



Plat/Site Plan Number 014-MP-19

Environmental Protection and Growth Management Department  
**PLANNING AND DEVELOPMENT MANAGEMENT DIVISION**  
 1 N. University Drive, Box 102 · Plantation, FL 33324 · T: 954-357-8695 F: 954-357-6521 · Broward.org/Planning

### Plat/Site Plan Application

<b>I. Project Information</b>			
Plat/Site Plan Name <b>CYPRESS OF SUNRISE</b>			
Owner/Applicant Name <b>J. HERNANDEZ &amp; ASSOCIATES INC</b>			
Address <b>9070 NW 38th STREET</b>		City <b>SUNRISE</b>	State <b>FL</b>
		Zip <b>33351</b>	
Phone <b>(305) 526-0606</b>	Email <b>jhernandez@jhasurveys.com</b>	FAX	
Agent <b>Jose G. Hernandez</b>		Contact Person <b>Jose G. Hernandez</b>	
Address <b>4805 NW 79 AVENUE - SUITE 9</b>		City <b>DORAL</b>	State <b>FL</b>
		Zip <b>33166</b>	
Phone <b>(305) 526-0606</b>	Email <b>jhernandez@jhasurveys.com</b>	FAX	
Location <b>SOUTH SIDE</b> side of <b>N.W. 38th STREET</b> at/between/and <b>N.W. 90th TERRACE</b> and/of <b>N.W. 91st AVENUE</b> <small>north side/corner north street name street name / side/corner street name</small>			

<b>II. Application Status</b>			
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 <b>036-MP-07</b>	<input checked="" type="checkbox"/> N/A <input type="checkbox"/> Don't Know
Project Name <b>WINDS OF SUNRISE</b>		<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.			

**CITY: SUNRISE**      **SEC/TWN/RG - 20-19-4**

### III. Replat Status

Is this plat a replat of a plat approved and/or recorded after March 20, 1979?  Yes  No  Don't Know

**If YES, please answer the following questions.**

Project Name of underlying approved and/or recorded plat WINDS OF SUNRISE	Project Number 036-MP-07
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Is the underlying plat all or partially residential?  Yes  No  Don't Know

**If YES, please answer the following questions.**

Number and type of units approved in the underlying plat. 8 DUPLEX UNITS
Number and type of units proposed to be deleted by this replat. 2 DUPLEX UNITS
Difference between the total number of units being deleted from the underlying plat and the number of units proposed in this replat. 6 DUPLEX UNITS

### IV. School Concurrency (Residential Plats, Replats and Site Plan Submissions)

Does this application contain any residential units? (If "No," skip the remaining questions.)  Yes  No

If the application is a replat, is the type, number, or bedroom restriction of the residential units changing?  Yes  No

If the application is a replat, are there any new or additional residential units being added to the replat's note restriction?  Yes  No

Is this application subject to an approved Declaration of Restrictive Covenants or Tri-Party Agreement entered into with the Broward County School Board?  Yes  No

**If the answer is "Yes" to questions 1-4, please see the "Required Documentation" for "School Concurrency Submission Requirements."**

V. Land Use and Zoning	
EXISTING	PROPOSED
Land Use Plan Designation(s) CODE 36 LOW-MEDIUM (10) RESIDENTIAL	Land Use Plan Designation(s) CODE 36 LOW-MEDIUM (10) RESIDENTIAL
Zoning District(s) RM-10 RESIDENTIAL MULTI FAMILY	Zoning District(s) RM-10 RESIDENTIAL MULTI FAMILY

**VI. 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.

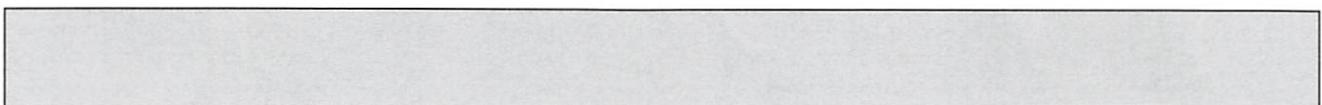
Are there any existing structures on the site?  Yes  No

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

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

**VII. Proposed Use**

RESIDENTIAL USES <input checked="" type="checkbox"/> N/A		NON-RESIDENTIAL USES <input type="checkbox"/> N/A	
Land Use	Number of Units/Rooms	Land Use	Net Acreage or Gross Floor Area
<del>RM-10 RESIDENTIAL MULTI FAMILY</del>	<del>6 DUPLEX UNITS (3 DUPLEXES)</del>		
	6 DUPLEX (3 DUPLEXES) <i>me</i>		



**VIII. Project Questionnaire**

1. Why is this property being platted? Attach an additional sheet(s) if necessary.

TO REDUCE THE NUMBER OF DUPLEX UNITS FROM 8 TO 6

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.  Yes  No

DRI Name N/A	FQD Name N/A
Latest Ordinance Number N/A	Official Record Book and Page Number N/A

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).  Yes  No

4. 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

5. Does this property or project have an adjudicated or vested rights status? If "Yes", please attach the appropriate documentation.  Yes  No

6. 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.  Yes  No

7. Does this property abut a State Road? If "Yes", see Supplemental Documentation Requirement No. 19 for required letter from Florida Department of Transportation (FDOT).  Yes  No

8. 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

9. 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

10. 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

11. Has any discussion with the School Board taken place? If "Yes", state the name and title of the person contacted.  Yes  No

Name/Title N/A
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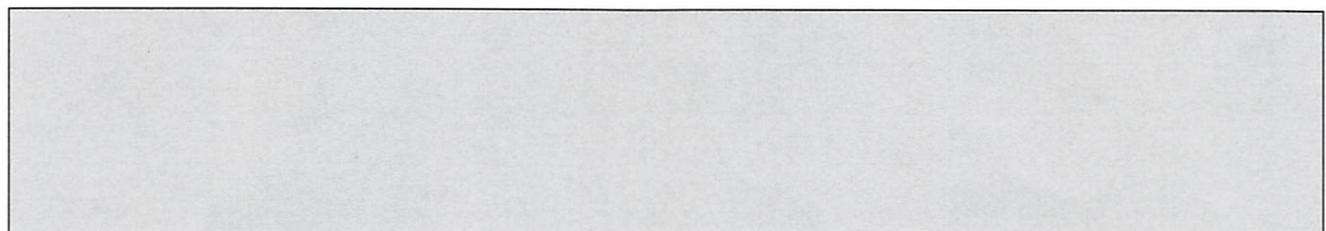
12. If a school site will be reserved or dedicated on the property, is the site delineated on the plat or site plan?  Yes  No

13. 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

14. 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

15. 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

16. 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				
17. 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				
18. 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				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Facility Name</td> </tr> <tr> <td style="padding: 2px;">Address</td> </tr> </table>		Facility Name	Address		
Facility Name					
Address					
19. 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				
20. 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				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Facility Name</td> </tr> <tr> <td style="padding: 2px;">Address</td> </tr> </table>		Facility Name	Address		
Facility Name					
Address					
21. 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				
22. 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				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Solid Waste Collector</td> </tr> <tr> <td style="padding: 2px;">N/A</td> </tr> </table>		Solid Waste Collector	N/A		
Solid Waste Collector					
N/A					
23. 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 checked="" type="checkbox"/> No				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">FPL - Name/Title</td> </tr> <tr> <td style="padding: 2px;">N/A</td> </tr> <tr> <td style="padding: 2px;">AT&amp;T - Name/Title</td> </tr> <tr> <td style="padding: 2px;">N/A</td> </tr> </table>		FPL - Name/Title	N/A	AT&T - Name/Title	N/A
FPL - Name/Title					
N/A					
AT&T - Name/Title					
N/A					
24. Estimate or state the total number of on-site parking spaces to be provided.	Spaces <b>22</b>				
25. If applicable, state the seating capacity of any proposed restaurant or public assembly facility, including places of worship.	Seating <b>N/A</b>				



**IX. 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.

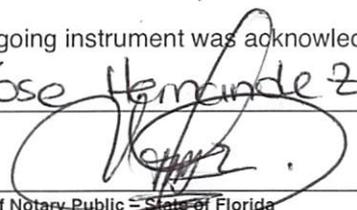
Owner/Agent Signature \_\_\_\_\_

Date \_\_\_\_\_

**NOTARY PUBLIC  
STATE OF FLORIDA, COUNTY OF BROWARD**

The foregoing instrument was acknowledged before me this 6 day of February, 2019

By Jose Hernandez

  
Signature of Notary Public - State of Florida

Maria A Ramirez  
Name of Notary Typed, Printed or Stamped

Personally Known  or Produced Identification

ID Type: \_\_\_\_\_



For Planning and Development Management Use Only			
Application Type	<u>MUNI PLOT</u>	Time	Application Date <u>4/19/19</u>
Acceptance Date	<u>5/1/19</u>	Fee	Comments Due <u>5/29/19</u>
Report Due	<u>6/11/19</u>	Adjacent City	<u>NONE</u>
<input checked="" type="checkbox"/> Plats	<input checked="" type="checkbox"/> Surveys	<input checked="" type="checkbox"/> Site Plans	<input type="checkbox"/> Landscaping Plans <input type="checkbox"/> Lighting Plans
<input type="checkbox"/> Other:	Describe <u>TITLE WORK,</u>	Received By	<u>AW Clarke</u>
<u>Comments</u>			

