



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 223-MP-24

## Development and Environmental Review Online Application

<b>Project Information</b>			
Plat/Site Plan Name <u>Calvary Chapel West Campus</u>			
Plat/Site Number <u>N/A</u>		Plat Book - Page (if recorded) <u>N/A</u>	
Owner/Applicant/Petitioner Name <u>Jason Rachels / Calvary Chapel of Ft. Lauderdale</u>			
Address <u>6330 NW 31<sup>st</sup></u>		City <u>Fort Lauderdale</u>	State <u>FL</u>
Phone <u>954-905-5128</u>		Email <u>rustio@ccaeagles.org</u>	
Agent for Owner/Applicant/Petitioner <u>Joselyn Aldas / KEITH</u>		Contact Person <u>Joselyn Aldas</u>	
Address <u>301 E. Atlantic Blvd</u>		City <u>Pompano Beach</u>	State <u>FL</u>
Phone <u>561-867-1657</u>		Email <u>Jaldas@keitnteam.com</u>	
Folio(s) <u>494208000031, 494208000038</u>			
Location <u>East</u> side of <u>NW 31 Ave</u> at/between/and <u>Cypress Creek Rd.</u> and/of <u>NW 65<sup>th</sup> Dr.</u> <small>north side/corner north street name street name / side/corner street name</small>			

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

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 Urban Planning Division?	<div>Project Number</div> <div><input checked="" type="checkbox"/> N/A    <input type="checkbox"/> Don't Know</div>		
Project Name	<div></div> <div><input checked="" type="checkbox"/> N/A    <input type="checkbox"/> Don't Know</div>		
Are the boundaries of the project exactly the same as the previously submitted project?	<input 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 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 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
<p><b>If the answer is "Yes" to any of the questions above</b></p> <p><b>RESIDENTIAL APPLICATIONS ONLY:</b> 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.</p>	



Land Use and Zoning	
EXISTING	PROPOSED
Land Use Plan Designation(s) Park-Open Space/ Community Facility	Land Use Plan Designation(s) Park-Open Space /Community Facility (Same as existing)
Zoning District(s) P / CF-HS	Zoning District(s) P / CF-HS (Same as existing)

Existing Land Use					
<p>A credit against impact fees may be given for the site's current or previous use. <b>No credit will be granted for any demolition occurring more than three (3) years of Environmental Review of construction plans.</b> To receive a credit, complete the following table. <b>Note:</b> 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>					
<p>Are there any existing structures on the site? <span style="float: right;"><input checked="" type="checkbox"/> Yes    <input 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?
School Gym	28,959 SF		<del>YES</del>   NO	YES   <del>NO</del>	HAS   WILL   <del>NO</del>
Classroom (515 seats)	19,165 SF		YES   <del>NO</del>	YES   <del>NO</del>	HAS   <del>WILL</del>   NO
			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.

Proposed Use			
RESIDENTIAL USES		NON-RESIDENTIAL USES	
Land Use	Number of Units/Rooms	Land Use	Net Acreage or Gross Floor Area
		School Gym	31,304 SF
		Classroom (700 seats)	54,710 SF
		Theater	26,257 SF

## 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.

Joseph Alar  
Owner/Agent Signature

7/25/2024  
Date

## NOTARY PUBLIC

### STATE OF FLORIDA COUNTY OF BROWARD

The foregoing instrument was acknowledged before me by means of ☒ physical presence | ☐ online notarization, this 25<sup>th</sup> day of July, 20 24, who ☒ is personally known to me | ☐ has produced \_\_\_\_\_ as identification.

Michael Vonder Meulen  
Name of Notary Typed, Printed or Stamped

[Signature]  
Signature of Notary Public – State of Florida



HH 323023  
Serial Number (if applicable)

## For Office Use Only

Application Type

MUNI PLAT

Application Date <u>09/27/24</u>	Acceptance Date <u>10/4/24</u>	Fee <u>\$4,780</u>
Comments Due <u>11/4/24</u>	Report Due <u>11/14/24</u>	CC Meeting Date <u>TBA</u>

Adjacent City or Cities

N/A

- ☒ Plats
 ☒ Surveys
 ☒ Site Plans
 ☐ Landscaping Plans
 ☐ Lighting Plans
 ☐ City Letter
 ☐ Agreements

☒ Other: BCPA RECEIPT, TITLE WORK

- Distribute To  
☒ Full Review
 ☐ Planning Council
 ☐ School Board
 ☐ Land Use & Permitting
 ☐ Health Department
 ☐ Zoning Code Services (BMSD only)
 ☐ Administrative Review

☒ Other: N/A

Received By

DIEGO MUNOZ

## Project Update Sheet

Plat/Site Plan Number 023-MP-24

### 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

Land use plan designation(s) \_\_\_\_\_  
Zoning District(s) \_\_\_\_\_

#### PROPOSED

Land use plan designation(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

Type of Unit	Number of Units	NON-RESIDENTIAL 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 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 URBAN PLANNING DIVISION USE ONLY

Application Type _____		Time _____	Application Date _____
Acceptance Date _____		Fee _____	Comments Due _____
Report Due _____		Adjacent City _____	
<input type="checkbox"/> Plats	<input type="checkbox"/> Surveys	<input type="checkbox"/> Site Plans	<input type="checkbox"/> Landscaping Plans
<input type="checkbox"/> Other (Describe) _____		<input type="checkbox"/> Lighting Plans	
Comments _____		Received By _____	

### Questionnaire Changes

Please review all questions on the "Project Questionnaire" form, Page 3, and indicate any revisions.

[illegible]

### Comments and Additional Information

-Two separate parcels will be created to differentiate the two land use designations. The plat is restricted to 125,000 square feet of K-8 Educational Facility on Parcel A and a recreational facility on Parcel B.

[illegible]

### **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 changes to the original application and supplemental documents supplied herein are true and correct to the best of my knowledge. If no changes are indicated on this update sheet or in the attached supplemental documentation, then this certifies that the information supplied on the original application 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 Dorleen Alden.

Sworn and subscribed to before me this 26<sup>th</sup> day of March, 2025

by Joselyn Aldas ☒ He/she is personally known to me or

☐ Has presented                      as identification

Signature of Notary Public [Signature]

Type or Print Name Mike Vonder Meulen

