



Plat/Site Plan Number 043-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

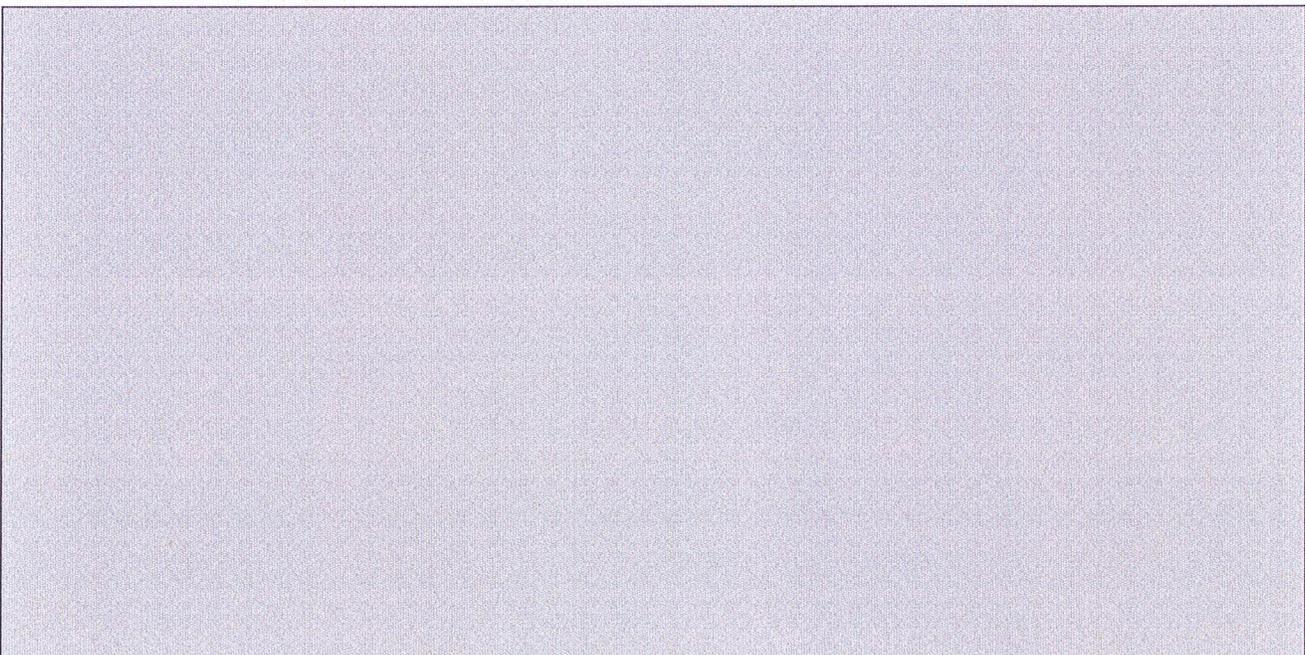
I. Project Information			
Plat/Site Plan Name CASUARINAS			
Owner/Applicant Name NRM GROUP, LLC			
Address 6037 N.W. 167th STREET, SUITE C-27		City HIALEAH	State FL
Zip 33015			
Phone (954) 804-7362	Email MRHINOSKY@AOL.COM	FAX (000) 000-0000	
Agent McLAUGHLIN ENGINEERING CO.		Contact Person JAMES McLAUGHLIN	
Address 1700 N.W. 64th STREET		City FT. LAUDERDALE	State FL
Zip 33309			
Phone (954) 763-7611	Email JIM@MECO400.COM	FAX (954) 763-7615	
Location NORTH side of S.W. 14 ST. at/between/and AT S.W. 130 AVE. and/of _____ street name			
<small>north side/corner north street name street name / side/corner street name</small>			

II. Application Status			
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 035-MP-17	<input type="checkbox"/> N/A <input type="checkbox"/> Don't Know
Project Name LAS CASUARINAS 1		<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 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.			

TOWN: DAWIE SEE/TOWN/RA: 11/50/40

III. 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 N/A	Project Number N/A
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	

IV. 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 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) RESIDENTIAL 5 DU/ACRE	Land Use Plan Designation(s) RESIDENTIAL 5 DU/ACRE
Zoning District(s) R-5	Zoning District(s) R-5

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.

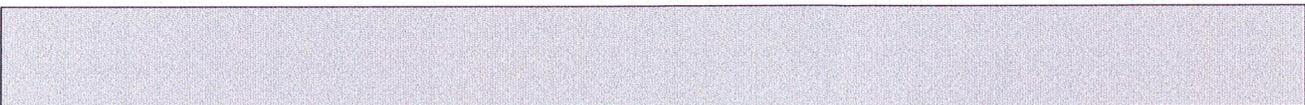
Are there any existing structures on the site? Yes No

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 id defined by the definition in the Land Development Code.

VII. Proposed Use

RESIDENTIAL USES <input type="checkbox"/> N/A		NON-RESIDENTIAL USES <input checked="" type="checkbox"/> N/A	
Land Use	Number of Units/Rooms	Land Use	Net Acreage or Gross Floor Area
SINGLE FAMILY	12	N/A	
		N/A	



VIII. Project Questionnaire

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

IS A PORTION OF FLORIDA FRIUT LANDS CO. SUB (2-17 D) AND IT'S BOUNDARY IS NOT SPECIFICALLY DELINATED ON THE PLAT AND IS NOW BEING SPLIT INTO 12 LOTS.

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 PREVIOUS SCAD (SBBC-2344-2017) EXPIRED
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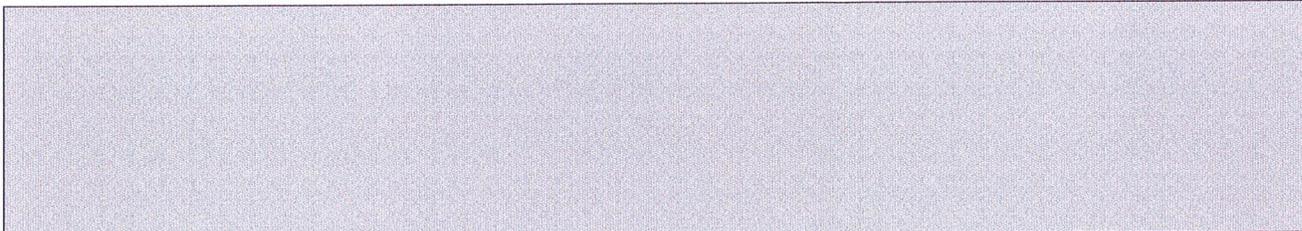
12. If a school site will be reserved or dedicated on the property, is the site delineated on the plat or site plan? Yes No

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, Environmental Engineering and Permitting 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, Environmental Engineering and Permitting 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, Environmental Engineering and Permitting 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, 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>SUNRISE</td> </tr> <tr> <td style="padding: 2px;">Address</td> <td>4350 SPRINGTREE DRIVE, SUNRISE, FL 33351</td> </tr> </table>		Facility Name	SUNRISE	Address	4350 SPRINGTREE DRIVE, SUNRISE, FL 33351
Facility Name	SUNRISE				
Address	4350 SPRINGTREE DRIVE, SUNRISE, FL 33351				
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>SUNRISE SAWGRASS</td> </tr> <tr> <td style="padding: 2px;">Address</td> <td>14150 NW 8th STREET, SUNRISE, FL 33325</td> </tr> </table>		Facility Name	SUNRISE SAWGRASS	Address	14150 NW 8th STREET, SUNRISE, FL 33325
Facility Name	SUNRISE SAWGRASS				
Address	14150 NW 8th STREET, SUNRISE, FL 33325				
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>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>N/A</td> </tr> <tr> <td style="padding: 2px;">AT&T – Name/Title</td> <td>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.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Spaces</td> <td style="text-align: center;">24</td> </tr> </table>	Spaces	24		
Spaces	24				
25. If applicable, state the seating capacity of any proposed restaurant or public assembly facility, including places of worship.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Seating</td> <td style="text-align: center;">N/A</td> </tr> </table>	Seating	N/A		
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 J. McLaughlin Date 12-3-19

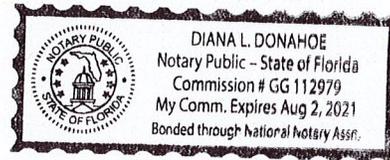
**NOTARY PUBLIC
STATE OF FLORIDA, COUNTY OF BROWARD**

The foregoing instrument was acknowledged before me this 3rd day of December, 2019

By James McLaughlin

(NOTARY SEAL)

Diana L. Donahoe
Signature of Notary Public – State of Florida



DIANA L. DONAHOE
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>12/6/19</u>
Acceptance Date <u>12/18/19</u>	Fee <u>\$4,600</u>	Comments Due <u>1/17/20</u>
Report Due <u>2/3/20</u>	Adjacent City <u>NONE</u>	

Plats Surveys Site Plans Landscaping Plans Lighting Plans

Other: Describe city resolution; saved ID receipt; TAX NOTICE;

Received By H.W. CHARKE I.

Comments

