



Resilient Environment Department
URBAN PLANNING DIVISION

1 N. University Drive, Box 102A · Plantation, FL 33324 · T: 954-357-6634 · F: 954-357-6521 · Broward.org/Planning

Application Number 037-MP-21

Development and Environmental Review Online Application

Project Information				
Plat/Site Plan Name VAN BUREN LOFTS				
Plat/Site Number		Plat Book - Page (if recorded)		
Owner/Applicant/Petitioner Name Van Buren 18, LLC.				
Address 19720 NE 22nd Avenue		City Miami	State FL	Zip 33180
Phone (954) 907-0778		Email vanburen18llc@gmail.com		
Agent for Owner/Applicant/Petitioner PULICE LAND SURVEYORS, INC.		Contact Person Elizabeth Tsouroukdissian		
Address 5381 Nob Hill Road		City Sunrise	State FL	Zip 33351
Phone (954) 572-1777		Email elizabeth@pulicelandsurveyors.com		
Folio(s) 514216012560 → HOLLYWOOD				
Location <div style="display: flex; justify-content: space-between; align-items: center;"> <u>SE</u> side of <u>S. 24th Avenue</u> at/between/and <u>Van Buren Street</u> and/of _____ </div> <div style="display: flex; justify-content: space-between; align-items: center; font-size: small;"> <i>north side/corner north</i> <i>street name</i> <i>street name / side/corner</i> <i>street name</i> </div>				

Type of Application (this form required for all applications)	
Please check all that apply (use attached Instructions for this form).	
<input checked="" type="checkbox"/> Plat (fill out/PRINT <i>Questionnaire Form, Plat Checklist</i>)	
<input type="checkbox"/> Site Plan (fill out/PRINT <i>Questionnaire Form, Site Plan Checklist</i>)	
<input type="checkbox"/> Note Amendment (fill out/PRINT <i>Questionnaire Form, Note Amendment Checklist</i>)	
<input type="checkbox"/> Vacation (fill out/PRINT <i>Vacation Continuation Form, Vacation Checklist, use Vacation Instructions</i>)	
<input type="checkbox"/> Vacating Plats, or any Portion Thereof (BCCO 5-205) <input type="checkbox"/> Abandoning Streets, Alleyways, Roads or Other Places Used for Travel (BCAC 27.29) <input type="checkbox"/> Releasing Public Easements and Private Platted Easements or Interests (BCAC 27.30)	
<input type="checkbox"/> Vacation (<i>Notary Continuation Form Affidavit</i> required, fill out <i>Business Notary</i> if needed)	

Application Status			
Has this project been previously submitted?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Don't Know
This is a resubmittal of:	<input type="checkbox"/> Entire Project	<input type="checkbox"/> Portion of Project	<input checked="" type="checkbox"/> N/A
What was the project number assigned by the Urban Planning Division?	Project Number	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Don't Know
Project Name		<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Don't Know
Are the boundaries of the project exactly the same as the previously submitted project?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
Has the flexibility been allocated or is flexibility proposed to be allocated under the County Land Use Plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
If yes, consult Policy 13.01.10 of the Land Use Plan. A compatibility determination may be required.			

Replat Status	
Is this plat a replat of a plat approved and/or recorded after March 20, 1979?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Don't Know
If YES, please answer the following questions.	
Project Name of underlying approved and/or recorded plat	Project Number
Is the underlying plat all or partially residential?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Don't Know
If YES, please answer the following questions.	
Number and type of units approved in the underlying plat.	
Number and type of units proposed to be deleted by this replat.	
Difference between the total number of units being deleted from the underlying plat and the number of units proposed in this replat.	

School Concurrency (Residential Plats, Replats and Site Plan Submissions)	
Does this application contain any residential units? (If "No," skip the remaining questions.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If the application is a replat, is the type, number, or bedroom restriction of the residential units changing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If the application is a replat, are there any new or additional residential units being added to the replat's note restriction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this application subject to an approved Declaration of Restrictive Covenants or Tri-Party Agreement entered into with the Broward County School Board?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If the answer is "Yes" to any of the questions above	
RESIDENTIAL APPLICATIONS ONLY: Provide a receipt from the School Board documenting that a Public School Impact Application (PSIA) and fee have been accepted by the School Board for residential projects subject to school concurrency, exempt from school concurrency (exemptions include projects that generate less than one student, age restricted communities, and projects contained within Developments of Regional Impact), or subject to an approved Declaration of Restrictive Covenant or Tri-Party Agreement.	

Land Use and Zoning	
EXISTING	PROPOSED
Land Use Plan Designation(s) RAC (Regional Activity Center)	Land Use Plan Designation(s) SAME
Zoning District(s) DH-2 (Dixie Hwy. Medium Intensity Multi-Family)	Zoning District(s) SAME

Existing Land Use

A credit against impact fees may be given for the site's current or previous use. **No credit will be granted for any demolition occurring more than three (3) years of Environmental Review of construction plans.** To receive a credit, complete the following table. **Note:** If buildings have been demolished, which are not shown on the survey required with this application, attach an additional "as built" survey dated within three (3) years of this application. Other evidence may be accepted if it clearly documents the use, gross square footage and/or number and type of dwelling units, and date of demolition.

Are there any existing structures on the site? Yes No

Land Use	Gross Building sq. ft.* or Dwelling Units	Date Last Occupied	EXISTING STRUCTURE(S)		
			Remain the Same?	Change Use?	Has been or will be Demolished?
Medical office	1,290 sq.ft.	present	YES NO	YES NO	HAS WILL NO
			YES NO	YES NO	HAS WILL NO
			YES NO	YES NO	HAS WILL NO

*Gross non-residential square footage includes permanent canopies and overhangs for gas stations, drive-thru facilities, and overhangs designed for outdoor tables at a restaurant. A building id defined by the definition in the Land Development Code.

Proposed Use

RESIDENTIAL USES		NON-RESIDENTIAL USES	
Land Use	Number of Units/Rooms	Land Use	Net Acreage or Gross Floor Area
Mid-rise	12		

NOTARY PUBLIC: Owner/Agent Certification

This is to certify that I am the owner/agent of the property described in this application and that all information supplied herein is true and correct to the best of my knowledge. By signing this application, owner/agent specifically agrees to allow access to described property at reasonable times by County personnel for the purpose of verification of information provided by owner/agent.

Ida Jane Storms _____ Date 12-22-21

Owner/Agent Signature

Date

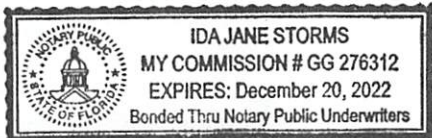
NOTARY PUBLIC

**STATE OF FLORIDA
COUNTY OF BROWARD**

The foregoing instrument was acknowledged before me by means of physical presence | online notarization, this 22 day of December, 20 21, who is personally known to me | has produced _____ as identification.

Ida Jane Storms
Name of Notary Typed, Printed or Stamped

Ida Jane Storms
Signature of Notary Public – State of Florida



Notary Seal (or Title or Rank)

Serial Number (if applicable)

For Office Use Only

Application Type <u>MUNI PLST</u>		
Application Date <u>12/23/21</u>	Acceptance Date <u>01/3/22</u>	Fee <u>\$2,300</u>
Comments Due <u>01/24/22</u>	Report Due <u>02/3/22</u>	CC Meeting Date <u>TBD</u>
Adjacent City or Cities <u>NONE</u>		
<input checked="" type="checkbox"/> Plats	<input checked="" type="checkbox"/> Surveys	<input checked="" type="checkbox"/> Site Plans
<input type="checkbox"/> City Letter	<input type="checkbox"/> Agreements	<input type="checkbox"/> Landscaping Plans
<input type="checkbox"/> Lighting Plans	<input type="checkbox"/> Other:	
Distribute To <input checked="" type="checkbox"/> Full Review	<input type="checkbox"/> Planning Council	<input type="checkbox"/> School Board
<input type="checkbox"/> Health Department	<input type="checkbox"/> Zoning Code Services (BMSD only)	<input type="checkbox"/> Land Use & Permitting
<input type="checkbox"/> Administrative Review	<input type="checkbox"/> Other: <u>TITLE WORK; BCPS RECEIPT; SCHOOL BD RECEIPT; CITY PROOF</u>	
Received By <u>H.V. CLARK & CHRISTIAN DUNN</u>		



Application Number 037-MP-21

Development and Environmental Review Online Application Questionnaire Form

Type of Application		
<input checked="" type="checkbox"/> Plat	<input type="checkbox"/> Site Plan	<input type="checkbox"/> Note Amendment

Project Questionnaire					
Please answer the questions marked for the type of application checked.					
X	<p>1. Why is this property being platted? Attach an additional sheet(s) if necessary. Subject parcel is not specifically delineated; platting is required for redevelopment.</p>				
X	<p>2. Is this project within an existing Development of Regional Impact (DRI) or Florida Quality Development (FQD)? If "Yes", indicate DRI or FQD name and Latest Ordinance number <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No or Official Record Book and Page Number.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 50%; padding: 2px;">DRI Name</td> <td style="width: 50%; padding: 2px;">FQD Name</td> </tr> <tr> <td style="padding: 2px;">Latest Ordinance Number</td> <td style="padding: 2px;">Official Record Book and Page Number</td> </tr> </table>	DRI Name	FQD Name	Latest Ordinance Number	Official Record Book and Page Number
DRI Name	FQD Name				
Latest Ordinance Number	Official Record Book and Page Number				
X	<p>3. Is the project subject to any existing or proposed agreement(s) with Broward County or a municipality? If "Yes", state the title and subject of the agreement(s) and attach a copy(s). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>				
	<p>4. Is any portion of this plat currently the subject of a Land Use Plan Amendment (LUPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="padding: 2px;">If YES, LUPA Number</td> </tr> </table>	If YES, LUPA Number			
If YES, LUPA Number					
	<p>5. Does the note represent a change in TRIPS? <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> No Change</p>				
	<p>6. Does the note represent a major change in Land Use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>				
X	<p>7. Are any off-site roadway improvements being required by any government agency or proposed by the applicant? If "Yes", attach any sheets and describe fully. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>				
X	<p>8. Does this property or project have an adjudicated or vested rights status? If "Yes", please attach the appropriate documentation. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>				
X	<p>9. Does the owner have any financial interest in properties near or adjacent to this project? If "Yes", please attach a sheet(s) and describe fully. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>				
X	<p>10. Does this property abut a State Road? If "Yes", see Supplemental Documentation Requirement No. 19 for required letter from Florida Department of Transportation (FDOT). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>				

<input checked="" type="checkbox"/>	11. Has consideration been given to public transportation routes, shelters, or turnouts for the proposed project? If "Yes", please attach sheet(s) and describe fully.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/>	12. Are bikeways and walkways to be provided to connect residential areas to school or recreational sites? If "Yes", attach five (5) drawings showing facilities (if not show on plat).	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/>	13. Is credit being requested for private recreational facilities? If "Yes", attach two (2) sets of plans showing facilities. (APPLIES TO PROJECTS IN THE UNINCORPORATED AREA ONLY.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/>	14. Has any discussion with the School Board taken place? If "Yes", state the name and title of the person contacted.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Name/Title	
<input checked="" type="checkbox"/>	15. If a school site will be reserved or dedicated on the property, is the site delineated on the plat or site plan?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/>	16. Are there any natural features located on the property (e.g. wetlands, dunes, areas of native tree canopy wildlife, habitats, etc.)? If "Yes", attach a sheet(s) and describe fully. For information, contact Aquatic and Wetland Resources Section, Environ. Licensing & Bldg. Permitting (ELBP) Division.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/>	17. Does the property contain any portion of lands identified as "Natural Resource Areas?" If "Yes" see Supplemental Documentation Requirement No. 8. For locations, contact Aquatic and Wetland Resources Section (ELBP Division).	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/>	18. Does the property contain any portion of lands identified as an "Urban Wilderness Area" or "Vegetative Resource Category Local Area of Particular Concern?" If "Yes", please see Supplemental Documentation Requirement No. 9. For locations, contact Aquatic and Wetland Resources Section (ELBP Division).	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/>	19. Does the property contain any portion of lands identified as a "Cultural Resource Category Local Area of Particular Concern" which include archaeological sites and/or historic sites and structures? If "Yes", for archaeological sites, see Supplemental Documentation Requirement No. 10. For historic locations, contact the Broward County Historic Preservation Officer.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/>	20. Will any dredging or major filling operation be necessary, or is a waterway involved in the proposed project? If "Yes", permits may be required from Broward County. Please contact Broward County Aquatic and Wetland Resources Section (ELBP Division).	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/>	21. Is the project to be served by an approved potable water system? If "Yes", state the name of facility and facility address.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Facility Name	
	Hollywood Water Treatment Plant	
	Address	
	3441 Hollywood Boulevard	
<input checked="" type="checkbox"/>	22. Is this project to utilize on-site wells for its potable water? If "Yes", see Supplemental Documentation Requirement No. 13 for required letter.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/>	23. Is this project to be served by an approved wastewater (sewage) treatment plant? If "Yes", state the name of facility and facility address.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Facility Name	
	Hollywood Water Treatment Plant	
	Address	
	3441 Hollywood Boulevard	

X	24. Will septic tanks serve this project? If "Yes", see Supplemental Documentation Requirement No. 12 for required letter. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
X	25. Have provisions been made for the collection of solid waste for this project? If "Yes", state the name of the collector. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Solid Waste Collector
X	26. Has any contact been made with FPL and AT&T regarding service availability and easement requirements? If "Yes", state name and title of the person contacted. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No FPL - Name/Title AT&T - Name/Title
X	27. Estimate or state the total number of on-site parking spaces to be provided. Spaces 17
X	28. If applicable, state the seating capacity of any proposed restaurant or public assembly facility, including day care centers or schools, or places of worship. Seating N/A