



Application Number 002-MP-20

Resilient Environment Department  
**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

<b>Project Information</b>			
Plat/Site Plan Name <b>Cornerstone Downtown Coral Springs</b>			
Plat/Site Number <b>002-MP-20</b>		Plat Book - Page (if recorded) <b>183-412</b>	
Owner/Applicant/Petitioner Name <b>Coral Sample, LLC/Cornerstone Hotel, LLC/MCREF III Coral Springs Apartments, LLC</b>			
Address <b>4885 Technology Way, Suite 400</b>		City <b>Boca Raton</b>	State <b>FL</b>
		Zip <b>33431</b>	
Phone <b>561-571-7689</b>		Email <b>jgrimaldi@mctrust.com, jkessler@arctrust.com</b>	
Agent for Owner/Applicant/Petitioner <b>Dunay, Miskel &amp; Backman, LLP</b>		Contact Person <b>Matthew Scott, Esq.</b>	
Address <b>14 SE 4th Street, Suite 36</b>		City <b>Boca Raton</b>	State <b>FL</b>
		Zip <b>33432</b>	
Phone <b>561-405-3350</b>		Email <b>msscott@dmbblaw.com</b>	
Folio(s) <b>4841 21 45 0010, 4841 21 45 0020, 4841 21 45 0030</b>			
Location  <div style="display: flex; justify-content: space-between; align-items: center;"> <span><u>South</u> <small>north side/corner north</small></span> <span>side of <u>W. Sample Rd.</u> <small>street name</small></span> <span>at/between/and <u>University Dr.</u> <small>street name / side/corner</small></span> <span>and/of <u>NW 94th Ave.</u> <small>street name</small></span> </div>			

<b>Type of Application (this form required for all applications)</b>	
Please check all that apply (use attached <b>Instructions</b> for this form).	
<input type="checkbox"/> <b>Plat</b> (fill out/PRINT <i>Questionnaire Form, Plat Checklist</i> )	
<input type="checkbox"/> <b>Site Plan</b> (fill out/PRINT <i>Questionnaire Form, Site Plan Checklist</i> )	
<input type="checkbox"/> <b>Note Amendment</b> (fill out/PRINT <i>Questionnaire Form, Note Amendment Checklist</i> )	
<input type="checkbox"/> <b>Vacation</b> (fill out/PRINT <i>Vacation Continuation Form, Vacation Checklist</i> , use <i>Vacation Instructions</i> )	
<input type="checkbox"/> <b>Vacating Plats, or any Portion Thereof</b> (BCCO 5-205)	
<input type="checkbox"/> <b>Abandoning Streets, Alleyways, Roads or Other Places Used for Travel</b> (BCAC 27.29)	
<input type="checkbox"/> <b>Releasing Public Easements and Private Platted Easements or Interests</b> (BCAC 27.30)	
<input type="checkbox"/> <b>Vacation</b> ( <i>Notary Continuation Form Affidavit</i> required, fill out <i>Business Notary</i> 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 checked="" 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 checked="" type="checkbox"/> No	<input type="checkbox"/> Don't Know
<b>If yes, consult Policy 13.01.10 of the Land Use Plan. A compatibility determination may be required.</b>			

<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
<b>If YES, please answer the following questions.</b>	
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
<b>If YES, please answer the following questions.</b>	
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 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
<b>If the answer is "Yes" to any of the questions above</b>	
<b>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.</b>	

Land Use and Zoning	
EXISTING	PROPOSED
Land Use Plan Designation(s) Local Activity Center (LAC)	Land Use Plan Designation(s) Local Activity Center (LAC)
Zoning District(s) Downtown Mixed Use (DT-MU)	Zoning District(s) Downtown Mixed Use (DT-MU)

**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?
			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**

RESIDENTIAL USES		NON-RESIDENTIAL USES	
Land Use	Number of Units/Rooms	Land Use	Net Acreage or Gross Floor Area
Mid-rise Multi-family	708	Commercial	73,000
		Hotel	144 Rooms
		Office	50,000

**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.

Coral Sample, LLC, a Delaware limited liability company  
By: ARCTRUST Investments Manager LLC, a Delaware limited liability company, its Manager

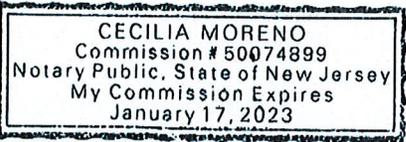
*[Signature]*  
Owner/Agent Signature Gary S. Baumann Manager Date 8/23/2022

**NOTARY PUBLIC**

**STATE OF FLORIDA  
COUNTY OF BROWARD**

The foregoing instrument was acknowledged before me by means of  physical presence |  online notarization, this 23<sup>rd</sup> day of August, 2022, who  is personally known to me |  has produced \_\_\_\_\_ as identification.

*[Signature]*  
Name of Notary Typed, Printed or Stamped Signature of Notary Public – State of Florida



Notary Seal (or Title or Rank) Serial Number (if applicable)

For Office Use Only		
Application Type <u>NOTE AMENDMENT.</u>		
Application Date <u>11/18/22</u>	Acceptance Date <u>11/29/22</u>	Fee <u>\$2,090</u>
Comments Due <u>12/19/22</u>	Report Due <u>12/29/22</u>	CC Meeting Date <u>TBD</u>
Adjacent City or Cities <u>NONE</u>		
<input checked="" type="checkbox"/> Plats <input checked="" type="checkbox"/> Surveys <input type="checkbox"/> Site Plans <input type="checkbox"/> Landscaping Plans <input type="checkbox"/> Lighting Plans <input checked="" type="checkbox"/> City Letter <input checked="" type="checkbox"/> Agreements		
<input checked="" type="checkbox"/> Other: <u>SCAD ; NARRATIVE</u>		
Distribute To <input checked="" type="checkbox"/> Full Review <input type="checkbox"/> Planning Council <input type="checkbox"/> School Board <input type="checkbox"/> Land Use & Permitting <input type="checkbox"/> Health Department <input type="checkbox"/> Zoning Code Services (BMSD only) <input type="checkbox"/> Administrative Review		
<input type="checkbox"/> Other:		
Received By <u>H.V. CLARKE</u>		

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*[Signature]*  
Owner/Agent Signature

8.25.22  
Date

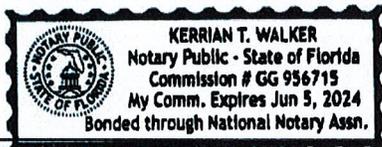
**NOTARY PUBLIC**

**STATE OF FLORIDA  
COUNTY OF BROWARD**

The foregoing instrument was acknowledged before me by means of  physical presence |  online notarization, this 25<sup>th</sup> day of August, 2022, who  is personally known to me |  has produced \_\_\_\_\_ as identification.

*Kerrian T. Walker*  
Name of Notary Typed, Printed or Stamped

*Kerrian T. Walker*  
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		
<input type="checkbox"/> Plats	<input type="checkbox"/> Surveys	<input type="checkbox"/> Site Plans
<input type="checkbox"/> City Letter	<input type="checkbox"/> Agreements	<input type="checkbox"/> Landscaping Plans
<input type="checkbox"/> Lighting Plans	<input type="checkbox"/> Other:	
Distribute To	<input type="checkbox"/> Planning Council	<input type="checkbox"/> School Board
<input type="checkbox"/> Full Review	<input type="checkbox"/> Zoning Code Services (BMSD only)	<input type="checkbox"/> Land Use & Permitting
<input type="checkbox"/> Health Department	<input type="checkbox"/> Administrative Review	<input type="checkbox"/> Other:
Received By		

**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.

Owner/Agent Signature

Date

*[Handwritten Signature]*

9/15/2022

**NOTARY PUBLIC**

**STATE OF FLORIDA  
COUNTY OF BROWARD**

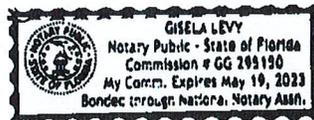
The foregoing instrument was acknowledged before me by means of  physical presence |  online notarization, this 15 day of September, 2022, who  is personally known to me |  has produced \_\_\_\_\_ as identification.

Name of Notary Typed, Printed or Stamped

Signature of Notary Public - State of Florida

*GISELA Levy*

*[Handwritten Signature]*



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



Application Number 002-MP-20

## Development and Environmental Review Online Application Questionnaire Form

Type of Application		
<input type="checkbox"/> Plat	<input type="checkbox"/> Site Plan	<input checked="" type="checkbox"/> Note Amendment

Project Questionnaire					
<b>Please answer the questions marked for the type of application checked.</b>					
	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 or Official Record Book and Page Number. <span style="float: right;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</span>				
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">DRI Name Coral Springs Downtown Development or Regional Impact</td> <td style="width: 50%; padding: 2px;">FQD Name</td> </tr> <tr> <td style="padding: 2px;">Latest Ordinance Number 2005-105</td> <td style="padding: 2px;">Official Record Book and Page Number</td> </tr> </table>	DRI Name Coral Springs Downtown Development or Regional Impact	FQD Name	Latest Ordinance Number 2005-105	Official Record Book and Page Number
DRI Name Coral Springs Downtown Development or Regional Impact	FQD Name				
Latest Ordinance Number 2005-105	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). <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>				
<b>X</b>	4. Is any portion of this plat currently the subject of a Land Use Plan Amendment (LUPA)? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>				
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">If YES, LUPA Number</td> </tr> </table>	If YES, LUPA Number			
If YES, LUPA Number					
<b>X</b>	5. Does the note represent a change in TRIPS? <span style="float: right;"><input type="checkbox"/> Increase <input checked="" type="checkbox"/> Decrease <input type="checkbox"/> No Change</span>				
<b>X</b>	6. Does the note represent a major change in Land Use? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>				
	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. <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>				
	8. Does this property or project have an adjudicated or vested rights status? If "Yes", please attach the appropriate documentation. <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>				
	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. <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>				
	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). <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>				

	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				
	<table border="1" style="width: 100%;"> <tr> <td style="padding: 2px;">Name/Title</td> </tr> </table>		Name/Title			
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				
	<table border="1" style="width: 100%;"> <tr> <td style="padding: 2px;">Facility Name</td> </tr> <tr> <td style="padding: 2px;">City of Coral Springs Water Treatment Plant</td> </tr> <tr> <td style="padding: 2px;">Address</td> </tr> <tr> <td style="padding: 2px;">3800 NW 85th Ave. Coral Springs, FL 33065</td> </tr> </table>		Facility Name	City of Coral Springs Water Treatment Plant	Address	3800 NW 85th Ave. Coral Springs, FL 33065
Facility Name						
City of Coral Springs Water Treatment Plant						
Address						
3800 NW 85th Ave. Coral Springs, FL 33065						
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				
	<table border="1" style="width: 100%;"> <tr> <td style="padding: 2px;">Facility Name</td> </tr> <tr> <td style="padding: 2px;">Broward County WWS/North Regional Waste Water Treatment Plant</td> </tr> <tr> <td style="padding: 2px;">Address</td> </tr> <tr> <td style="padding: 2px;">2401 N. Powerline Rd. Pompano Beach, FL 33069</td> </tr> </table>		Facility Name	Broward County WWS/North Regional Waste Water Treatment Plant	Address	2401 N. Powerline Rd. Pompano Beach, FL 33069
Facility Name						
Broward County WWS/North Regional Waste Water Treatment Plant						
Address						
2401 N. Powerline Rd. Pompano Beach, FL 33069						

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 1,363
X	28. If applicable, state the seating capacity of any proposed restaurant or public assembly facility, including day care centers or schools, or places of worship.	Seating N/A



Gary Dunay  
Bonnie Miskel  
Scott Backman  
Eric Coffman

Hope Calhoun  
Dwayne Dickerson  
Ele Zachariades  
Matthew H. Scott

Christina Bilenki  
Lauren G. Odom  
Nicole Jaeger

Josie P. Sesodia, AICP  
Urban Planning Division  
115 S. Andrews Ave. Room 329K  
Fort Lauderdale, FL 33301

RE: Note Amendment on the Cornerstone Downtown Coral Springs Plat

Dear Ms. Sesodia,

Coral Sample, LLC, Cornerstone Hotel, LLC & MCREF III Coral Springs Apartments, LLC (“Applicants”) are the owners of three parcels generally located on the south side of West Sample Road, between University Drive and NW 94<sup>th</sup> Avenue in the City of Coral Springs (“Property”). The Property is located on Parcels A, B and C of the Cornerstone Downtown Springs Plat. The Property was previously developed with a +/- 72,733 square foot office building which has recently been demolished. The Property has a Broward County and Coral Springs future land use designation of Local Activity Center (LAC) with a zoning designation of Downtown Mixed-Use (DT-MU). The Applicants are proposing to construct a mixed-use development consisting of 716 mid-rise multi-family dwelling units, a 144 room hotel, and 41,529 square feet of commercial use. None of the residential units will be affordable housing units. In order to develop the Project on the Property, the Applicant is requesting to amend the note on the face of the plat as follows:

FROM:

“This Plat is restricted to 100,000 square feet of commercial use; 210,000 square feet of office use; 138 room hotel and 352 Mid-Rise Units.”

TO:

“This Plat is restricted to 357 mid-rise units, 50,000 square feet of office use and 35,000 square feet of commercial use on Parcel A, 351-mid-rise units and 28,000 square feet of

commercial use on Parcel B and a 144 room hotel and 10,000 square feet of commercial space on Parcel C.”

Thank you in advance for your consideration of this request. Please contact the undersigned should you have any questions.

Sincerely,

Dunay, Miskel & Backman, LLP



Matthew Scott, Esq.