



Resilient Environment Department
URBAN PLANNING DIVISION

1 N. University Drive, Box 102 · Plantation, FL 33324 · T: 954-357-6666 F: 954-357-6521 · Broward.org/Planning

Application Number 08-MP-23

Development and Environmental Review Online Application

Project Information			
Plat/Site Plan Name Marigold			
Plat/Site Number		Plat Book - Page (if recorded)	
Owner/Applicant/Petitioner Name CHELSEA 30 ACRE OWNER, LLC			
Address 2601 S. Bayshore Drive, Suite 1460		City Miami	State FL
Zip 33133			
Phone 786-567-5152	Email rg@tm-residential.com		
Agent for Owner/Applicant/Petitioner Craven, Thompson & Associates, Inc.		Contact Person Matt Edge	
Address 3563 NW 53rd Street		City Fort Lauderdale	State FL
Zip 33309			
Phone 954-739-6400	Email medge@craventhompson.com		
Folio(s) 504133010093, 504133010080, 504133010083, 504133010082, 504133010081, 504133010130, 504133010180, 504133010230, 504133010220			
Location <div style="display: flex; justify-content: space-between; align-items: center;"> South side of <u>Griffin Rd</u> at/between/and <u>Pine Island Rd</u> and/of <u>SW 82nd Ave</u> </div> <div style="display: flex; justify-content: space-between; align-items: center; font-size: small; margin-top: 5px;"> <i>north side/corner north</i> <i>street name</i> <i>street name / side/corner</i> <i>street name</i> </div>			

Type of Application (this form required for all applications)
Please check all that apply (use attached Instructions for this form).
<input checked="" type="checkbox"/> Plat (fill out/PRINT Questionnaire Form, Plat Checklist)
<input type="checkbox"/> Site Plan (fill out/PRINT Questionnaire Form, Site Plan Checklist)
<input type="checkbox"/> Note Amendment (fill out/PRINT Questionnaire Form, Note Amendment Checklist)
<input type="checkbox"/> Vacation (fill out/PRINT Vacation Continuation Form, Vacation Checklist , use Vacation Instructions)
<input type="checkbox"/> Vacating Plats, or any Portion Thereof (BCCO 5-205)
<input type="checkbox"/> Abandoning Streets, Alleyways, Roads or Other Places Used for Travel (BCAC 27.29)
<input type="checkbox"/> Releasing Public Easements and Private Platted Easements or Interests (BCAC 27.30)
<input type="checkbox"/> Vacation (Notary Continuation Form Affidavit required, fill out <u>Business Notary</u> if needed)

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 Urban Planning Division?	Project Number 012-MP-21	<input type="checkbox"/> N/A	<input type="checkbox"/> Don't Know
Project Name Marigold		<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.			

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	

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 checked="" 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 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 any of the questions above	
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.	

Land Use and Zoning	
EXISTING	PROPOSED
Land Use Plan Designation(s) Low (3) Residential	Land Use Plan Designation(s) Low-Medium (8) Residential
Zoning District(s) Agricultural (A-1)	Zoning District(s) Multi-Family Residential (RM-8)

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 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.</p>						
Are there any existing structures on the site?					<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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?	
Single Family	4 DU	10/01/2020	YES <input checked="" type="checkbox"/> NO	YES <input checked="" type="checkbox"/> NO	HAS <input checked="" type="checkbox"/> L NO	
			YES NO	YES NO	HAS WILL NO	
			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>						

Proposed Use			
RESIDENTIAL USES		NON-RESIDENTIAL USES	
Land Use	Number of Units/Rooms	Land Use	Net Acreage or Gross Floor Area
Single Family	60 DU	N/A	N/A

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 Matthew Pellar Date March 15, 2023

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 March, 2023, who is personally known to me | has produced _____ as identification.

Rene Gutierrez
 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>New Plat</u>		
Application Date <u>6/6/23</u>	Acceptance Date <u>6/13/23</u>	Fee <u>\$4,780</u>
Comments Due <u>7/3/23</u>	Report Due <u>7/13/23</u>	CC Meeting Date <u>TBA</u>
Adjacent City or Cities <u>Cooper City</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"/> City Letter <input type="checkbox"/> Agreements		
<input checked="" type="checkbox"/> Other: <u>title work, BCPA receipts</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 checked="" type="checkbox"/> Other: <u>N/A</u>		
Received By <u>Christian Damay</u>		