



Resilient Environment Department
URBAN PLANNING DIVISION

1 N. University Drive, Box 102A · Plantation, FL 33324 · T: 954-357-6634 · F: 954-357-6521 · Broward.org/Planning

Application Number 017-MP-23

Urban Planning Division | Platting Section Online Application

| Project Information | | | |
|---|--|---|--------------------|
| Plat/Site Plan Name WILTON YARDS | | | |
| Plat/Site Number 017-MP-23 | | Plat Book - Page (if recorded) | |
| Owner/Applicant/Petitioner Name WILTON YARDS TH, LLC | | | |
| Address 401 E. LAS OLAS BOULEVARD #130145 | | City Fort Lauderdale | State FL |
| Phone (212) 920-6928 | | Email AJAMAL@URBANECM.COM | |
| Agent for Owner/Applicant/Petitioner CONTROL POINT ASSOCIATES, FL, LLC | | Contact Person Jim McLaughlin | |
| Address 1901 W. Cypress Creek Road #501 | | City Fort Lauderdale | State FL |
| Phone (954) 763-7611 | | Email JimMcLaughlin@CPASURVEY.COM | |
| Folio(s) 4942 26 71 0010 | | | |
| Location East side side of N.E. 9th Avenue at/between/and N.E. 26th Street and/of N.E. 28th Street <small>north side/corner north street name street name / side/corner street name</small> | | | |

| 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 <i>Questionnaire Form, Plat Checklist</i>) |
| <input type="checkbox"/> Site Plan (fill out/PRINT <i>Questionnaire Form, Site Plan Checklist</i>) |
| <input type="checkbox"/> Note Amendment (fill out/PRINT <i>Questionnaire Form, Note Amendment Checklist</i>) |
| <input type="checkbox"/> Vacation (fill out/PRINT <i>Vacation Continuation Form, Vacation Checklist, use Vacation Instructions</i>) |
| <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 (<i>Notary Continuation Form Affidavit</i> required, fill out <u>Business Notary</u> 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 type="checkbox"/> N/A |
| What was the project number assigned by the Urban Planning Division? | Project Number | <input type="checkbox"/> N/A | <input type="checkbox"/> Don't Know |
| Project Name | | <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 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 checked="" 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 | Project Number |
| Is the underlying plat all or partially residential? | <input type="checkbox"/> Yes <input 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. | |
| 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. | |

| 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 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) 36 Low Medium (1) Residential | Land Use Plan Designation(s) 36 Low Medium (1) Residential |
| Zoning District(s) RM-16 | Zoning District(s) RM-16 |

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

| Land Use | Gross Building sq. ft.* or Dwelling Units | Date Last Occupied | EXISTING STRUCTURE(S) | | |
|--------------------------|---|--------------------|--|--|---|
| | | | Remain the Same? | Change Use? | Has been or <u>will</u> be Demolished? |
| Single Family Residences | 4 units | | YES <input checked="" type="checkbox"/> NO | YES <input checked="" type="checkbox"/> NO | HAS <input checked="" type="checkbox"/> WILL NO |
| | | | 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.

Proposed Use

| RESIDENTIAL USES | | NON-RESIDENTIAL USES | |
|------------------|-----------------------|----------------------|---------------------------------|
| Land Use | Number of Units/Rooms | Land Use | Net Acreage or Gross Floor Area |
| Townhouses | 18 dwelling units | | |
| | | | |
| | | | |
| | | | |

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 *[Signature]* Date 10-31-24 (revised)

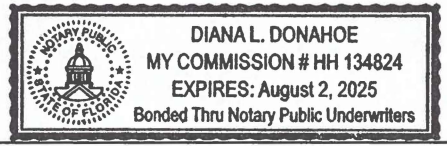
NOTARY PUBLIC

**STATE OF FLORIDA
COUNTY OF BROWARD**

The foregoing instrument was acknowledged before me by means of physical presence | online notarization, this 31st day of October, 2024, who is personally known to me | has produced _____ as identification.

DIANA L. DONAHOE
Name of Notary Typed, Printed or Stamped

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



Notary Seal (or Title or Rank) _____ Serial Number (if applicable) _____

For Office Use Only

| | | |
|--|---|--|
| Application Type | | |
| Application Date | Acceptance Date | Fee |
| Comments Due | Report Due | CC Meeting Date |
| Adjacent City or Cities | | |
| <input type="checkbox"/> Plats | <input type="checkbox"/> Surveys | <input type="checkbox"/> Site Plans |
| <input type="checkbox"/> City Letter | <input type="checkbox"/> Agreements | <input type="checkbox"/> Landscaping Plans |
| <input type="checkbox"/> Other: | <input type="checkbox"/> Lighting Plans | |
| Distribute To | <input type="checkbox"/> Planning Council | <input type="checkbox"/> School Board |
| <input type="checkbox"/> Full Review | <input type="checkbox"/> Zoning Code Services (BMSD only) | <input type="checkbox"/> Land Use & Permitting |
| <input type="checkbox"/> Health Department | | <input type="checkbox"/> Administrative Review |
| <input type="checkbox"/> Other: | | |
| Received By | | |

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. M. M.../L. J. Date 5-3-23

NOTARY PUBLIC

**STATE OF FLORIDA
COUNTY OF BROWARD**

The foregoing instrument was acknowledged before me by means of physical presence | online notarization, this 3rd day of May, 2023, who is personally known to me | has produced _____ as identification.

Jessica Haddix
Name of Notary Typed, Printed or Stamped

Cassie Haddix
Signature of Notary Public – State of Florida



JESSICA HADDIX
Notary Public
State of Florida
Comm# HH185709
Expires 10/12/2025

Notary Seal (or Title or Rank)

Serial Number (if applicable)

For Office Use Only

Application Type
Muni Plat

Application Date
5/19/23

Acceptance Date
6/8/23

Fee
\$2,300

Comments Due
6/28/23

Report Due
7/10/23

CC Meeting Date
TBA

Adjacent City or Cities
N/A

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

Other: BCPA receipts, Narrative, titlework

- 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
Howard Clarke, Christian Damay