certain areas of all airports located in Miami-Dade County. Additional fees will be assessed for applications exceeding certain height thresholds. Call (305) 876-0479 for information on height thresholds.

FEES: Be advised that a fee is required for DERM and for the Public Works Department (See attached fee schedule).

An appointment is required to submit the application when your site plan review application is complete and ready to submit. Please call **(305) 375-2842** to schedule an appointment to submit the ASPR application.

Pre-Application No.:	
Pre-Application Meeting Date:	

## APPLICATION FOR ADMINISTRATIVE SITE PLAN REVIEW (Urban Center District)

		Received Stamp
Applicant's Name:		
Mailing Address:		
City:	State:	Zip:
Phone#:	Fax#:	E-mail:
Property Owner's Nar	ne:	
Mailing Address:		
City:	State:	Zip:
Phone#:	Fax#:	E-mail:
Contact Person Name	e:	
City:	State:	Zip:
Phone#:	Fax#:	E-mail:
Name of Plan:		
No. of Sheets:		
Date of Plan:		
Number of Units:		
Area of UCD Developm	Goulds Naranja	Cutler Ridge Downtown Ken Leisure City Model City North Central Ojus
	Palmer Lake——	Perrine Princeton
Address or Location of	Property:	

#### **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 \_\_\_\_\_, being first duly sworn, depose and say that (I)(WE), \_\_\_ (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 Notary Public:\_\_\_\_\_ this \_\_\_\_\_, \_\_\_\_, \_\_\_\_. Commission Expires: CORPORATION AFFIDAVIT \_\_, being first duly sworn, depose (I)(WE), and say that (I am)(we are) the  $\square$  President  $\square$  Vice-President  $\square$  Secretary  $\square$  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  $\square$  owner  $\square$  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 Notary Public: this \_\_\_\_\_, day of \_\_\_\_\_, \_\_\_\_. 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  $\square$  owner  $\square$  tenant of the property described herein which is the application. (Name of Partnership) Sworn to and subscribed to before me Notary Public: this \_\_\_\_\_, day of \_\_\_\_\_, \_\_\_\_. Commission Expires: ATTORNEY AFFIDAVIT \_\_\_\_, 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: Commission Expires: this \_\_\_\_\_, \_\_\_\_,

## OWNERSHIP AFFIDAVIT FOR CORPORATION

STA	TE OF	
COU	INTY OF	
Befo	re 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:	ıe
2.	The Corporation owns the property which is the subject of the application.	
3.	The subject property is legally described as:	_
4	Afficient in Legally, and beginning to Classic and Cla	-
4. 5.	Affiant is legally authorized to file this application.  Affiant understands this affidavit is subject to the penalties of law for perjury and the possibility of voiding any zoning approval granted.	ty
<u>Witn</u>	esses:	
Sign	atureAffiant's signature	
Print	Name Print Name	
Sign	ature	
Print	Name	
Swo	rn to and subscribed before me on the day of20	
	nt is personally known to me or has produceddentification.	
	Notary	
	(Stamp/Seal)	
	Commission Expires:	

[L:forms/afficorp.sam (8/07)]

#### OWNERSHIP AFFIDAVIT FOR INDIVIDUAL

STA	TE OF			
COU	INTY OF			
	re me, the undersigned authority, perso Affiant, who being first duly sworn by mo			_, hereinafter
1.	Affiant is the fee owner of the prope	rty that is the s	ubject of the application.	
2.	The subject property is legally descr	ibed as:		
3.	Affiant understands this affidavit is so of voiding any zoning approval grant		penalties of law for perjury an	d the possibility
<u>Witn</u>	esses:			
Sign	ature	_	- Affiant's signature	-
Print	Name	_	Print Name	
Sign	ature	_		
Print	Name	-		
. Aff	rn to and subscribed before me on the iant is personally known to me or has partification			, 20 as
		Notary		
		(Stamp/Seal)		
		Commission I	Expires:	

[L:forms/afficorp.sam (8/07)]

#### **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:	
NAME AND ADDRESS	Percentage of Stock
	·
NAME AND ADDRESS	Percentage of Interest
	<del></del>
	<del></del>
limited partners. [Note: Where the partner(s)	oject property, list the principals including general and consist of another partnership(s), corporation(s), trust(s) hall be made to identify the natural persons having the
PARTNERSHIP OR LIMITED PARTNERSHIP	NAME:
NAME AND ADDRESS	Percentage of Ownership

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:	
NAME, ADDRESS AND OFFICE (if applicable)	Percentage of Interest
Date of contract:	
If any contingency clause or contract terms involve additional partnership or trust.	parties, list all individuals or officers, if a
<b>NOTICE:</b> For any changes of ownership or changes in pu application, but prior to the date of zoning approval, 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,, produced, as identification.	Affiant is personally known to me or has
(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.

### INSTRUCTION SHEET FOR PREPARER OF LANDSCAPE/IRRIGATION PLAN

Attached is a copy of the landscaping compliance/certification letter required to be submitted for initial plan's review and certification for final inspection.

PROFESSIONAL PREPARER: Please transfer entire copy onto your letterhead, in the format provided, fill in the necessary information and submit as required.

OWNER/BUILDER: Please complete the attached certification letter and submit as required.

Your attention and cooperation are appreciated.

### OWNER'S STATEMENT OF LANDSCAPE COMPLIANCE

	PR	OCESS NUMBER	<u> </u>		v * *
I/We hereby certify that as	s owner/agent f	or owner of Lot B Page	, Block_ , (or	metes ar	Subdivision nd bounds)
legal description					
Located at (address) landscaping/irrigation plans being s Code) and that the species, as sho and that none of the species were sprinkler system is being provided if heads, spray system, location, etc.	own are in com selected from t t, too, complies	pliance with those a he "probibited spec	ies" list. Fu	pter 18A Miami-D orther, if a	an automatic
			Elerida eta	tutes to	nrenare and
I/We further certify that I/we am/ar submit this landscaping/irrigation pla	e authorized u an.	nder Chapter 401,	rivilua sta	tutes to	
		42			
Owner's Signature	(8)	Agent's Signature	/Title		8 0 8
				*	
	×	Print Name of Co	rnoration (O	wner)	
Print Name		Fillit isallie of Co	iporation (C		
			*		•
		* **	. *		
	25			ă.	20
STATE OF					
COUNTY OF	200 E			. : •	
				:	
The foregoing instrument wa	e acknowledge	nd hefore me this	day of		
La contraction of the contractio	is acknowledge	of		•	
, by	,	corpora	tion, on beh	alf of the	corporation
He/She is personally known to me	or has produce			• •	, as
identification and did/did not take ar	oath.				
		* *			
Witness my signature and of	fficial seal this	day of	in a l'al		1
, in the County and State afor	esaid, the date	and year last afore	sald.		
	•				
	ant <sub>e</sub>	Notary Public			:
	¥*	D' IN :			5
	(20)	Print Name			(273)

## PROFESSIONAL PREPARER'S STATEMENT OF LANDSCAPING COMPLIANCE

the state of the s	:33 NAMBER			
Legal description: Lot, Block, S	ubdivision			
P.B Page, Development nam	ue			
Located at (address)				•
I/We hereby certify that the landscaping plan be requirements of Chapter 18A (Landscape Code of planting, and that the species as shown are Miami-Dade County and that none of the specie	in accordance were selected	with the acceptor from the "Prol	ted species	s approved by cies" list.
Additionally automatic sprinkler system (if application of heads, spray system, location, etc.	cable0 comply v	vith requiremen	nt of said or	dinance as to
I/We further certify that I/we am/are authorized submit this landscaping/irrigation plan.	d under Chapte	r 481, Florida	statutes to	prepare and
	£			5 (M X)
		Seal:		
Professional Preparer's Signature			*	an and an and an and an
	• •			
Print Name				
	(*) (*)			
STATE OF	(m) (m)			
COUNTY OF				
I, an officer authorized to take acknowled	dgments, accord	ding to the law	and duly qu	ualified and so
acting do hereby certify that on this date appea	red before me			-
to me known to be the person described in and	who executed the	ne foregoing in	strument at	nd nurnoses
acknowledged to me the execution thereof to b therein mentioned;	e nis/ner iree ac	and deed for	ille uses a	na parposes
merem mendoned,	2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	6.1	e) (II	4,4
Witness my signature and official seal the county and State aforesaid, the county and state aforesaid, the county and state aforesaid.	is day of			
a de la deservación dela deservación de la deservación dela deservación de la deserv				
	Notary Put	olic		*
	*	s		¥
	Print Name	3		

My CommissionExpires

## PROFESSIONAL PREPARER'S STATEMENT OF LANDSCAPING COMPLIANCE

PROCESS NUMBER
Legal description: Lot, Block, Subdivision
P.B, Development name
Located at (address)
I/We hereby certify that the landscaping plan being submitted for this zoning hearing complies with the requirements of Chapter 18A (Landscape Code) as to species, height, trunk width and location at time of planting, and that the species as shown are in accordance with the accepted species approved be Miami-Dade County and that none of the species were selected from the "Prohibited Species" list.
Additionally automatic sprinkler system (if applicable0 comply with requirement of said ordinance as t
type of heads, spray system, location, etc.
I/We further certify that I/we am/are authorized under Chapter 481, Florida statutes to prepare an
submit this landscaping/irrigation plan.
Seal:
Professional Preparer's Signature
Print Name
그런 그는 그 그리고 하는 그래도 그리는 물을 급취하면 된다면 모든 때문을 살아 다른 사람이다.
STATE OF
COUNTY OF
The foregoing instrument was acknowledged before me this day of
by Oï
corporation, on behalf of the corporation
He/She is personally known to me or has produced; a
identification and did/did not take an oath.
Witness my signature and official seal this day of
, in the County and State aforesaid, the date and year last aforesaid.
Notary Public
The state of the s
Print Name

My CommissionExpire:

# FEE SCHEDULE ADMINISTRATIVE SITE PLAN REVIEW FOR URBAN CENTER DISTRICT

Z707	Basic Fee	\$2,201.63		
Z705	Number of Units (\$366.94 per 15 units or portion thereof)			
Z708	Size of Property (\$880.65 per 10 acres or portion thereof)			
Z709	Size of Buildings (\$293.55 per 5,000 sq. ft. or portion thereof)			
Z109	DERM	\$250.00		
Z119	PUBLIC WORKS	\$250.00		
Z120	FIRE	\$190.00		
Z060	Web Document Fee	\$77.25		
	Subtotal			
CN02	6% Concurrency Fee 8% Surcharge			
	Total	\$		
REVISION	S:			
First revision at no charge				
Z711	Revision \$880.65 (per subsequent revised 8% Surcharge			

NOTE: 8% surcharge will be added to all fees except DERM and concurrency.