

Environmental Protection and Growth Management Department

PLANNING AND DEVELOPMENT MANAGEMENT DIVISION

1 N. University Drive, Box 102 · Plantation, FL 33324 · T: 954-357-6666 F: 954-357-6521 · Broward.org/Planning

Application Number 025-MP-21

Development and Environmental Review Online Application

Project Information			
Plat/Site Plan Name Bristol Reserve			
Plat/Site Number N/A		Plat Book - Page (if recorded) N/A	
Owner/Applicant/Petitioner Name CC Homes			
Address 2020 Salzedo Street, Suite 200		City Coral Gables	State FL
		Zip 33134	
Phone (954) 494-7352	Email jwright@cchomes.com		
Agent for Owner/Applicant/Petitioner Craven Thompson & Associates, Inc.		Contact Person Julian Bobilev	
Address 3563 NW 53rd Street		City Fort Lauderdale	State FL
		Zip 33309	
Phone (954) 739-6400 X379	Email jbobilev@craventhompson.com		
Folio(s) 504013010252, 504013010249, 504013110020, 504013010242, 504013010251, 504013090010, 504013090020, 504013090030, 504013090040, 504013090050			
Location <div> <div>east</div> <div>side of</div> <div>S Flamingo Rd</div> <div>at/between/and</div> <div>north side</div> <div>and/of</div> <div>SW 26th St</div> </div> <div> <div>north side/corner north</div> <div>street name</div> <div>street name / side/corner</div> <div>street name</div> </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</i> , use <i>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)	

Land Use and Zoning	
EXISTING	PROPOSED
Land Use Plan Designation(s) Estate (1) Residential	Land Use Plan Designation(s) Estate (1) Residential
Zoning District(s) AG (Agricultural) and A-1 (Agricultural)	Zoning District(s) R-1 (Estate Dwelling)

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 <u>will</u> be Demolished?
Cattle pen and 1-story building	1 dwelling		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 is 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
Single family residence	35		

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.

Julian Balle
Owner/Agent Signature

9/03/2021
Date

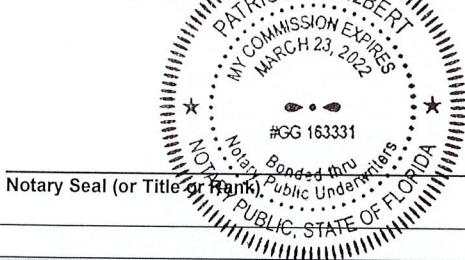
NOTARY PUBLIC

STATE OF FLORIDA COUNTY OF BROWARD

The foregoing instrument was acknowledged before me by means of ☒ physical presence | ☐ online notarization, this 3rd day of September, 2021, who ☒ is personally known to me | ☐ has produced _____ as identification.

PATRICIA A. GILBERT
Name of Notary Typed, Printed or Stamped

Patricia A. Gilbert
Signature of Notary Public – State of Florida



GG 163331
Serial Number (if applicable)

For Office Use Only

Application Type

MUNI PLAT

Application Date

9/8/21

Acceptance Date

9/14/21

Fee

\$2,405

Comments Due

10/4/21

Report Due

10/14/21

CC Meeting Date

N/A

Adjacent City or Cities

NONE

☒ Plats

☐ Surveys

☐ Site Plans

☐ Landscaping Plans

☐ Lighting Plans

☐ City Letter

☐ Agreements

☒ Other:

SCDD LETTER; TOWN RECEIPT; FDOT'S LETTER; BCPS RECEIPT; NETWORK DETERMINATION

Distribute To

☒ Full Review

☐ Planning Council

☐ School Board

☐ Land Use & Permitting

☐ Health Department

☐ Zoning Code Services (BMSD only)

☐ Administrative Review

☐ Other:

Received By

HIV. CHORKE ..



Application Number 025-MY-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.</p> <p>A small portion of the site has been platted but the majority has not.</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</p> <p>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 type="checkbox"/> No</p> <p style="margin-top: 5px;">If YES, LUPA Number</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>				
	<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 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 checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Name/Title Lisa Wight, Growth Management Planner	
<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. See wetland delineation.	<input checked="" type="checkbox"/> Yes <input 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 Town of Davie Water Treatment Plant Address	
<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 Town of Davie Wastewater Treatment Plant Address 3500 NW 76th Ave, Davie, FL	

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 105
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

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

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Project Update Sheet

Plat/Site Plan Number 025-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 _____	
Owner's Name _____	Phone _____
Address _____ City _____ State _____ Zip Code _____	
Owner's E-mail Address _____ Fax # _____	
Agent _____ Phone _____	
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 PUS & LOO Time _____ Application Date 11/4/21
Acceptance Date 11/4/21 Fee _____ Comments Due 11/24/21
Report Due 12/5/21 Adjacent City NONE
☐ Plats ☐ Surveys ☐ Site Plans ☐ Landscaping Plans ☐ Lighting Plans
☐ Other (Describe) _____ Received By _____
Comments TO ADDRESS RIGHT OF WAY DEDICATION

