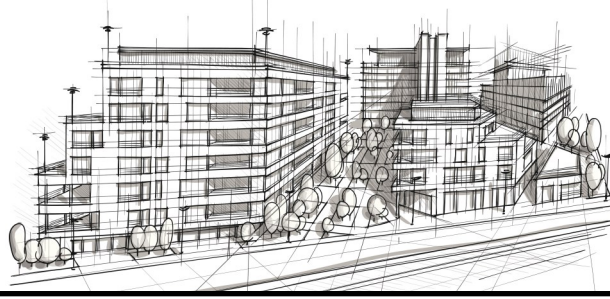


APPLICATION FOR DRC & CAB



**Community Development Department
Planning & Redevelopment Division**
2200 Civic Center Place
Miramar, FL 33025
Tel: (954) 602-3264
www.miramarfl.gov

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING APPLICATION FOR DRC AND CAB REVIEW AND ALL ATTACHMENTS TO THE APPLICATION AND THAT THE FACTS STATED IN IT ARE TRUE.

INITIALS

A	INSTRUCTIONS	B	OFFICE USE ONLY
<input checked="" type="checkbox"/> Please print or type all information. The application must be filled out accurately and completely. Answer all questions including criteria where an item might not be applicable, in which case write N/A (Not Applicable). <input checked="" type="checkbox"/> Please refer to the DRC & CAB Submittal Checklists available on the City of Miramar website for all additional documents, in conjunction with this application, due at time of first submittal.		Main Project Application No.	Application Received Date
		Escrow No.	

1 APPLICATION TYPE (Check all the applicable development applications)			
	Abandonment/Vacation of Right-of-Way or Easement		Plat / Plat Exemption / Plat Waiver
	Community Appearance Board		Plat Note Amendment / N.V.A.L.
	Comprehensive Plan Text Amendment		Rezoning
	Conditional Use		Site Plan / Site Plan Amendment
	Development Agreement		Telecommunications Site Plan
	Flex/Reserve Units		Variance / Cure Plan
	Land Development Code Amendment		Extension / Continuance Request
	Land Use Plan Map Amendment		Other:

2 PROJECT DESCRIPTION																			
Project Location — Parcel ID Number(s)																			
5	1																		
5	1																		
Development/Project Name																			
Development/Project Address																			
Existing Zoning & Land Use Designation(s)																			
Proposed Zoning & Land Use Designation(s)																			
Current Use(s) of Property																			
Proposed Use(s) of Property																			
Residential Use(s)/Unit Type(s)																			
Number of Residential Units																			
Non-residential Total Building Gross SF																			
Site Area (SF & Acres)																			

3 TEAM MEMBERS CONTACT INFORMATION (Combination of multiple titles is permitted, e.g. Agent & Architect)

Select Title: Agent / Planner / Architect / Landscape Architect / Engineer / Land Use Attorney / Other:

Name: _____ Company: _____

Telephone No.: _____ E-mail: _____

Select Title: Planner / Architect / Landscape Architect / Engineer / Land Use Attorney / Other:

Name: _____ Company: _____

Telephone No.: _____ E-mail: _____

Select Title: Planner / Architect / Landscape Architect / Engineer / Land Use Attorney / Other:

Name: _____ Company: _____

Telephone No.: _____ E-mail: _____

4 PROPERTY OWNER INFORMATION

Name: _____ Signature: _____

Telephone No.: _____ E-mail: _____

Address: _____

NOTARIZATION

STATE OF _____/COUNTY OF _____

The foregoing instrument was acknowledged before me by means of physical presence or online notarization,
 this ____ day of _____, _____(year), by _____ (name of person acknowledging)

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known _____ OR Produced Identification _____ Type of Identification Produced _____

5 APPLICATION FOR CONSULTANT PLAN REVIEW SERVICES

APPLICANT hereby requests CITY to utilize the cost recovery plan/permit review services provided by Ordinance No. 97-39 of the City of Miramar, Florida. In electing the cost recovery procedure, the APPLICANT will benefit from an expedited review of the project application. The APPLICANT understands and agrees that APPLICANT will be responsible for all costs and expenses incurred by the CITY's consultant(s) in reviewing such project, plus a 10% administration fee and a 8% surcharge.

APPLICANT has made a minimum initial deposit with the CITY in the sum of \$_____, which shall be applied to the review cost and expenses incurred and which shall be replaced upon notice from CITY that such funds have been expended.

APPLICANT understands and agrees that any decision concerning compliance with any applicable codes and regulations is solely within and reserved to the authority of CITY employees and the City Commission, as provided by law. CITY reserves the right to review, modify and/or revise, in its sole discretion, any work performed by cost recovery consultants. APPLICANT understands and agrees that the above-referenced consultant shall work solely under the supervision and direction of CITY staff.

This document shall be executed by the owner and/or the agent who is financially responsible for the development application(s).

Print Name: _____ Signature: _____

Company/Title: _____ Date: _____