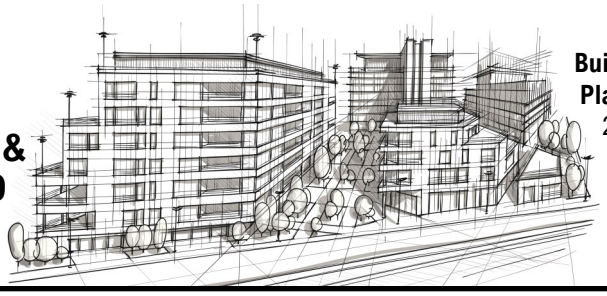
DEVELOPMENT REVIEW COMMITTE & COMMUNITY APPEARANCE BOARD APPLICATION



City of Miramar
Building, Planning & Zoning
Planning & Zoning Division
2200 Civic Center Place
Miramar, FL 33025
(954) 602-3200
www.miramarfl.gov

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING APPLICATION AND ALL ATTACHMENTS TO THE APPLICATION AND THAT THE FACTS STATED IN IT ARE TRUE. **INITIAL HERE** ☐

A INSTRUCTIONS

☑ 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).

☑ 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.

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

Development/Project Name	
Development/Project Address	
Parcel ID Number(s)	
Existing Zoning Classification	
Existing Land Use Designation	
Proposed Zoning Classification	
Proposed Land Use Designation	
Current Use of Property	
Proposed Use of Property	
Residential Use/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.:	Email:
Select Title: ○ Planner / ○ Architect / ○ Landscape Architect / ○ Engineer / ○ Land Use Attorney / ○ Other:	
Name:	Company:
Telephone No.:	Email:
Select Title: ○ Planner / ○ Architect / ○ Landscape Architect / ○ Engineer / ○ Land Use Attorney / ○ Other:	
Name:	Company:
Telephone No.:	Email:
Select Title: ○ Planner / ○ Architect / ○ Landscape Architect / ○ Engineer / ○ Land Use Attorney / ○ Other:	
Name:	Company:
Telephone No.:	Email:
Select Title: ○ Planner / ○ Architect / ○ Landscape Architect / ○ Engineer / ○ Land Use Attorney / ○ Other:	
Name:	Company:
Telephone No.:	Email:

4 PROPERTY OWNER INFORMATION

This section must be completed by the property owner or an authorized representative. By signing below, the individual affirms that they are the legal owner of the property or have been duly authorized to act on behalf of the owner.

Name:	Signature:
Telephone No.:	Email:
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:** _____