



Plat/Site Plan Number 019-MP-19

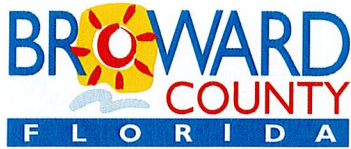
Environmental Protection and Growth Management Department
PLANNING AND DEVELOPMENT MANAGEMENT DIVISION
 1 N. University Drive, Box 102 · Plantation, FL 33324 · T: 954-357-8695 F: 954-357-6521 · Broward.org/Planning

Plat/Site Plan Application

Instructions

For your application to be officially accepted for processing, you must complete this application in full. The owner/agent certification must be signed and notarized with the appropriate supplemental documentation attached. If any information requested is not applicable, please identify it as such. Please type this application or print legibly in **black ink**.

Project Information			
Plat/Site Plan Name Aviara East Pompano			
Owner/Applicant Name 1621 S Dixie Hwy, LLC		Middle Initial	Suffix
Address 1181 S. Rogers Circle # 28	City Boca Raton	State FL	Zip 33487
Phone 561-923-8385	Mobile Phone	FAX 561-923-8363	
Email maher@mag-properties.com			
Agent Keith and Associates, Inc.		Contact Person Florentina Hutt	
Address 301 East Atlantic Blvd.	City Pompano Beach	State FL	Zip 33060
Phone 954-788-3400	Mobile Phone	FAX 954-788-3500	
Email fhutt@keithteam.com			
Location Jurisdiction Pompano Beach			
Location Section 11	Location Township 49 South	Location Range 42 East	
Additional Section/Township/Range if applicable			
north... south	side of (street name) McNab Road	at/between (street name) west of	and (street name) S. Dixie Hwy.



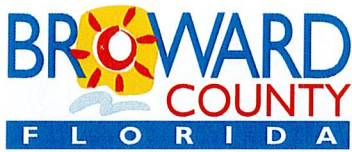
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Application/Replat Status

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 type="checkbox"/> N/A
What was the project number assigned by the Planning and Development Division?	Project Number		<input type="checkbox"/> Don't Know
Project Name			<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 20m 1979?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Don't Know
If yes, please answer the following questions.			
Name of underlying approved and/or recorded plat	Project Number of underlying approved and/or recorded plat		
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.	<input type="checkbox"/> N/A		
Number and type of units proposed to be deleted by this replat.	<input type="checkbox"/> N/A		
Difference between the total number of units being deleted from the underlying plat and the number of units proposed in this replat.	<input type="checkbox"/> N/A		

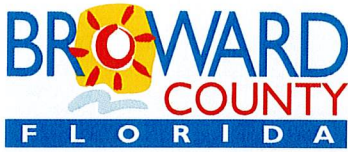


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School Concurrency (Residential Plats, Replats and Site Plan Submissions)	
Does this application contain any residential units? (If "No," skip the remaining questions.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If the application 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 questions 1-4, please see the "Required Documentation" for "School Concurrency Submission Requirements."	

For Planning and Development Management Use Only		
Application Type MUNI PLAT	Time	Application Date 5/21/19
Acceptance Date 6/3/19	Fee \$4,888	Comments Due 7/1/19
Report Due 7/16/19	Adjacent City NONE	
<input checked="" type="checkbox"/> Plats <input checked="" type="checkbox"/> Surveys <input checked="" type="checkbox"/> Site Plans <input type="checkbox"/> Landscaping Plans <input type="checkbox"/> Lighting Plans		
<input type="checkbox"/> Other:	Describe TITLE WORK; SCHOOL BD RECEIPT	Received By AN CLARKE
Comments city receipt		



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Project Characteristics

Instructions

The information on this form will be used to determine the project's overall impact on urban service delivery facilities and programs. The **"Existing Land Use"** and **"Proposed Use"** sections will be used to calculate impact fees and Traffic Concurrency. A note will be placed on the plat restricting the property in accordance with the proposed use(s) specified below.

Land Use and Zoning

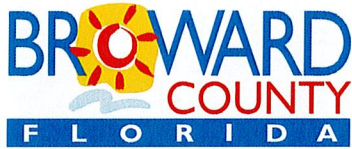
EXISTING	PROPOSED
Land use plan Designation(s) Commercial	Land use plan Designation(s) Commercial
Zoning District(s) B-3 & B-4	Zoning District(s) B-3

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?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Land Use	Gross Building sq. ft.* or Dwelling Units	Date Last Occupied	EXISTING STUCTURE(S)		
			Remain the Same?	Change Use?	Has been or will be Demolished?
Office Space	2,945.38		no	yes	yes

***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.**



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Proposed Use

Instructions

Please specify the proposed use in accordance with the land use categories. Note: Residential uses must be expressed based upon DWELLING UNIT TYPES listed on this form. 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(s) and describe fully.

Proposed Use Form

RESIDENTIAL USES		NON-RESIDENTIAL USES	
Type of Unit	Number of Units	Land Use	Net Acreage or Gross Floor Area
Mid-rise	229	Commercial	20,000



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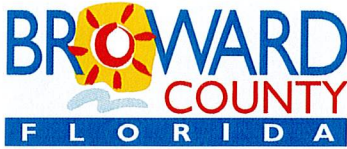
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Land Use Types for Impact Assessment

Residential Uses		
Land Use	Unit of Measure	Plat Restricted to Land Use and:
Single family (Must be detached structure, including zero-lot units)	Dwelling unit	Number of dwelling units
Duplex	Dwelling unit	Number of dwelling units
Townhouse	Dwelling unit	Number of dwelling units
Villa	Dwelling unit	Number of dwelling units
Garden Apartment	Dwelling unit	Number of dwelling units
Mobile Home Park	Dwelling unit	Number of dwelling units
Mid-Rise (4-8 residential stories)	Dwelling unit	Number of dwelling units
High Rise (9 or more residential stories)	Dwelling unit	Number of dwelling units
Retirement Community (Residents age 55 or older)	Dwelling unit	Number of dwelling units
Hotel/Motel	Room	Number of rooms

Non-Residential Uses:		
Land Use	Unit of Measure	Plat Restricted to Land Use and:
Office	Gross building sq. ft.	Number of square feet
Bank	Gross building sq. ft.	Number of square feet
General Industrial (up to 30% office use per tenant)	Gross building sq. ft.	Number of square feet
General Industrial	Acres	Number of square acres
Industrial Mini-Warehouse	Gross building sq. ft.	Number of square feet
Flex Industrial (up to 30% commercial use per tenant)	Gross building sq. ft.	Number of square feet
Industrial/Office (up to 50% office use per tenant)	Gross building sq. ft.	Number of square feet
Commercial (unrestricted)	Gross building sq. ft.	Number of square feet
Hospital	Gross building sq. ft.	Number of square feet
Nursing Home	Beds	Number of beds
Park	Acres	Number of acres
Church	Gross building sq. ft.	Number of square feet
Marina	Boat berth	Number of berths
School	Type and gross building sq. ft.	Number of square feet
Day Care Center	Gross building sq. ft.	Number of square feet
Wholesale Nursery	Acres	Number of acres
Car Dealership	Gross building sq. ft.	Number of square feet
Community Center	Gross building sq. ft.	Number of square feet
Commercial Recreation	Acres	Number of acres
Other uses not listed - <i>please specify</i>		



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Project Questionnaire

Instructions
Check the appropriate “Yes” or “No” box for each question below. If additional space is required to explain a response, attach and label continuation sheets. – **ALL QUESTIONS MUST BE ANSWERED** -

Project Questionnaire Form
Why is this property being platted? Attach an additional sheet(s) if necessary
Property is required to be platted for a new principle structure.

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.

DRI Name:	FQD Name:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Latest Ordinance Number:	Official Record Book and Page Number:	

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)

Yes No

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.

Yes No

Does this property or project have an adjudicated or vested rights status? If “Yes”, please attach the appropriate documentation.

Yes No

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.

Yes No

Does this property abut a State Road? If “Yes”, see Supplemental Documentation Requirement No. 19 for required letter from Florida Department of Transportation (FDOT).

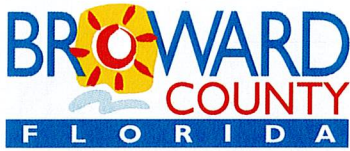
Yes No

Has consideration been given to public transportation routes, shelters, or turnouts for the proposed project? If “Yes”, please attach sheet(s) and describe fully.

Yes No

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)

Yes No



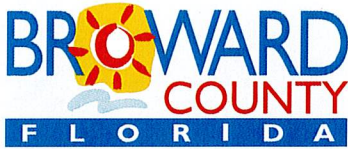
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Project Questionnaire Form	
Is credit being requested for private recreational facilities? If "Yes", attach two (2) sets of plans showing facilities. (APPLIES TO PROJECTS IN THE UNINCORPORATED AREA ONLY.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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
<div style="border: 1px solid black; padding: 2px;">Name/Title:</div>	
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
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
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
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
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
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
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
<div style="border: 1px solid black; padding: 2px;">Facility Name: City of Pompano Beach</div> <div style="border: 1px solid black; padding: 2px;">Address: 100 West Atlantic Blvd.</div>	
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



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Project Questionnaire Form

Is this project to be served by an approved wastewater (sewage) treatment plant? If "Yes", state the name of facility and facility address.

Facility Name: North Regional Wastewater Treatment	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address: 1951 Powerline Rd, Pompano Beach FL	

Will septic tanks serve this project? If "Yes", see Supplemental Documentation Requirement No. 12 for required letter.

Yes No

Have provisions been made for the collection of solid waste for this project? If "Yes", state the name of the collector.

Yes No

Solid Waste Collector

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: Avram Li/Engineer II	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
AT&T – Name/Title: Martin Barrett	

Estimate or state the total number of on-site parking spaces to be provided.

Spaces
326

If applicable, state the seating capacity of any proposed restaurant or public assembly facility, including places of worship.

Seating

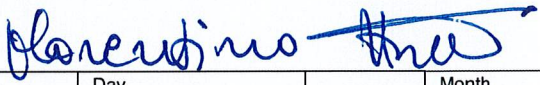


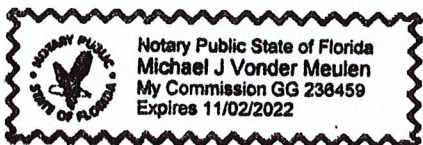
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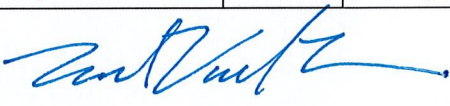
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Owner/Agent Certification				
State of	FLORIDA			
County of	BROWARD			
<p>This is to certify that I am the owner/agent of the property described in this application and that all information supplied herein is true and correct to the best of my knowledge. 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.</p>				
Signature of owner/agent				
Sworn and subscribed to before me this	Day	day of	Month	Year
	15th		May	2019





Board of County Commissioners, Broward County, Florida
 Environmental Protection and Growth Management Department
 Planning and Development Management Division

Project Update Sheet

Plat/Site Plan Number 019-MP-19

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 Aviara East

Owner's Name 1621 S Dixie Hwy LLC Phone 561-923-8385

Address 1181 S. Rogers Circle # 28 City Boca Raton State FL Zip Code 33487

Owner's E-mail Address maher@mag-properties.com Fax # 561-923-8363

Agent Keith and Associates, Inc. Phone 954-788-3400

Contact Person Jim Kahn

Address 301 East Atlantic Blvd. City Pompano Beach State FL Zip Code 33060

Agent's E-mail Address jkahn@keithteam.com Fax # 954-788-3500

EXISTING	PROPOSED
Land use plan designation(s) <u>Residential/Commercial</u>	Land use plan designation(s) <u>Residential/Commercial</u>
Zoning District(s) <u>B-3</u>	Zoning District(s) <u>B-3</u>

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?
Office Space	2,946		no	yes	yes

*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
Mid-rise	229	Commercial	20,000

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 4/16/20

Acceptance Date 4/17/20 Fee N/A Comments Due 5/15/20

Report Due 5/22/20 Adjacent City _____

Plats Surveys Site Plans Landscaping Plans Lighting Plans

Other (Describe) _____ Received By _____

Comments REVISIONS & LOT NOTE IN ORDER TO SUBMIT THIS PLAT 11.10 TWO PARCELS TO REFLECT THE UNDERLYING LAND USE

Questionnaire Changes

Please review all questions on the "Project Questionnaire" form, Page 3, and indicate any revisions.	
Question Number	Revised information or Attachments Supplied
	The Planning Council is requiring the plat to be separated into two parcels to reflect the underlying land use. The plat note has been revised to:
	This Plat is restricted to a total of 229 Midrise units and 20,000 square feet of commercial use.
	The 20,000 square feet of commercial use is further restricted to Parcel B only.
	Any dwelling units located on Parcel B shall be free-standing multi-family and/or mixed-use structures in which the residential floor area does not exceed 50% of the total floor area or the first floor is totally confined to commercial uses.

Comments and Additional Information

Revised Plat drawing and restrictive note.

Owner/Agent Certification

State of Florida
 County of Broward

This is to certify that I am the owner/agent of the property described in this application and that all changes to the original application and supplemental documents supplied herein are true and correct to the best of my knowledge. If no changes are indicated on this update sheet or in the attached supplemental documentation, then this certifies that the information supplied on the original application 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.

Signature of owner/agent James Kahn

Sworn and subscribed to before me this 16 day of April, 2 020

by James Kahn He/she is personally known to me or

Has presented _____ as identification.

Signature of Notary Public Michael J Vonder Meulen

Type or Print Name Michael Vonder Meulen

