

Application Number 033-MP-22

URBAN PLANNING DIVISION

1 N. University Drive, Box 102A · Plantation, FL 33324 · T: 954-357-6634 · F: 954-357-6521 · Broward.org/Planning

Development and Environmental Review Online Application

| Project Information | | | | |
|--------------------------------------|----------------|--------------------------------|---------------------|--------|
| Plat/Site Plan Name | | | | |
| BLUE SOUTH | | | | |
| Plat/Site Number | | Plat Book - Page (if recorded) | | |
| Owner/Applicant/Petitioner Name | | | | |
| 218 PARK PARTNERS, LLC. | | | | |
| Address | | City | State | Zip |
| 3323 NE 163rd Street, Suite 704 | | North Miami Beach | FL | 33160 |
| Phone | Email | | | 1 |
| (305) 851-2130 | ricardo | @treoconstruction.com | | |
| Agent for Owner/Applicant/Petitioner | - I | Contact Person | | |
| PULICE LAND SURVEYORS, IN | C. | Elizabeth Tsouroukdi | ssian | |
| Address | | City | State | Zip |
| 5381 Nob Hill Road | | Sunrise | FL | 33351 |
| Phone | Email | | | |
| (954) 572-1777 | elizabe | th@pulicelandsurveyors.co | m | |
| Folio(s) | | | and a second second | |
| 514227280030 | | | | |
| Location | | | | |
| SouthSE 7th Street | | SE 2nd Avenue | SE 4th | Avenue |
| north side/corner north street name | at/between/and | street name / side/corner | stree | t name |

Type of Application (this form required for all applications)

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

In 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? | □ Yes | 🖾 No | | Don't | Know |
| This is a resubmittal of: | D Portio | n of Project | 🖾 N/A | | |
| What was the project number assigned by the Urban Planning Division? | Project Number | | 🖾 N/A | Don't | Know |
| Project Name | | | ⊠ N/A | 🗆 Don't | Know |
| Are the boundaries of the project exactly the same as the previously submitted project? | □ Yes | □ No | or other conditions | □ Don't | Know |
| Has the 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 comp | atibility determin | ation may be | e required. | |
| P 1 4 94 4 | | | | | |
| Replat Status | | | | | |
| Is this plat a replat of a plat approved and/or recorded | | | ′es ⊠No | Don' | t Know |
| If YES, please answ | er the followi | | ect Number | | - |
| Project Name of underlying approved and/or recorded plat | | | | | |
| Is the underlying plat all or partially residential? | | ים | fes □No | 🛛 Don | 't Knov |
| If YES, please answ | er the followi | ng 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 underlyi | ing plat and the nu | nber of units proposed | in this replat. | | |
| School Concurrency (Residential Plats, Re | eplats and s | Site Plan Subr | nissions) | | 1.9 |
| | | | | | |
| Does this application contain any residential units? (It | f "No," skip tr | e remaining que | stions.) | Yes Yes | |
| If the application is a replat, is the type, number, or b changing? | edroom restr | ction of the resid | lential units | □ Yes | |
| If the application is a replat, are there any new or a the replat's note restriction? | dditional resi | dential units beir | ng added to | □ Yes | |
| Is this application subject to an approved Declarati Agreement entered into with the Broward County Sci | ion of Restric hool Board? | tive Covenants | or Tri-Party | 🗆 Yes | |

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.

> DEVELOPMENT AND ENVIRONMENTAL REVIEW ONLINE APPLICATION Revised 10/2021

| Land Use and Zoning | |
|------------------------------|------------------------------|
| EXISTING | PROPOSED |
| Land Use Plan Designation(s) | Land Use Plan Designation(s) |
| Regional Activity Center | SAME |
| Zoning District(s) | Zoning District(s) |
| Central RAC | SAME |

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

| | | | EX | EXISTING STUCTURE(S) | | |
|----------|---|-----------------------|------------------|----------------------|------------------------------------|--|
| Land Use | Gross Building sq. ft.* or Dwelling Units | Date Last Occupied | Remain the Same? | Change Use? | Has been or will be Demolished? | |
| | | | YES NO | YES NO | HAS WILL NO | |
| | | | YES NO | YES NO | HAS WILL NO | |
| | | | YES NO | YES NO | HAS WILL NO | |

*Gross non-residential square footage includes permanent canopies and overhangs for gas stations, drive-thru facilities, and overhangs designed for outdoor tables at a restaurant. A building id defined by the definition in the Land Development Code.

| Proposed Use | | | |
|--------------|-----------------------|----------|---------------------------------|
| RESID | ENTIAL USES | NON- | RESIDENTIAL USES |
| Land Use | Number of Units/Rooms | Land Use | Net Acreage or Gross Floor Area |
| MID-RISE | 46 | | |
| | | | |
| | | | |
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| NOTARY PUBLIC: Owner/Agent Certification | |
|--|---------|
| This is to certify that I am the owner/agent of the property described in this application and t information supplied herein is true and correct to the best of my knowledge. By signing this applied owner/agent specifically agrees to allow access to described property at reasonable times by C personnel for the purpose of verification of information provided by owner/agent. | ation |
| Jujtw Kt 9-06-22 | |
| Owner/Agent Signature Date | |
| NOTARY PUBLIC | |
| STATE OF FLORIDA COUNTY OF BROWARD | |
| The foregoing instrument was acknowledged before me by means of D physical presence D online notari | zation. |
| this day of september, 2022_, who wis personally known to me] has prov | |
| as identification. | |
| | |
| marilys waters Mangulate | |
| Name of Notary Typed, Printed or Stamped Signature of Notary Public – State of Florida | |
| MARILYN WATERS Notary Public - State of Florida Commission # HH 290117 My Comm. Expires Aug 30, 2026 Bonded through National Notary Assn. | |
| Notary Seal (or Title or Rank) Serial Number (If applicable) | |
| | |
| For Office Use Only | |
| Application Type Plat | |
| Application Date Acceptance Date Fee | |
| 9/06/2022 9/13/2022 \$2,325 Comments Due CC Meeting Date | |
| 10/03/2022 10/24/2022 TBA | |
| Adjacent City or Cities | |
| De Plats De Surveys De Site Plans De Landscaping Plans De Lighting Pla | ns |
| City Letter Agreements | |
| Kother: BCPA Receipt, fillework | |
| Distribute To | itting |
| Health Department Zoning Code Services (BMSD only) Administrative Re | view |
| Other: N/A | |
| Christian Damay | |
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DEVELOPMENT AND ENVIRONMENTAL REVIEW ONLINE APPLICATION Revised 10/2021



Application Number 033-MP-72

Development and Environmental Review Online Application Questionnaire Form

| | | Plat | □ Site Plan | et samplifier at succession | □ Note Amen | dment | |
|-----|--|---|--|--------------------------------------|-----------------------------|-------|--------|
| Pre | ojec | ct Questionnaire | | | | | |
| Ple | ase a | answer the guestions marked fo | or the type of application checke | d. | | | |
| X | 1. Why is this property being platted? Attach an additional sheet(s) if necessary. | | | | | | |
| | | | ally deleniated lot of recor | | | | |
| × | 2. | Is this project within an existin Development (FQD)? If "Yes" or Official Record Book and P | g Development of Regional Imp , indicate DRI or FQD name an Page Number. | oact (DRI) or Flo d Latest Ordina | orida Quality nce number | □ Yes | 🖾 No |
| | DR | ll Name | FQD Nam | ne | | | |
| | Lat | test Ordinance Number | Official Re | ecord Book and Page | Number | | |
| × | 3. | | existing or proposed agreement e the title and subject of the a | | | □ Yes | 🖾 No |
| | 4. | Is any portion of this plat curre | ently the subject of a Land Use | Plan Amendme | ent (LUPA)? | □ Yes | 🖾 No |
| | If Y | rES, LUPA Number | | | | | |
| | 5. | Does the note represent a ch | ange in TRIPS? | ⊠ Increase | Decrease | □ No | Change |
| | 6. | Does the note represent a ma | ajor change in Land Use? | | | □ Yes | 🖾 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. | | | □ Yes | 🖾 No | |
| X | 8. | . Does this property or project have an adjudicated or vested rights status? If "Yes", please attach the appropriate documentation. | | | Yes", please | □ Yes | 🖾 No |
| X | 9. | If "Yes", please attach a shee | | | | □ Yes | 🖾 No |
| × | 10 | Does this property abut a S Requirement No. 19 for red (FDOT). | State Road? If "Yes", see Su quired letter from Florida De | pplemental Do partment of Tr | cumentation ansportation | 🗆 Yes | 🛛 No |



| \times | 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. | □ 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 |
| × | 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.) | □ Yes | 🖾 No |
| × | Has any discussion with the School Board taken place? If "Yes", state the name and title of the person contacted. | 🗆 Yes | 🖾 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? | □ Yes | 🖾 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. | □ Yes | 🖾 No |
| \times | 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). | 🗆 Yes | 🖾 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). | □ Yes | 🖾 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. | □ Yes | 🖾 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). | 🗆 Yes | 🖾 No |
| Х | Is the project to be served by an approved potable water system? If "Yes", state the name of facility and facility address. | 🛛 Yes | □ No |
| | Facility Name City of Hallandale Beach | | |
| | Address 630 NW 2nd Street, Hallandale Beach | - Varia-in | |
| 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. | □ Yes | 🖾 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. | 🛛 Yes | □ No |
| | Facility Name City of Hallandale Beach | | |
| | Address 630 NW 2nd Street, Hallandale Beach | | |
| | | | |

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| X | 24. Will septic tanks serve this project? If "Yes", see Supplemental Documentation Requirement No. 12 for required letter. | □ Yes | 🖾 No |
|---|--|----------------|------|
| × | 25. Have provisions been made for the collection of solid waste for this project? If "Yes", state the name of the collector. Solid Waste Collector | □ Yes | ⊠ No |
| × | 26. Has any contact been made with FPL and AT&T regarding service availability and easement requirements? If "Yes", state name and title of the person contacted. FPL - Name/Title | □ Yes | ⊠ No |
| × | AT&T - Name/Title 27. Estimate or state the total number of on-site parking spaces to be provided. | Spaces | 79 |
| X | 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 | |

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