



Application Number 023-MP-18

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

## Development and Environmental Review Online Application

|                                                                                                                                                                                                                           |  |                                                  |                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------|--------------------|
| <b>Project Information</b>                                                                                                                                                                                                |  |                                                  |                    |
| Plat/Site Plan Name<br><b>ALDI-PLANTATION</b>                                                                                                                                                                             |  |                                                  |                    |
| Plat/Site Number<br><b>023-MP-18</b>                                                                                                                                                                                      |  | Plat Book - Page (if recorded)<br><b>183-351</b> |                    |
| Owner/Applicant/Petitioner Name<br><b>H.H. US REAL ESTATE PLANTATION LLC c/o International Capital LLC</b>                                                                                                                |  |                                                  |                    |
| Address<br><b>17130 Dallas Parkway, Ste 240</b>                                                                                                                                                                           |  | City<br><b>Dallas</b>                            | State<br><b>TX</b> |
| Phone<br><b>954-202-7000</b>                                                                                                                                                                                              |  | Email<br><b>mkaplan@thomaseg.com</b>             |                    |
| Agent for Owner/Applicant/Petitioner<br><b>Pulice Land Surveyors, Inc.</b>                                                                                                                                                |  | Contact Person<br><b>Jane Storms</b>             |                    |
| Address<br><b>5381 Nob Hill Road</b>                                                                                                                                                                                      |  | City<br><b>Sunrise</b>                           | State<br><b>FL</b> |
| Phone<br><b>954-572-1777</b>                                                                                                                                                                                              |  | Email<br><b>Jane@pulicelandsurveyors.com</b>     |                    |
| Folio(s)<br><b>5041-09-28-0020 and 5041-09-28-0010</b>                                                                                                                                                                    |  |                                                  |                    |
| Location<br><b>South</b> side of <b>Broward Blvd</b> <b>at/between</b> and <b>SW 82 Avenue</b> <b>and</b> <b>SW 84 Avenue</b><br><small>north side/corner north street name street name / side/corner street name</small> |  |                                                  |                    |

### 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)

| Application Status                                                                                            |                                                    |                                             |                                                |
|---------------------------------------------------------------------------------------------------------------|----------------------------------------------------|---------------------------------------------|------------------------------------------------|
| Has this project been previously submitted?                                                                   | <input checked="" type="checkbox"/> Yes            | <input type="checkbox"/> No                 | <input type="checkbox"/> Don't Know            |
| This is a resubmittal of:                                                                                     | <input checked="" 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<br>023-MP-18                        | <input type="checkbox"/> N/A                | <input type="checkbox"/> Don't Know            |
| Project Name<br>Aldi-Plantation                                                                               |                                                    | <input 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 checked="" 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 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 type="checkbox"/> Yes <input checked="" 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)<br><b>Commercial</b> | Land Use Plan Designation(s)<br><b>Commercial</b> |
| Zoning District(s)<br><b>SPI-3</b>                | Zoning District(s)<br><b>SPI-3</b>                |

### 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<br>sq. ft. * or<br>Dwelling Units | Date Last<br>Occupied | EXISTING STUCTURE(S) |                     |                                                          |
|------------|--------------------------------------------------|-----------------------|----------------------|---------------------|----------------------------------------------------------|
|            |                                                  |                       | Remain the<br>Same?  | Change<br>Use?      | <del>Has</del> been or <del>will</del> be<br>Demolished? |
| Commercial | 22,245                                           | current               | <del>YES</del>   NO  | YES   <del>NO</del> | HAS   WILL   <del>NO</del>                               |
|            |                                                  |                       | 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 |
|                  |                       | Commercial           | 28,000 SF                       |
|                  |                       |                      |                                 |
|                  |                       |                      |                                 |
|                  |                       |                      |                                 |
|                  |                       |                      |                                 |

# 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.

[Signature]  
Owner/Agent Signature

4/20/22  
Date

NOTARY PUBLIC

STATE OF FLORIDA  
COUNTY OF BROWARD

The foregoing instrument was acknowledged before me by means of ☒ physical presence | ☐ online notarization, this 20 day of April, 20 22, who ☒ is personally known to me | ☐ has produced \_\_\_\_\_ as identification.

Name of Notary Typed, Printed or Stamped



LISA STASSUN  
Commission # GG 964583  
Expires March 21, 2024  
Bonded Thru Budget Notary Services

[Signature]  
Signature of Notary Public – State of Florida

Notary Seal (or Title or Rank)

Serial Number (if applicable)

## For Office Use Only

Application Type

NOTE AMENDMENT

|                                       |                                      |                               |
|---------------------------------------|--------------------------------------|-------------------------------|
| Application Date<br><u>05/04/2022</u> | Acceptance Date<br><u>05/04/2022</u> | Fee<br><u>\$ 2,090.00</u>     |
| Comments Due<br><u>05/24/2022</u>     | Report Due<br><u>06/03/2022</u>      | CC Meeting Date<br><u>TBD</u> |

Adjacent City or Cities

NONE

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

☒ Other: NARRATIVE;

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

☐ Other:

Received By

MARIA GABRIELA



Application Number 023-MP-18

## Development and Environmental Review Online Application Questionnaire Form

### Type of Application

☐ Plat

☐ Site Plan

☒ 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.                                                                                                                                                                                                |                     |          |                         |                                      |
|                         | 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 type="checkbox"/> No or Official Record Book and Page Number. |                     |          |                         |                                      |
|                         | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">DRI Name</td> <td style="width: 50%;">FQD Name</td> </tr> <tr> <td>Latest Ordinance Number</td> <td>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 type="checkbox"/> No                                |                     |          |                         |                                      |
| X                       | 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>If YES, LUPA Number</td> </tr> </table>                                                                                                                                                               | If YES, LUPA Number |          |                         |                                      |
| If YES, LUPA Number     |                                                                                                                                                                                                                                                                                   |                     |          |                         |                                      |
| X                       | 5. Does the note represent a change in TRIPS? <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input checked="" type="checkbox"/> No Change                                                                                                                   |                     |          |                         |                                      |
| X                       | 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 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 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 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 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 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 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 type="checkbox"/> Yes | <input type="checkbox"/> No            |
|   | Name/Title                                                                                                                                                                                                                                                                                                                                                                         |                              |                                        |
|   | 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 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 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 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 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 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 type="checkbox"/> No            |
| X | 21. Is the project to be served by an approved potable water system? If "Yes", state the name of facility and facility address.                                                                                                                                                                                                                                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No            |
|   | Facility Name                                                                                                                                                                                                                                                                                                                                                                      |                              |                                        |
|   | City of Plantationm                                                                                                                                                                                                                                                                                                                                                                |                              |                                        |
|   | Address                                                                                                                                                                                                                                                                                                                                                                            |                              |                                        |
|   | 400 NW 73 Avenue, Plantation, FL 33317                                                                                                                                                                                                                                                                                                                                             |                              |                                        |
| X | 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 |
| X | 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 type="checkbox"/> Yes | <input type="checkbox"/> No            |
|   | Facility Name                                                                                                                                                                                                                                                                                                                                                                      |                              |                                        |
|   | City of Plantation                                                                                                                                                                                                                                                                                                                                                                 |                              |                                        |
|   | Address                                                                                                                                                                                                                                                                                                                                                                            |                              |                                        |
|   | 400 NW 73 Avenue, Plantation, FL 33317                                                                                                                                                                                                                                                                                                                                             |                              |                                        |

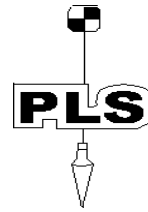
|   |                                                                                                                                                                    |                                                                     |
|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| 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 |
|   | 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 type="checkbox"/> No            |
|   | Solid Waste Collector                                                                                                                                              |                                                                     |
|   | 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 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<br>99                                                        |
| 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<br>60                                                       |



**PULICE LAND SURVEYORS, INC.**

5381 NOB HILL ROAD  
SUNRISE, FL 33351

Phone: (954) 572-1777 Fax: (954) 572-1778  
li land



April 20, 2022

Ms. Josie P. Sesodia, AICP, Director  
Resilient Environment Department  
Urban Planning Division  
One North University Dr., Box 102-A  
Plantation, Florida 33324

**RE: "ALDI-PLANTATION" (183/351)-023-MP-18  
8220 W. BROWARD BLVD, PLANTATION, FLORIDA-NOTE AMENDMENT**

Dear Ms. Sesodia,

We represent H.H. US Real Estate Plantation, LLC in their application for a Note Amendment to amend the restrictive plat note on the ALDI-PLANTATION plat (183/351). They are seeking to remove the bank use and have the entire use be commercial.

**Current Plat Note**

*This plat is restricted to 23,000 SF of commercial use and 5,000 SF of bank use.*

**Proposed Plat Note**

*This plat is restricted to 28,000 SF of commercial use.*

This change in no way negatively impacts the neighborhood. It allows for a currently much needed restaurant. We respectfully request you grant this change.

If you have any questions, or I can be of further assistance, please call me.

Thank you,  
**PULICE LAND SURVEYORS, INC.**

*Rachel Ross*

Rachel Ross  
Planning Assistant