

Project Information

Application Number 184-MP-80

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

Development and Environmental Review Online Application

Plat/Site Plan Name					
Sawgrass Commercial Plat					
Plat/Site Number		Plat Book - Page (if recorded)			
184-MP86		PB 154 PG 1			
Owner/Applicant/Petitioner Name					
City of Sunrise					
Address		City	State	Zip	
0770 W Oakland Park Blvd		Sunrise	FL	33323	
Phone	Email				
954-786-3430	cityman	ager@sunrisefl.gov	r@sunrisefl.gov		
Agent for Owner/Applicant/Petitioner Contact Person					
Craven, Thompson & Associat	es, Inc.	Matt Edge			
Address		City	State	Zip	
3563 NW 53rd Street		Fort Lauderdale	FL	33309	
Phone	Email	_			
954-739-6400	medge@	@craventhompson.com			
Folio(s)					
494024180010 - SMRISU					
Location					
North W Oakland Park	Blvd	Sawgrass Expressway and/o	. NW 120th	Wav	
north side/corner north street name	at/between/and	street name / side/corner	stree	t name	
Type of Application (this for	m required fo	or all applications)			
Please check all that apply (use att	ached Instruction	ons for this form).			
☐ Plat (fill out/PRINT Questionna	aira Form Plat Ch	acklist\			
Li lat (illi out) Mil Questionne	ane roim, riat or	ieckiist)			
☐ Site Plan (fill out/PRINT Quest	ionnaire Form, Si	ite Plan Checklist)			
☑ Note Amendment (fill out/PRIN	NT Questionnaire	Form, Note Amendment Checkli	(st)		
☐ Vacation (fill out/PRINT Vacation	ion Continuation	Form, Vacation Checklist, use Va	acation Instruc	tions)	
☐ Vacating P	lats, or any Portic	on Thereof (BCCO 5-205)			
☐ Abandonin	g Streets, Alleywa	ays, Roads or Other Places Used	l for Travel (<mark>BC</mark>	AC 27.29)	
☐ Releasing I	Public Easements	and Private Platted Easements	or Interests (B	CAC 27.30)	
☐ Vacation (Notary Continuatio	n Form Affidavit re	and and fill and Discipance Natons if a	andad)		
	Allidavit id	equired, fill out <u>Business Notary</u> if h	eeded)		

Application Status					
Has this project been previously submitted?	☐ Yes	⊠ No		□ Don	t Know
This is a resubmittal of: ☐ Entire Project	□ Porti	on of Project	⊠ N/A		
What was the project number assigned by the Urban Planning Division?	Project Number	r	⊠ N/A	□ Don'	t Know
Project Name			⊠ N/A	□ Don'	t Know
Are the boundaries of the project exactly the same as the previously submitted project?	☐ Yes	□ No		□ Don'	t Know
Has the 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 com	patibility determin	ation may be	required	l.
Replat Status					
-	l offen Menek	20 40702 🖪 V			14 17
Is this plat a replat of a plat approved and/or recorded If YES, please answ			es ⊠ No	ц bon	't Know
Project Name of underlying approved and/or recorded plat	er the follow		ct Number		
Is the underlying plat all or partially residential?		es □ No	□ Don	't Know	
If YES, please answ	er the follow	ing questions.			
Number and type of units approved in the underlying plat.					
Number and type of units proposed to be deleted by this replat.	Number and type of units proposed to be deleted by this replat.				
Difference between the total number of units being deleted from the underlying plat and the number of units proposed in this replat.					
0-110(D:11:		o: Di O I			
School Concurrency (Residential Plats, Re	plats and	Site Plan Subm	iissions)		
Does this application contain any residential units? (If	"No," skip th	e remaining ques	tions.)	□ Yes	⊠ No
If the application is a replat, is the type, number, or be changing?	edroom restr	ction of the reside	ential units	□ Yes	⊠ No
If the application is a replat, are there any new or ad the replat's note restriction?	ditional resi	lential units being	added to	□ Yes	⊠ No
Is this application subject to an approved Declaratio Agreement entered into with the Broward County Sch		tive Covenants o	r Tri-Party	□ Yes	⊠ 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)	Land Use Plan Designation(s)
Commercial	Commercial
Zoning District(s)	Zoning District(s)
B-3	B-3

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 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.

Are there any existing structures on the site?				☐ Yes	⊠ No
			EXISTING STUCTURE(S)		
Land Use	Gross Building sq. ft.* or Dwelling Units	Date Last Occupied	Remain the Same?	Change Use?	Has been or will be Demolished?
			YES NO	YES NO	HAS WILL 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 id defined by the definition in the Land Development Code.

YES | NO

YES | NO

HAS | WILL | NO

Proposed Use			
RESID	RESIDENTIAL USES		RESIDENTIAL USES
Land Use	Number of Units/Rooms	Land Use	Net Acreage or Gross Floor Area
		Hospital	515,000 sq ft

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.				
Mathew R. Elys Owner/Agent Signature 12/10/24				
NOTARY PUBLIC				
STATE OF FLORIDA COUNTY OF BROWARD				
The foregoing instrument was acknowledged before me by means of ☑ physical presence ☐ online notarization,				
this 10 day of <u>De cember</u> , 20 24, who I is personally known to me I has produced				
as identification.				
Name of Notary Typed William State of Florida Signature of Notary Public – State of Florida				
MY COMMISSION EXPIRES 7-11-2026 Notary Seal (or Title Man Annual Community				
MMBER HAMINIA				
For Office Use Only				
Application Type NOTE Amendment Acceptance Date Acceptance Date Fee				
12/10/24 12/20/24 # 2 ₁ 090				
Comments Due Report Due CC Meeting Date T&D.				
Adjacent City or Cities NA				
□ Landscaping Plans □ Lighting Plans				
©City Letter □ Agreements				
Other:				
Distribute To ☐ Full Review ☐ Planning Council ☐ School Board ☐ Land Use & Permitting				
☐ Health Department ☐ Zoning Code Services (BMSD only) ☐ Administrative Review				
□ Other:				
Received By				