IMPORTANT NOTICE TO APPLICANT:

THIS APPLICATION CONSISTS OF TWO (2) PAGES. BOTH PAGES MUST BE COMPLETED AND SUBMITTED IN ORDER TO PROCESS

Submittal deadline for this application and all associated documentation is Monday, 9:00AM. The fee amount will be calculated once this application is received and processed. In order for this item to be placed on the next available Plat Committee Agenda, the full correct fee must be paid no later than the following day, Tuesday, noon time. Failure to submit this form and fees by the aforementioned deadlines will result in this item not being placed on the next available Plat Committee agenda.

FOR OFFICIAL USE ONLY	
Agenda Date:	
Tentative No.: T-	
Received Date:	

1)

Number of Sites : (

APPLICATION FOR PLAT OF SUBDIVISION DEVELOPMENT

Municipality: UNINCORPORATED MIAMI-DADE COUNTY Sec.: 11 Twp.: 53 S. Rge.: 41 E. / Sec.: Twp.: S. Rge.: E.

1. Name of Proposed Subdivision:	SKY RESIDENCE- ASPR# A2022000098
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2.	Dwner's Name: UNIQUE SPACE LLC Phone: 954 533 4492
	Address: 1953 HARBOR VIEW CIR City: WESTON State: FL Zip Code: 33327
	Owner's Email Address: jose.b.coll@gmail.com
3.	Surveyor's Name: JOSE G. HERNANDEZ Phone: 305-526-0606
	Address: <u>3300 NW 112 AVENUE, SUITE 10</u> City: <u>Doral</u> State: <u>FL</u> Zip Code: <u>33172</u>
	Surveyor's Email Address: <u>jhernandez@jhasurveys.com</u>
4.	Folio No(s).: <u>30-3111-010-0190</u> / / / / /
5.	Legal Description of Parent Tract: LOTS 1 AND 2, LESS THE SOUTH 15 FEET OF THEREOF; LOT 3, LESS THE SOUTH 15 FEET THEREOF AND THE EAST 10 FEET THEREOF, ALL IN BLOCK 3, EL - RITO, A SUBDIVISION (P.B. 15, PG, 46).
6.	Street boundaries: SOUTH: N.W. 79th STREET, WEST: N.W. 12TH COURT, EAST: N.W. 12TH AVENUE
7.	Present Zoning: NCUAD-North Central Urban Area District Zoning Hearing No.: ASPR# A2022000098
8.	Proposed use of Property:

Single Family Res.(____ Units), Duplex(____ Units), Apartments(__40__ Units), Industrial/Warehouse(____0 ___ Square .Ft.), Business(_____0 __ Sq. Ft.), Office(____ Sq. Ft.), Restaurant(____ Sq. Ft. & No. Seats ___), Other (____ Sq. Ft. & No. of Units ____) Business(2,676 Sq. Ft.), Office(0 Sq. Ft.), Restaurant(_____

9. Does the property contain contamination? YES: NO:

NOTE: Attach list of all plat restrictions zoning conditions or any other declarations, restrictions, covenants that might affect this Tentative Plat.

Any soil groundwater or surface water contaminants exceeding standards or criteria outlined in local, state, and/or federal law, shall be disclosed. Futhermore, any portion of the of the property to be conveyed (including right-of-way) must be identified, and the receiving entity must be made aware of the contamination and accept the conveyance. Documentation of acceptance from each entity shall be provided with the plat application.

Be advised that Miami-Dade County will not accept the conveyance of contaminated property for right-of-way: right-ofway areas must be fully restored to applicable local, state, and/or federal standards or criteria.

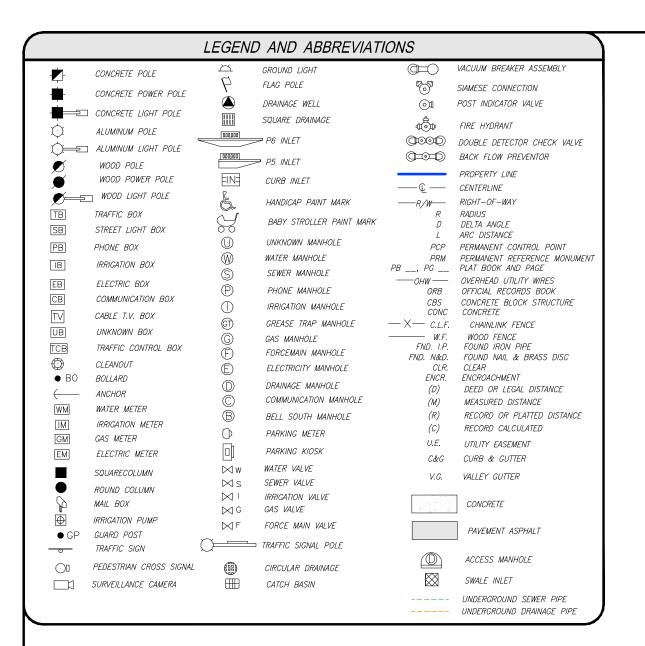
Please note nothing stated herein may be interpreted to limit or restrict an engineer's or other professional's responsibility to prepare plans accurately and completely for proposed right-of-way as well as any other projects or plans. For proposed dedications of non-right-of-way properties, any soil, groundwater or surface water contaminants must be disclosed to the County Department at the earliest stage possible. The presence of any such contamination or delay in disclosure of such contamination could result in the County declining the acceptance of the proposed dedication, the need for the developer to reconfigure or change previously approved site plans, or conduct changes to the proposed development may be required. The applicant may contact the DERM Environmental Monitoring and Restoration Division at 305-372-6700 for additional information.

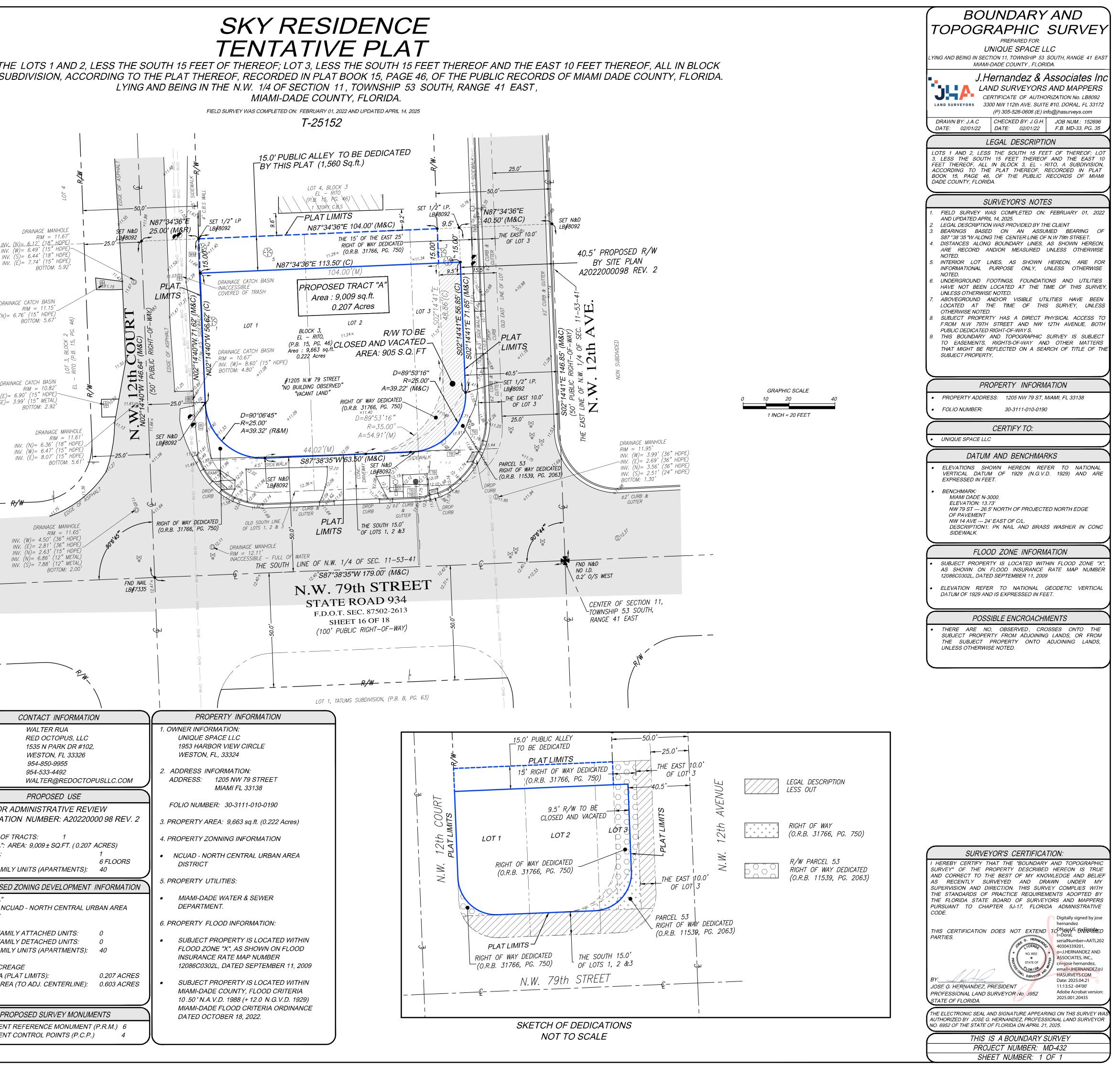
THIS APPLICATION CONSISTS OF TWO (2) PAGES. BOTH PAGES MUST BE COMPLETED AND SUBMITTED IN ORDER TO PROCESS

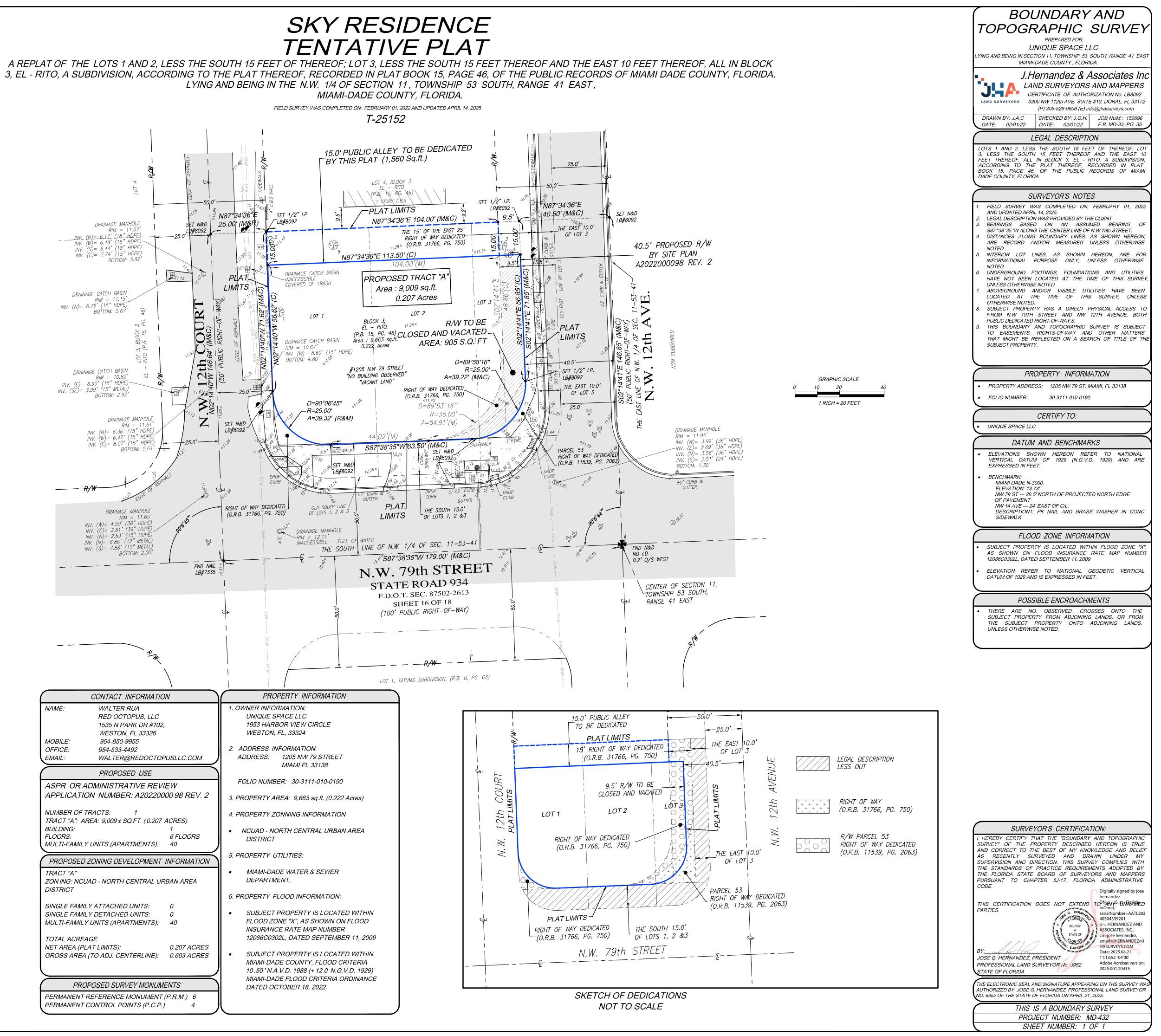
I HEREBY CERTIFY that I am the owner of the parcel(s) described in Item 5 and that the information contained in this application is true and correct to the best of my knowledge and belief. If applicable, attached is a list of all the restrictions/ restrictive covenants and declarations in favor of Miami-Dade County.Attached is a copy of the recorded deed showing my acquisition of this land. In addition, I agree to furnish additional items as may be necessary such as abstract or Opinion of Title to determine accurate ownership information. Furthermore, I am aware that the use of a public water supply and/or public sewer system may be required for this development. If so required, I recognize that engineering drawings for the extension of these utilities must be approved by the appropriate utility entity and by D.R.E.R. prior to the approval of the final plat.

Pursuant to Florida Statutes 837.06, whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his duty shall be guilty of a misdemeanor of the second degree, punishable as provided in FS. 775.082 or FS. 775.083.

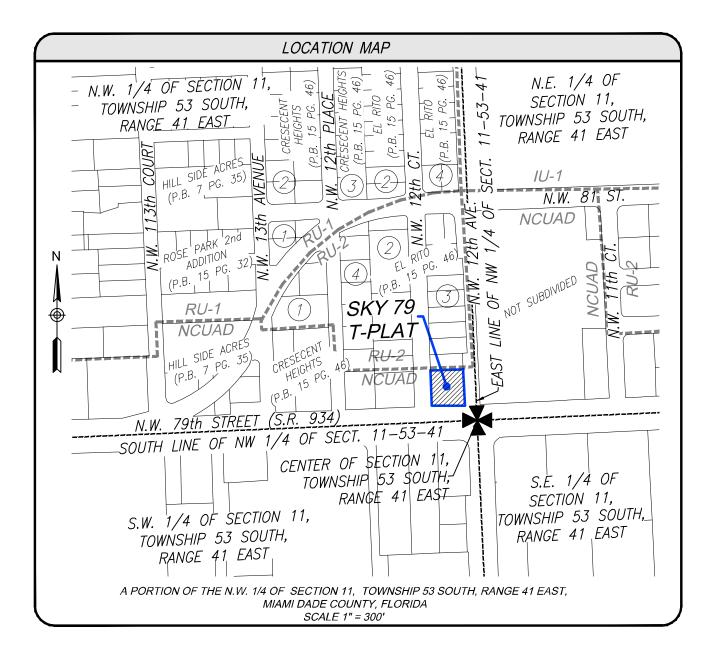
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STATE OF FLORIDA)			and	
COUNTY OF MIAMI-DADE)		ignature of Owner:	te coll	A Managar
BEFORE ME, personally appear	red tote Coll	this <u>5</u> day o	of Time, 7	DAA.D. and (he/she)
acknowledged to and before me FLDL	that (he/she) executed the _ as identification and who	same for the purposed t	herein. Personally	known or produce
WITNESS my hand and seal in t	he County and State last af	presaid this $_$ day of _	Ine	, <u>2024</u> A.D.
ALE VPLO	waiter Rua	nature of Notary Public:		m-
	Commission # HH 330275 Commission Expires 11-07-2026 Bonded Through - Cynanotary	(Print, Type name here:		
	Florida - Notary Public	(Commis	ssion Expires)	
Note: The reverse side of this sheet	may be used for a statement o	f additional items you may v	wish considered.	







CONTACT I
WALTER
RED OCT
1535 N PA WESTON,
954-850-9
954-533-4
WALTER@
PROPOS
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TREE TABULATION						
TREE IDENTIFICATION MUST BE VERIFY BY A CERTIFIED SPECIALIST						
TREE	COMMON	SBECKES	DIA.	DIA. HT.	CNPY. Ø	
NO	NAME	<u>SPECIES</u>	PECIES IN.	FT.	FT.	
1	BLACK OLIVE	"Bucida buceras"	48	35	35	
2	LIVE OAK	"Quercus virginiana"	36	35	35	
3	LIVE OAK	"Quercus virginiana"	24	20	15	
4	LIVE OAK	"Quercus virginiana"	24	20	15	
	LIVE OAK	"Quercus virginiana"	24	30	15	

REVISIONS			
DATE	JOB No.	REV.	BY:
02/05/24	154058	UPDATE BOUNDARY SURVEY/T-PLAT	J.A.C.
04/17/24	154058	UPDATE BOUNDARY SURVEY/T-PLAT	J.A.C.
06/04/24	154058	PLAT COMMITTEE COMMENTS 05/31/24	J.A.C.
11/18/24	154058	UPDATE BOUNDARY SURVEY/T-PLAT	J.G.H.
4/14/24	154058	UPDATE BOUNDARY SURVEY/T-PLAT	J.G.H.

