



Plat/Site Plan Number 007-MP-20

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

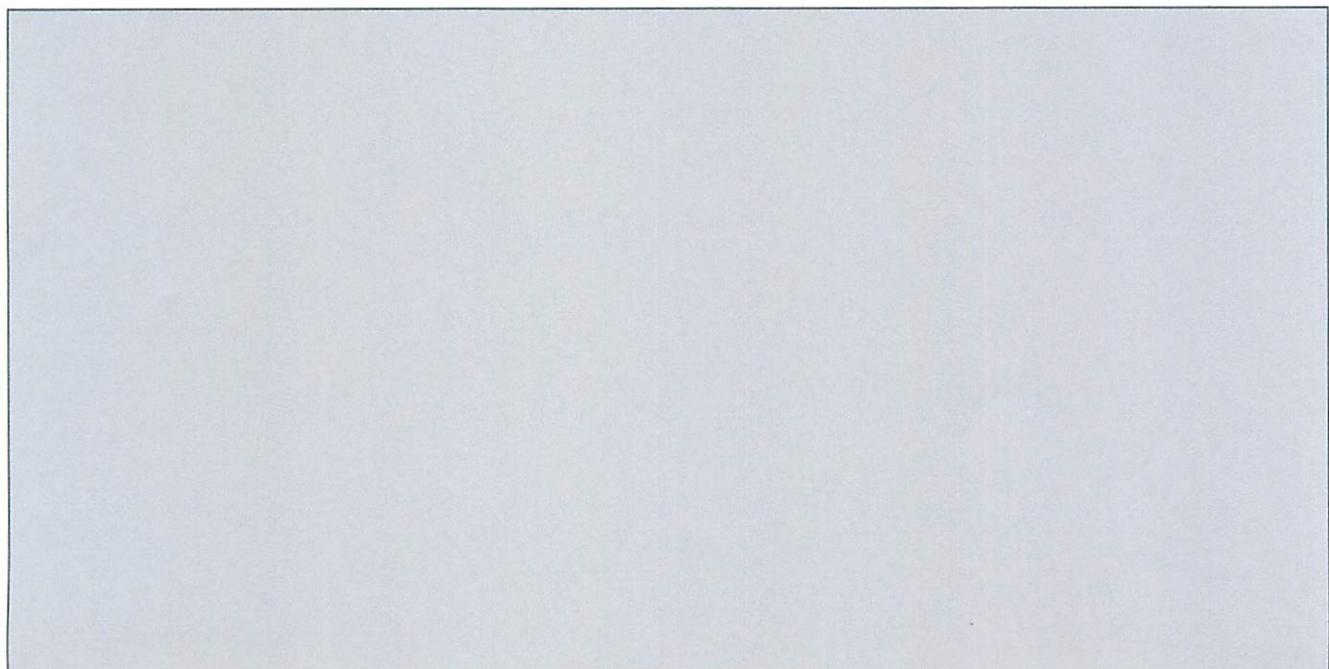
I. Project Information			
Plat/Site Plan Name <b>AMOPT LLC</b>			
Owner/Applicant Name <b>AMOPT, LLC.</b>			
Address <b>2 West Dixie Highway</b>		City <b>Dania Beach</b>	State <b>FL</b>
		Zip <b>33004</b>	
Phone <b>(954) 920-4247</b>	Email <b>amartinez@amoplans.com</b>	FAX	
Agent <b>PULICE LAND SURVEYORS, INC.</b>		Contact Person <b>Elizabeth Tsouroukdissian</b>	
Address <b>5381 Nob Hill Road</b>		City <b>Sunrise</b>	State <b>FL</b>
		Zip <b>33351</b>	
Phone <b>(954) 572-1777</b>	Email <b>elizabeth@pulicelandsurveyors.com</b>	FAX <b>(954) 572-1778</b>	
Location _____ side of _____ at/between/and _____ and/of _____ <small>north side/corner north street name street name / side/corner street name</small>			

II. 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 checked="" type="checkbox"/> N/A			
What was the project number assigned by the Planning and Development 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			
If yes, consult Policy 13.01.10 of the Land Use Plan. A compatibility determination may be required.			

**DANIA BEACH**      SEC/TWN/RG: **3/51/42**

<b>III. Replat Status</b>	
Is this plat a replat of a plat approved and/or recorded after March 20, 1979? <input checked="" type="checkbox"/> Yes <input 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 With the proposed plat we are including the replatting of TACO BELL AT DANIA	Project Number 071-MP-96
Is the underlying plat all or partially residential? <input type="checkbox"/> Yes <input checked="" 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. N/A	
Number and type of units proposed to be deleted by this replat. N/A	
Difference between the total number of units being deleted from the underlying plat and the number of units proposed in this replat. N/A	

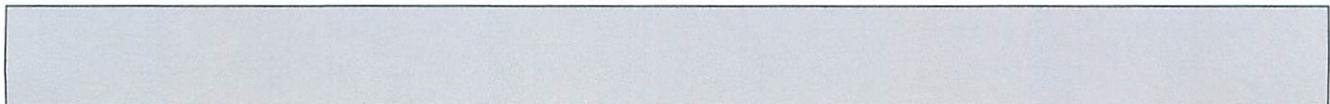
<b>IV. School Concurrency (Residential Plats, Replats and Site Plan Submissions)</b>	
Does this application contain any residential units? (If "No," skip the remaining questions.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If the application is a replat, is the type, number, 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 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) RAC - Regional Activity Center	Land Use Plan Designation(s) SAME
Zoning District(s) SFED-MU (S. Federal Mixed Use)	Zoning District(s) SAME

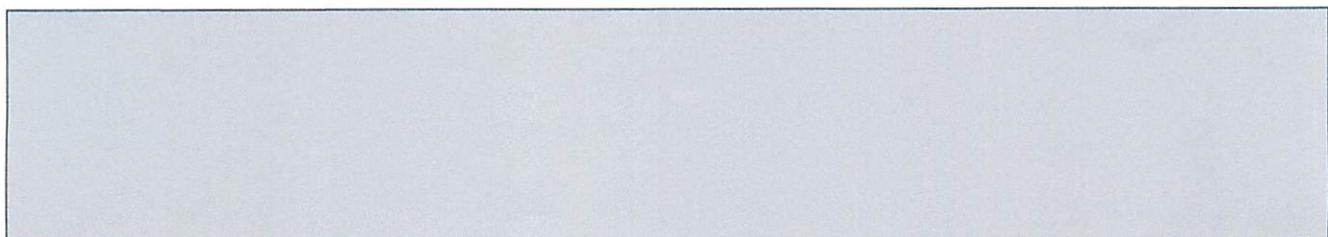
VI. Existing Land Use					
<p>A credit against impact fees may be given for the site's current or previous use. No credit will be granted for any demolition occurring more than eighteen (18) months and/or sixty (60) months for mobile homes of Environmental Review of construction plans. To receive a credit, 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 <u>within</u> 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.</p>					
<p>Are there any existing structures on the site? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span></p>					
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
<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 id defined by the definition in the Land Development Code.</p>					

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
N/A		Training Facility	16,000 sq. ft.
N/A			



<b>VIII. Project Questionnaire</b>	
1. Why is this property being platted? Attach an additional sheet(s) if necessary. This plat will create a lot of record that incorporates a non-platted piece of land and the replat of another.	
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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
5. 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	
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. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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). <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
11. 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	
Name/Title N/A	
12. 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 checked="" type="checkbox"/> 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, Environmental Engineering and Permitting Division. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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, Environmental Engineering and Permitting Division. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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, Environmental Engineering and Permitting Division. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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, Planning and Development Management Division.	<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, Environ Eng and Permit 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> <td style="padding: 2px;">City of Dania Beach</td> </tr> <tr> <td style="padding: 2px;">Address</td> <td style="padding: 2px;">1201 Stirling Road</td> </tr> </table>		Facility Name	City of Dania Beach	Address	1201 Stirling Road
Facility Name	City of Dania Beach				
Address	1201 Stirling Road				
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> <td style="padding: 2px;">City of Dania Beach</td> </tr> <tr> <td style="padding: 2px;">Address</td> <td style="padding: 2px;">1201 Stirling Road</td> </tr> </table>		Facility Name	City of Dania Beach	Address	1201 Stirling Road
Facility Name	City of Dania Beach				
Address	1201 Stirling Road				
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> <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> <td style="padding: 2px;">N/A</td> </tr> <tr> <td style="padding: 2px;">AT&amp;T – Name/Title</td> <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 20				
25. If applicable, state the seating capacity of any proposed restaurant or public assembly facility, including places of worship.	Seating n/a				



**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 March 19<sup>th</sup>/2020

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

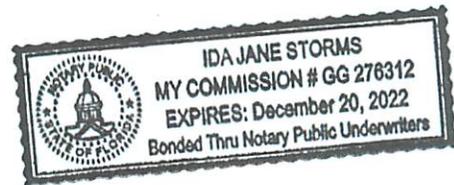
The foregoing instrument was acknowledged before me this 19<sup>th</sup> day of March, 2020  
 By Elizabeth Tsouroukdissian (NOTARY SEAL)

  
 Signature of Notary Public - State of Florida

Ida Jane Storms  
 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 PLAT</u>	Time	Application Date <u>03/20/20</u>
Acceptance Date	<u>04/01/20</u>	Fee <u>\$4,780</u>	Comments Due <u>04/29/20</u>
Report Due	<u>05/13/20</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 checked="" type="checkbox"/> Other:	Describe <u>TITLE WORK</u>	Received By <u>H.V. CHIBBE I</u>	
Comments			

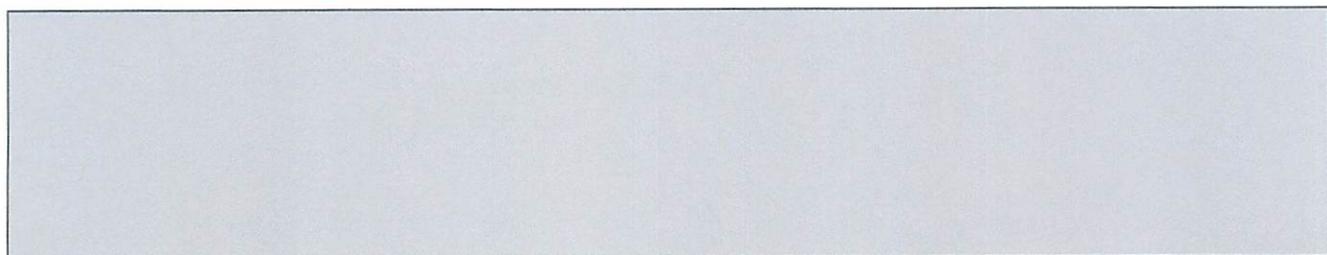


Exhibit 7  
Page 748

Board of County Commissioners, Broward County, Florida  
Environmental Protection and Growth Management Department  
Planning and Development Management Division  
**Project Update Sheet**

Plat/Site Plan Number 007-MP-20

**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 \_\_\_\_\_

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 # \_\_\_\_\_

<p><b>EXISTING</b></p> <p>Land use plan designation(s) _____</p> <p>Zoning District(s) _____</p>	<p><b>PROPOSED</b></p> <p>Land use plan designation(s) _____</p> <p>Zoning District(s) _____</p>
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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		NON-RESIDENTIAL UNITS	
Type of Unit	Number of 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 PROJECT UPDATE Time \_\_\_\_\_ Application Date 6/24/20

Acceptance Date 6/26/20 Fee \$790 Comments Due 7/27/20

Report Due 8/10/20 Adjacent City NONE

Plats  Surveys  Site Plans  Landscaping Plans  Lighting Plans

Other (Describe) \_\_\_\_\_ Received By \_\_\_\_\_

Comments \_\_\_\_\_

**NOTE: REVISING PAST NOTE FROM 16,000 SQ TRAINING FACILITY TO PARCEL A IS RESTRICTED TO 16,000 SQ FT. OF SPECIATED SCHOOL & PARCEL B TO NO DEVELOPMENT**

