

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

Plat/Site Plan Number 022-MP-24

**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 <u>City of Parkland (Owner); Toll Southeast LP Company Inc. (Applicant)</u>	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 # _____

<b>EXISTING</b> Land use plan designation(s) _____ Zoning District(s) _____	<b>PROPOSED</b> Land use plan designation(s) _____ Zoning District(s) _____
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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 <u>Project Update</u>	Time <u>1:46 pm</u>	Application Date <u>2/3/2025</u>
Acceptance Date <u>2/13/2025</u>	Fee <u>\$ 0.00</u>	Comments Due <u>3/10/2025</u>
Report Due <u>3/20/2025</u>	Adjacent City <u>N/A</u>	
<input checked="" type="checkbox"/> Plats <input type="checkbox"/> Surveys <input type="checkbox"/> Site Plans <input type="checkbox"/> Landscaping Plans <input type="checkbox"/> Lighting Plans		
<input type="checkbox"/> Other (Describe) _____ Received By <u>Christian Dumay</u>		
Comments _____		

### Questionnaire Changes

[illegible]

### Comments and Additional Information

1. Application was updated to reflect City of Parkland as Owner & City Signed Application Document.
2. City of Parkland Signed Consent to Create Plat.
3. Correspondence with D. Vanlandingham provided to note the Executed BSRA and Site Assessment Report was submitted to the Environmental Permitting Division by Edward G. Rahig, P.G., LLC. Further, Toll Brothers has applied for an EAR License.
4. Final SCAD from School Board of Broward County has been provided.
5. Memorandum to address Transportation Concurrency and supplemental details related to FDOT project to increase capacity provided to demonstrate concurrency standards are met.
6. Update Plat including signature block for North Springs Improvement District provided.

### 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 [Signature]

Sworn and subscribed to before me this 30<sup>th</sup> day of January, 2025

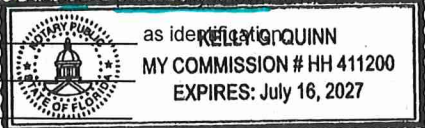
by \_\_\_\_\_

☐ Has presented \_\_\_\_\_

Signature of Notary Public [Signature]

Type or Print Name Kelly G. Quinn

☒ He/she is personally known to me or as identified by \_\_\_\_\_





Resilient Environment Department  
**URBAN PLANNING DIVISION**

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

Application Number 022-MP-24

## Development and Environmental Review Online Application

<b>Project Information</b>			
Plat/Site Plan Name <b>Saltgrass</b>			
Plat/Site Number		Plat Book - Page (if recorded)	
Owner/Applicant/Petitioner Name <b>City of Parkland (Owner) &amp; Toll Southeast LP Company Inc. (Applicant)</b>			
Address <b>1140 Virginia Drive</b>		City <b>Fort Washington</b>	State <b>PA</b>
Zip <b>19034</b>			
Phone <b>561-999-1877</b>	Email <b>tfalk@tollbrothers.com</b>		
Agent for Owner/Applicant/Petitioner <b>Insite Studio</b>		Contact Person <b>Edwin C. Muller III, AICP, CNU-A, CS</b>	
Address <b>3601 PGA Boulevard, Suite 220</b>		City <b>Palm Beach Gardens</b>	State <b>FL</b>
Zip <b>33410</b>			
Phone <b>561-249-0940</b>	Email <b>tfalk@tollbrothers.com</b>		
Folio(s) <b>4841-06-00-0085 / 4841-05-01-0134</b>			
Location  <div style="display: flex; justify-content: space-between;"> <span><u>south side</u> side of <u>Heron Run Drive</u> at/between/and <u>NW 69th PI</u> and/of <u>NW 71st PI</u></span> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span><u>north side/corner north</u> <u>street name</u></span> <span><u>street name / side/corner</u></span> <span><u>street name</u></span> </div>			

### Type of Application (this form required for all applications)

Please check all that apply (use attached **Instructions** for this form).

- ☒ **Plat** (fill out/PRINT **Questionnaire Form, Plat Checklist**)
- ☐ **Site Plan** (fill out/PRINT **Questionnaire Form, Site Plan Checklist**)
- ☐ **Note Amendment** (fill out/PRINT **Questionnaire Form, Note Amendment Checklist**)
- ☐ **Vacation** (fill out/PRINT **Vacation Continuation Form, Vacation Checklist**, use **Vacation Instructions**)
  - ☐ **Vacating Plats, or any Portion Thereof** (BCCO 5-205)
  - ☐ **Abandoning Streets, Alleyways, Roads or Other Places Used for Travel** (BCAC 27.29)
  - ☐ **Releasing Public Easements and Private Platted Easements or Interests** (BCAC 27.30)
- ☐ **Vacation** (**Notary Continuation Form Affidavit** required, fill out **Business Notary** if needed)

<b>Application Status</b>			
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.			

<b>Replat Status</b>	
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.	

<b>School Concurrency (Residential Plats, Replats and Site Plan Submissions)</b>	
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) Residential up to 3 dwelling units per acre (R-3)	Land Use Plan Designation(s) Residential up to 3 dwelling units per acre (R-3)
Zoning District(s) A-1 Agricultural District	Zoning District(s) RS-3 Single Family Residential

### 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?
Defunct golf course / vacant	N/A	N/A	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
R-3	52 single-family homes		

### 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.

Olivia Carlos Miller (Agent)  
Owner/Agent Signature

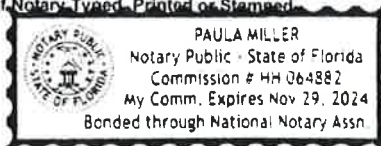
8/15/2024  
Date

### NOTARY PUBLIC

### STATE OF FLORIDA COUNTY OF BROWARD

The foregoing instrument was acknowledged before me by means of ☒ physical presence | ☐ online notarization, this 15 day of August, 2024, who ☒ is personally known to me | ☐ has produced \_\_\_\_\_ as identification.

Paula Miller  
Name of Notary Typed, Printed or Stamped



Notary Seal (or Title or Rank)

[Signature]  
Signature of Notary Public - State of Florida

HH 064882  
Serial Number (if applicable)

### For Office Use Only

Application Type

Application Date	Acceptance Date	Fee
Comments Due	Report Due	CC Meeting Date

Adjacent City or Cities

- ☐ Plats
 ☐ Surveys
 ☐ Site Plans
 ☐ Landscaping Plans
 ☐ Lighting Plans
 ☐ City Letter
 ☐ Agreements

☐ Other:

- Distribute To  
☐ Full Review
 ☐ Planning Council
 ☐ School Board
 ☐ Land Use & Permitting  
☐ Health Department
 ☐ Zoning Code Services (BMSD only)
 ☐ Administrative Review

☐ Other:

Received By

### NOTARY PUBLIC: Owner/Agent Certification

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*[Signature]*  
Owner/Agent Signature

1/15/25  
Date

### NOTARY PUBLIC

### STATE OF FLORIDA COUNTY OF BROWARD

The foregoing instrument was acknowledged before me by means of ☐ physical presence | ☐ online notarization, this 15<sup>th</sup> day of January, 2025, who ☒ is personally known to me | ☐ has produced \_\_\_\_\_ as identification.

Name of Notary Typed, Printed or Stamped



ALYSON GAYLE MORALES  
Commission # HH 590993  
Expires November 19, 2028

*[Signature]*  
Signature of Notary Public - State of Florida

Notary Seal (or Title or Rank)

Serial Number (if applicable)

### For Office Use Only

Application Type

Application Date	Acceptance Date	Fee
Comments Due	Report Due	CC Meeting Date

Adjacent City or Cities

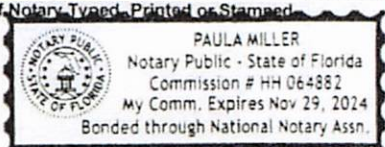
- ☐ Plats
 ☐ Surveys
 ☐ Site Plans
 ☐ Landscaping Plans
 ☐ Lighting Plans  
☐ City Letter
 ☐ Agreements

☐ Other:

- Distribute To  
☐ Full Review
 ☐ Planning Council
 ☐ School Board
 ☐ Land Use & Permitting  
☐ Health Department
 ☐ Zoning Code Services (BMSD only)
 ☐ Administrative Review

☐ Other:

Received By

<b>NOTARY PUBLIC: Owner/Agent Certification</b>	
<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>	
<p><u>Oliver Carlos Miller (Agent)</u> Owner/Agent Signature</p>	<p><u>8/15/2024</u> Date</p>
<p><b>NOTARY PUBLIC</b></p>	
<p><b>STATE OF FLORIDA</b> <b>COUNTY OF BROWARD</b></p>	
<p>The foregoing instrument was acknowledged before me by means of <input checked="" type="checkbox"/> physical presence   <input type="checkbox"/> online notarization, this <u>15</u> day of <u>August</u>, 20<u>24</u>, who <input checked="" type="checkbox"/> is personally known to me   <input type="checkbox"/> has produced _____ as identification.</p>	
<p><u>Paula Miller</u> Name of Notary Typed, Printed or Stamped</p>	<p><u>[Signature]</u> Signature of Notary Public - State of Florida</p>
<div style="border: 1px solid black; padding: 5px; text-align: center;">  </div>	<p><u>HH 064882</u> Serial Number (if applicable)</p>
<p>Notary Seal (or Title or Rank)</p>	

<b>For Office Use Only</b>		
<p>Application Type <u>Muni Plat</u></p>		
<p>Application Date <u>9/25/2024</u></p>	<p>Acceptance Date <u>10/02/2024</u></p>	<p>Fee <u>\$2,430</u></p>
<p>Comments Due <u>11/01/2024</u></p>	<p>Report Due <u>11/11/2024</u></p>	<p>CC Meeting Date <u>TBA</u></p>
<p>Adjacent City or Cities <u>N/A</u></p>		
<p> <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"/> City Letter                  <input type="checkbox"/> Agreements         </p>		
<p><input checked="" type="checkbox"/> Other: <u>BCPA receipt, title work</u></p>		
<p> <input checked="" type="checkbox"/> Full Review                  <input type="checkbox"/> Planning Council                  <input type="checkbox"/> School Board                  <input type="checkbox"/> Land Use &amp; Permitting  <input type="checkbox"/> Health Department                  <input type="checkbox"/> Zoning Code Services (BMSD only)                  <input type="checkbox"/> Administrative Review         </p>		
<p><input checked="" type="checkbox"/> Other: <u>N/A</u></p>		
<p>Received By <u>Christian Damay</u></p>		