



Resilient Environment Department
URBAN PLANNING DIVISION

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

Application Number 002-UP-21

Development and Environmental Review Online Application

Project Information			
Plat/Site Plan Name Blazing Trail Plat			
Plat/Site Number		Plat Book - Page (if recorded)	
Owner/Applicant/Petitioner Name Seminole Tribe of Florida			
Address 6100 Hollywood Blvd. Suite 206		City Hollywood	State FL
Zip 33024			
Phone	Email		
Agent for Owner/Applicant/Petitioner Linda C. Strutt (Linda Strutt Consulting, Inc.)		Contact Person Linda C. Strutt	
Address 227 Goolsby Boulevard		City Deerfield Beach	State FL
Zip 33442			
Phone 954-426-4305	Email linda@struttconsulting.com		
Folio(s) 4742 31 01 0660			
Location north _____ side of <u>NW 74th Pl.</u> at/between/and <u>along west side</u> and/of <u>NW 48th Ave.</u> <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). <input checked="" type="checkbox"/> Plat (fill out/PRINT Questionnaire Form, Plat Checklist) <input type="checkbox"/> Site Plan (fill out/PRINT Questionnaire Form, Site Plan Checklist) <input type="checkbox"/> Note Amendment (fill out/PRINT Questionnaire Form, Note Amendment Checklist) <input type="checkbox"/> Vacation (fill out/PRINT Vacation Continuation Form, Vacation Checklist , use Vacation Instructions) <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 (Notary Continuation Form Affidavit required, fill out Business Notary if needed)

Application Status			
Has this project been previously submitted?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Don't Know
This is a resubmittal of:	<input type="checkbox"/> Entire Project	<input type="checkbox"/> Portion of Project	<input type="checkbox"/> N/A
What was the project number assigned by the Planning and Development Division?	Project Number	<input type="checkbox"/> N/A	<input type="checkbox"/> Don't Know
Project Name		<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 type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
Has the flexibility been allocated or is flexibility proposed to be allocated under the County Land Use Plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
If yes, consult Policy 13.01.10 of the Land Use Plan. A compatibility determination may be required.			

Replat Status	
Is this plat a replat of a plat approved and/or recorded after March 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 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 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 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) Estate (1) Residential	Land Use Plan Designation(s) Estate (1) Residential
Zoning District(s) A-1 Agricultural Estate	Zoning District(s) A-1 Agricultural Estate

Existing Land Use					
<p>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.</p>					
Are there any existing structures on the site?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?
			YES NO	YES NO	HAS WILL NO
			YES NO	YES NO	HAS WILL NO
			YES NO	YES NO	HAS WILL NO
<p>*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.</p>					

Proposed Use			
RESIDENTIAL USES		NON-RESIDENTIAL USES	
Land Use	Number of Units/Rooms	Land Use	Net Acreage or Gross Floor Area
single-family	4		

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.

M. J. Bouley
Owner/Agent Signature

11-1-21
Date

NOTARY PUBLIC

STATE OF FLORIDA COUNTY OF BROWARD

The foregoing instrument was acknowledged before me by means of ☐ physical presence | ☐ online notarization, this 1st day of November, 2021, who ☒ is personally known to me | ☐ has produced _____ as identification.

Doreen Watson
Name of Notary Typed, Printed or Stamped

[Signature]
Signature of Notary Public – State of Florida



DOREEN WATSON
NOTARY PUBLIC
STATE OF FLORIDA
Comm# GG249297
Expires 8/31/2022

Notary Seal (or Title or Rank)

Serial Number (if applicable)

For Office Use Only

Application Type

MUNI PLAT

Application Date

12/09/21

Acceptance Date

12/17/21

Fee

\$2,150

Comments Due

1/06/22

Report Due

1/16/22

CC Meeting Date

N/A

Adjacent City or Cities

COCONUT CREEK

☒ Plats

☒ Surveys

☒ Site Plans

☐ Landscaping Plans

☐ Lighting Plans

☐ City Letter

☐ Agreements

☒ Other:

SCHOOL BO RECEIPT ; BCPS NOTICE ; TITLE WORK

Distribute To

☒ Full Review

☐ Planning Council

☐ School Board

☐ Land Use & Permitting

☐ Health Department

☐ Zoning Code Services (BMSD only)

☐ Administrative Review

☐ Other:

Received By

HIV. CHARKE I



Application Number 002-01-21

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>To create 4 single-family lots and allow for construction of more than 2 units in the same year by the same permit applicant</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 type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<div style="border: 1px solid black; padding: 2px;">Name/Title</div>	
<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 type="checkbox"/> No N/A
<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.	<input type="checkbox"/> Yes <input checked="" 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
	<div style="border: 1px solid black; padding: 2px;">Facility Name</div> <div style="border: 1px solid black; padding: 2px;">Broward County Water Treatment Plan 2A (via Coconut Creek bulk user)</div> <div style="border: 1px solid black; padding: 2px;">Address</div> <div style="border: 1px solid black; padding: 2px;">301 NE 12th Street Pompano Beach</div>	
<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
	<div style="border: 1px solid black; padding: 2px;">Facility Name</div> <div style="border: 1px solid black; padding: 2px;">North Regional Wastewater Treatment Plant</div> <div style="border: 1px solid black; padding: 2px;">Address</div> <div style="border: 1px solid black; padding: 2px;">2401 w. Powerline Road Pompano Beach</div>	

<input checked="" type="checkbox"/>	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
<input checked="" type="checkbox"/>	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	
<input checked="" type="checkbox"/>	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	FPL – Name/Title Alan Fertl Customer Project Manager Pompano Service Center	
	AT&T – Name/Title	
<input checked="" type="checkbox"/>	27. Estimate or state the total number of on-site parking spaces to be provided.	Spaces 8 (driveway/garage)
<input checked="" type="checkbox"/>	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

Project Update Sheet

Plat/Site Plan Number 002-UP-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 <u>Blazing Trail Plat</u>	
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

Land use plan designation(s) _____
Zoning District(s) _____

PROPOSED

Land use plan designation(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

Type of Unit	Number of Units	NON-RESIDENTIAL 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 _____	Application Date <u>1/31/22</u>
Acceptance Date <u>2/1/22</u>	Fee <u>N/A</u>	Comments Due <u>2/15/22</u>
Report Due <u>2/22/22</u>	Adjacent City <u>COCONUT CREEK</u>	
<input checked="" type="checkbox"/> Plats	<input type="checkbox"/> Surveys	<input type="checkbox"/> Site Plans
<input type="checkbox"/> Other (Describe) _____	<input type="checkbox"/> Landscaping Plans	<input type="checkbox"/> Lighting Plans
Comments <u>MODIFY OTHER NON-ROADWAY RELATED CONDITIONS</u>	Received By _____	

Questionnaire Changes

Please review all questions on the "Project Questionnaire" form, Page 3, and indicate any revisions.

Question Number

Revised information or Attachments Supplied

MODIFY OTHER NON-ROADWAY RELATED CONDITIONS -
• RECONFIGURE LOT LINES TO MEET THE 250 FT
PLOT LINE REQUIREMENTS.

Comments and Additional Information

COVER SHEET: The legal description has been revised to remove reference to reservation as requested by Rob Legg.

SHEET 2: The internal lot lines have been shifted northward to create a lot line of at least 250 ft. in length for Lot 1. The acreages of each lot have been adjusted to reflect this change. The lot line change has

reviewed and found consistent with the zoning requirement that triggered the denial comment by Cyril Saiphoo.

No other changes have been made. Prior to submittal of the mylar the applicant intends to close on the purchase of the property. An updated title opinion will be provided and the cover sheet will be

change to show the new owner who will sign the mylar. The new owner has signed this and the original application as an agent for the current owner.

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 Michael J. Borrelli, Jr.

Sworn and subscribed to before me this 28 day of JANUARY, 2022

by Michael J. Borrelli, Jr.

☒ He/she is personally known to me

☐ Has presented

Signature of Notary Public Michael J. Borrelli, Sr.

Type or Print Name MICHAEL JOSEPH BORRELLI, SR.

