

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 Planning and Development 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 checked="" 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 checked="" type="checkbox"/> No <input 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 checked="" 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 checked="" 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 checked="" 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	Land Use Plan Designation(s) RAC
Zoning District(s) RAC	Zoning District(s) RAC

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 eighteen (18) months and/or sixty (60) months for mobile homes 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 eighteen (18) months 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?
Industrial	2464	2020	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	250 DU	Commercial	5,000 Sq. Ft.

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.

Hoyt Holden
Owner/Agent Signature

Digitally signed by Hoyt Holden
Date: 2020.11.06 00:36:33 -05'00'

Date

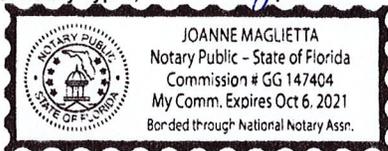
NOTARY PUBLIC

**STATE OF FLORIDA
COUNTY OF BROWARD**

The foregoing instrument was acknowledged before me by means of physical presence | online notarization, this 6 day of November, 2020, who is personally known to me | has produced _____ as identification.

Joanne Maglietta
Name of Notary Typed, Printed or Stamped

Joanne Maglietta
Signature of Notary Public – State of Florida



Notary Seal (or Title or Rank)

Serial Number (if applicable)

For Office Use Only

Application Type

MUNI PLOT

Application Date

4/12/21

Acceptance Date

4/20/21

Fee

\$4,780

Comments Due

5/10/21

Report Due

5/20/21

CC Meeting Date

N/A

Adjacent City or Cities

NONE

Plats

Surveys

Site Plans

Landscaping Plans

Lighting Plans

City Letter

Agreements

Other:

TITLE WORK, SCHOOL BD RECEIPTS

Distribute To

Full Review

Planning Council

School Board

Land Use & Permitting

Health Department

Zoning Code Services (BMSD only)

Administrative Review

Other:

Received By

M.W. CHARLIE



Application Number 013-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.					
1.	Why is this property being platted? Attach an additional sheet(s) if necessary. Development is proposed for the property within the next year. Portions of the site are "unplatted" and Administrative Rules Document require the project be platted.				
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 or Official Record Book and Page Number. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
	<table border="1" style="width: 100%; border-collapse: collapse;"> <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				
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				
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				
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">If YES, LUPA Number</td> </tr> </table>	If YES, LUPA Number			
If YES, LUPA Number					
5.	Does the note represent a change in TRIPS? <input checked="" type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> No Change				
6.	Does the note represent a major change in Land Use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
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 type="checkbox"/> No				
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				
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
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				

	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				
	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				
	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				
	14. Has any discussion with the School Board taken place? If "Yes", state the name and title of the person contacted.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No				
	<table border="1"> <tr> <td data-bbox="240 514 342 541">Name/Title</td> <td data-bbox="342 514 1463 585">Lisa Wight and Mohammed Rasheduzzaman. SCAD has been requested.</td> </tr> </table>			Name/Title	Lisa Wight and Mohammed Rasheduzzaman. SCAD has been requested.		
Name/Title	Lisa Wight and Mohammed Rasheduzzaman. SCAD has been requested.						
	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				
	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				
	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				
	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				
	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				
	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				
	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				
	<table border="1"> <tr> <td data-bbox="240 1365 342 1392">Facility Name</td> <td data-bbox="342 1365 1463 1436">Town of Davie Water System V Treatment Plant</td> </tr> <tr> <td data-bbox="240 1436 342 1463">Address</td> <td data-bbox="342 1436 1463 1484">7351 SW 30th Street, Davie, FL 33314</td> </tr> </table>			Facility Name	Town of Davie Water System V Treatment Plant	Address	7351 SW 30th Street, Davie, FL 33314
Facility Name	Town of Davie Water System V Treatment Plant						
Address	7351 SW 30th Street, Davie, FL 33314						
	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				
	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				
	<table border="1"> <tr> <td data-bbox="240 1646 342 1673">Facility Name</td> <td data-bbox="342 1646 1463 1724">Town of Davie System IV Reclamation Treatment Facility</td> </tr> <tr> <td data-bbox="240 1724 342 1751">Address</td> <td data-bbox="342 1724 1463 1789">7351 SW 30th Street, Davie, FL 33314</td> </tr> </table>			Facility Name	Town of Davie System IV Reclamation Treatment Facility	Address	7351 SW 30th Street, Davie, FL 33314
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Address	7351 SW 30th Street, Davie, FL 33314						

	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
	25. Have provisions been made for the collection of solid waste for this project? If "Yes", state the name of the collector. Solid Waste Collector	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	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. FPL – Name/Title AT&T – Name/Title	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	27. Estimate or state the total number of on-site parking spaces to be provided.	Spaces 513
	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

ZONA PLACE FOLIO LIST

Folio	Address	Owner
5041-26-02-0051	3790 SW 64 th Avenue	Town of Davie
5041-26-02-0050	3820 SW 64 th Avenue	CG Davie North, LLC
5041-26-02-0052	6361 SW 38 th Court	CG Davie North, LLC
5041-26-02-0057	6351 SW 38 th Court	CG Davie North, LLC
5041-26-19-1950	3771 SW 63 rd Avenue	CG Davie North, LLC
5041-26-19-1960	SW 63 rd Avenue	CG Davie North, LLC
5041-26-19-1970	SW 63 rd Avenue	CG Davie North, LLC
5041-26-19-1980	SW 63 rd Avenue	CG Davie North, LLC
5041-26-19-1990	SW 63 rd Avenue	CG Davie North, LLC
5041-26-19-2000	SW 63 rd Avenue	CG Davie North, LLC
5041-26-19-2010	SW 63 rd Avenue	CG Davie North, LLC
5041-26-19-2020	SW 63 rd Avenue	CG Davie North, LLC

Board of County Commissioners, Broward County, Florida
Resilient Environment Department
Urban Planning Division
Project Update Sheet

Plat/Site Plan Number 13-MP-21

INSTRUCTIONS

Use this update form in lieu of filling out a new plat/site plan application form whenever a project goes from one review to another or whenever new information is submitted. Complete the applicable sections of this form only if the information has changed from the previous submittal. If you do not have a copy of your previous application forms, obtain a copy from this office. Any section left blank indicates that the information on the original (previous) application has not changed. Supplemental documentation requirements are listed on the reverse side of the "Project Questionnaire" form, page 3, available from this office. Please type this application or print legibly in **black ink**.

PROJECT REVISIONS

Plat/Site Plan Name ZONA PLACE

Owner's Name CG DAVIE NORTH, LLC Phone 954-306-6160

Address 621 South Deferal Highway, Suite 5 City Fort Lauderdale State FL Zip Code 33301

Owner's E-mail Address jbedzow@ceibargroupe.com Fax # _____

Agent _____ Phone 954-292-2671

Contact Person _____

Address _____ City _____ State _____ Zip Code _____

Agent's E-mail Address _____ Fax # _____

EXISTING	PROPOSED
Land use plan designation(s) _____	Land use plan designation(s) _____
Zoning District(s) _____	Zoning District(s) _____

A credit against impact fees may be given for the site's present or previous use if there are existing buildings on the property and/or if buildings were demolished within eighteen (18) months of this application. To receive a credit, complete the following table (attach an additional sheet if necessary). (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 18 months 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.

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?

*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 is defined by the definition in the Land Development Code.

Please specify the proposed use in accordance with the land use categories listed on the reverse side of the "Project Characteristics form, page 2, available from this office. Please Note: Residential uses must be expressed based upon DWELLING UNIT TYPES listed on the reverse side of page 2. COMMERCIAL, OFFICE, and CHURCH USES must be expressed in terms of gross building square footage. If there are any unique factors which may affect traffic generation, attach a separate sheet and describe fully.

Has flexibility been allocated or is flexibility proposed to be allocated under the County Land Use Plan?

Yes No Don't Know

If yes, consult Policy 13.01.10 of the Land Use Plan. A compatibility determination may be required.

RESIDENTIAL UNITS		NON-RESIDENTIAL UNITS	
Type of Unit	Number of Units	Land Use	Net Acreage or Gross Floor Area

SCHOOL CONCURRENCY (Residential Submissions Only)

Does the change to the application generate less than one (1) student? Yes No
Is this application exempt or vested pursuant to criteria in the Land Development Code? Yes No

If the answers to both questions are "No," please see reverse side of Page 3, Required Documentation section of the Plat/Site Plan application for submittal requirements.

Is this application subject to an approved Declaration of Restrictive Covenant or tri-party agreement? Yes No

If "Yes," please see reverse side of Page 3, Required Documentation section of the Plat/Site Plan application for submittal requirements.

FOR PLANNING AND DEVELOPMENT MANAGEMENT DIVISION USE ONLY

Application Type PROJECT UPDATE Time _____ Application Date 3/29/22

Acceptance Date 3/30/22 Fee N/A Comments Due N/A

Report Due _____ Adjacent City _____

Plats Surveys Site Plans Landscaping Plans Lighting Plans

Other (Describe) _____ Received By H.V. CLORKE

Comments _____

