



Plat/Site Plan Number 039-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

| |
|---|
| Instructions |
| For your application to be officially accepted for processing, you must complete this application in full. The owner/agent certification must be signed and notarized with the appropriate supplemental documentation attached. If any information requested is not applicable, please identify it as such. Please type this application or print legibly in black ink . |

| | | | |
|--|---|---|---|
| Project Information | | | |
| Plat/Site Plan Name CIRCLE S ESTATES | | | |
| Owner/Applicant Name 15990 GRIFFIN RD LLC, c/o Patricia Fuccile, Manager | | Middle Initial | Suffix |
| Address 306 SE 6 Street | City Dania Beach | State FL | Zip 33004 |
| Phone (786) 453-3013 | Mobile Phone (305) 632-2990 | FAX | |
| Email jwright@cchomes.com (c/o Jimmy Wright) | | | |
| Agent Craven Thompson & Associates, Inc. | | Contact Person Catherine A. Donn | |
| Address 3563 NW 53 ST | | City Fort Lauderdale | State FL |
| Phone 954-736-6400 x 379 | Mobile Phone N/A | FAX N/A | |
| Email cdonn@craventhompson.com | | | |
| Location Jurisdiction TOWN OF SOUTHWEST RANCHES | | | |
| Location Section 28 & 33 | Location Township 50S | Location Range 40E | |
| FOLIO #'S 504033010064, 504028000030, 504028000060 | | | |
| north... East of | side of (street name) Dykes Rd/SW 160 Ave | at/between (street name) Hawk's Bluff Ave | and (street name) SW 51 Manor |

SEC/TWN/RN: 28&33/50/40



Plat/Site Plan Number 039-MP-14

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Application/Replat Status

| 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 type="checkbox"/> Don't Know |
| Project Name | | | <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 checked="" 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. | | | |

| Replat Status | | | |
|--|--|--|-------------------------------------|
| Is this plat a replat of a plat approved and/or recorded after March 20m 1979? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Don't Know |
| If yes, please answer the following questions. | | | |
| Name of underlying approved and/or recorded plat | Project Number of underlying approved and/or recorded plat | | |
| 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. | <input checked="" type="checkbox"/> N/A | | |
| Number and type of units proposed to be deleted by this replat. | <input checked="" type="checkbox"/> N/A | | |
| Difference between the total number of units being deleted from the underlying plat and the number of units proposed in this replat. | <input checked="" type="checkbox"/> N/A | | |



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| 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 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." | |

| For Planning and Development Management Use Only | | |
|--|--|---|
| Application Type <u>MUNI PLD</u> | Time | Application Date <u>11/8/19</u> |
| Acceptance Date <u>11/21/19</u> | Fee <u>\$4,705</u> | Comments Due <u>12/23/19</u> |
| Report Due <u>1/8/19</u> | Adjacent City <u>DANIE</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 type="checkbox"/> Other: | Describe <u>TITLE WORK, SCHOOL BOARD RECPT CY RECEIPT</u> | Received By <u>H W CHARKE I.</u> |
| Comments | | |



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Project Characteristics

Instructions
 The information on this form will be used to determine the project's overall impact on urban service delivery facilities and programs. The "Existing Land Use" and "Proposed Use" sections will be used to calculate impact fees and Traffic Concurrency. A note will be placed on the plat restricting the property in accordance with the proposed use(s) specified below.

| Land Use and Zoning | |
|--|--|
| EXISTING | PROPOSED |
| Land use plan Designation(s) Rural Estates | Land use plan Designation(s) Rural Estates |
| Zoning District(s) RE - Rural Estates | Zoning District(s) RE - Rural Estates |

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? |
| SEE ATTACHED SHT | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

***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.**



Plat/Site Plan Number D3A-MP-19

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Project Characteristics

Instructions
 The information on this form will be used to determine the project's overall impact on urban service delivery facilities and programs. The "Existing Land Use" and "Proposed Use" sections will be used to calculate impact fees and Traffic Concurrency. A note will be placed on the plat restricting the property in accordance with the proposed use(s) specified below.

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 STUCTURE(S) | | |
|---------------------------------------|---|--------------------|----------------------|-------------|---------------------------------|
| | | | Remain the Same? | Change Use? | Has been or will be Demolished? |
| RE - Residence (8) | 3,696 SF | CURRENT | NO | NO | YES |
| RE - Residence (1) | 4,541 SF | CURRENT | NO | NO | YES |
| RE - Ancillary to Residence (2) | 2,530 SF | CURRENT | NO | NO | YES |
| RE - Barn/Stable (9) | 3,875 SF | CURRENT | NO | NO | YES |
| RE - Barn/Stable (3) | 6,101 SF | CURRENT | NO | NO | YES |
| RE - Barn/Stable (6) | 6,463 SF | CURRENT | NO | NO | YES |
| RE - Barn/Stable (7) | 2,362 SF | CURRENT | NO | NO | YES |
| RE - Barn/Office/Hospital (5) | 6,667 SF | CURRENT | NO | NO | YES |
| RE - Ancillary to Office/Hospital (4) | 1,006 SF | CURRENT | NO | NO | YES |

*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.



Plat/Site Plan Number 03A-MP-19

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Proposed Use

Instructions

Please specify the proposed use in accordance with the land use categories. Note: Residential uses must be expressed based upon DWELLING UNIT TYPES listed on this form. 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(s) and describe fully.

Proposed Use Form

| RESIDENTIAL USES | | NON-RESIDENTIAL USES | |
|------------------|-----------------|----------------------|---------------------------------|
| Type of Unit | Number of Units | Land Use | Net Acreage or Gross Floor Area |
| SF | 42 DU | | |



Plat/Site Plan Number 03A-MP-14

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Project Questionnaire

Instructions

Check the appropriate "Yes" or "No" box for each question below. If additional space is required to explain a response, attach and label continuation sheets. – **ALL QUESTIONS MUST BE ANSWERED** -

Project Questionnaire Form

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

Redevelopment of unplatted land/acreage

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.

| | | |
|--------------------------|---------------------------------------|---|
| DRI Name: | FQD Name: | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Latest Ordinance Number: | Official Record Book and Page Number: | |

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

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

Does this property or project have an adjudicated or vested rights status? If "Yes", please attach the appropriate documentation.

Yes No

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

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

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



Plat/Site Plan Number 039-MY-14

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| Project Questionnaire Form | |
|--|---|
| 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 |
| 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: <input type="text"/> | |
| 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 |
| 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 |
| 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 |
| 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 |
| 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 |
| 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 |
| 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 |
| Facility Name: CITY OF SUNRISE | |
| Address: SW Water Treatment Plant | |
| 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 |



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| Project Questionnaire Form | | | | |
|---|---|---|---|--|
| Is this project to be served by an approved wastewater (sewage) treatment plant? If "Yes", state the name of facility and facility address. | | | | |
| <table border="1"> <tr> <td>Facility Name: CITY OF SUNRISE</td> <td rowspan="2"> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </td> </tr> <tr> <td>Address: SW Wastewater Treatment Plant</td> </tr> </table> | Facility Name: CITY OF SUNRISE | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Address: SW Wastewater Treatment Plant | |
| Facility Name: CITY OF SUNRISE | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Address: SW Wastewater Treatment Plant | | | | |
| 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 | | | | |
| Have provisions been made for the collection of solid waste for this project? If "Yes", state the name of the collector. | | | | |
| <table border="1"> <tr> <td>Solid Waste Collector</td> <td rowspan="2"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </td> </tr> <tr> <td> </td> </tr> </table> | Solid Waste Collector | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Solid Waste Collector | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| | | | | |
| 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. | | | | |
| <table border="1"> <tr> <td>FPL – Name/Title: N/A</td> <td rowspan="2"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </td> </tr> <tr> <td>AT&T – Name/Title: N/A</td> </tr> </table> | FPL – Name/Title: N/A | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | AT&T – Name/Title: N/A | |
| FPL – Name/Title: N/A | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| AT&T – Name/Title: N/A | | | | |
| Estimate or state the total number of on-site parking spaces to be provided. | Spaces 0 | | | |
| If applicable, state the seating capacity of any proposed restaurant or public assembly facility, including places of worship. | Seating N/A | | | |



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| | | | | |
|---|---------|--------|----------|------|
| 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 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. | | | | |
| Signature of owner/agent | | | | |
| Sworn and subscribed to before me this | Day | day of | Month | Year |
| | 1st | | November | 2019 |

By: *Catherine A. Donn*
 Who produced a FL Drivers License as proof of Identification



CATHERINE A DONN
 Commission # GG 213413
 Expires August 29, 2022
 Bonded Thru Budget Notary Services



CATHERINE A DONN
 Commission # GG 213413
 Expires August 29, 2022
 Bonded Thru Budget Notary Services

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 39-MP-19

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 # _____

| | |
|------------------------------------|------------------------------------|
| EXISTING | PROPOSED |
| Land use plan designation(s) _____ | Land use plan designation(s) _____ |
| Zoning District(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 | | 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 _____

Acceptance Date 6/22/20 Fee N/A Comments Due 7/21/20

Report Due 8/4/20 Adjacent City DAVIE

Plats Surveys Site Plans Landscaping Plans Lighting Plans

Other (Describe) _____ Received By _____

Comments _____

NOTE: REVISING THE CONNECTION FROM SEWER/WATER TO WSW/SEPTIC SYSTEM

