



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 024-MP-25

## Development and Environmental Review Online Application

Project Information			
Plat/Site Plan Name <b>ELRO</b>			
Plat/Site Number <b>NA</b>		Plat Book - Page (if recorded) <b>NA</b>	
Owner/Applicant/Petitioner Name <b>ELRO LLC</b>			
Address <b>1505 SW 4th Circle</b>		City <b>Boca Raton</b>	State <b>FL</b>
Phone <b>561-592-9455</b>		Email <b>elrollcfl@gmail.com</b>	
Agent for Owner/Applicant/Petitioner <b>PLANW3ST LLC</b>		Contact Person <b>Paola A. West</b>	
Address <b>10152 Indiantown Road, #159</b>		City <b>Jupiter</b>	State <b>FL</b>
Phone <b>954-529-9417</b>		Email <b>pwest@planw3st.com</b>	
Folio(s) <b>484234000140</b>			
Location <b>North</b> side of <b>Martin Luther King BLVD</b> at/between/and <b>N Andrews AVE</b> and/of <b>NW 16th AVE</b> <i>north side/corner north street name street name / side/corner street name</i>			

Type of Application (this form required for all applications)
Please check all that apply (use attached <b>Instructions</b> for this form).
<input checked="" type="checkbox"/> <b>Plat</b> (fill out/PRINT <i>Questionnaire Form, Plat Checklist</i> )
<input type="checkbox"/> <b>Site Plan</b> (fill out/PRINT <i>Questionnaire Form, Site Plan Checklist</i> )
<input type="checkbox"/> <b>Note Amendment</b> (fill out/PRINT <i>Questionnaire Form, Note Amendment Checklist</i> )
<input type="checkbox"/> <b>Vacation</b> (fill out/PRINT <i>Vacation Continuation Form, Vacation Checklist, use Vacation Instructions</i> )
<input type="checkbox"/> <b>Vacating Plats, or any Portion Thereof</b> (BCCO 5-205)
<input type="checkbox"/> <b>Abandoning Streets, Alleyways, Roads or Other Places Used for Travel</b> (BCAC 27.29)
<input type="checkbox"/> <b>Releasing Public Easements and Private Platted Easements or Interests</b> (BCAC 27.30)
<input type="checkbox"/> <b>Vacation</b> ( <i>Notary Continuation Form Affidavit</i> required, fill out <i>Business Notary</i> 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?	Project Number	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Don't Know
Project Name		<input checked="" 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 checked="" 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
<b>If yes, consult Policy 13.01.10 of the Land Use Plan. A compatibility determination may be required.</b>			

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
<b>If YES, please answer the following questions.</b>	
Project Name of underlying approved and/or recorded plat	Project Number
NA	NA
Is the underlying plat all or partially residential?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Don't Know
<b>If YES, please answer the following questions.</b>	
Number and type of units approved in the underlying plat.	NA
Number and type of units proposed to be deleted by this replat.	NA
Difference between the total number of units being deleted from the underlying plat and the number of units proposed in this replat.	NA

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
<b>If the answer is "Yes" to any of the questions above</b>	
<b>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.</b>	

Land Use and Zoning	
EXISTING	PROPOSED
Land Use Plan Designation(s) <b>I Industrial</b>	Land Use Plan Designation(s) <b>No Changes</b>
Zoning District(s) <b>I-1 General Industrial</b>	Zoning District(s) <b>No Changes</b>

**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 will be Demolished?
NA			YES   NO	YES   NO	HAS   WILL   NO
			YES   NO	YES   NO	HAS   WILL   NO
			YES   NO	YES   NO	HAS   WILL   NO

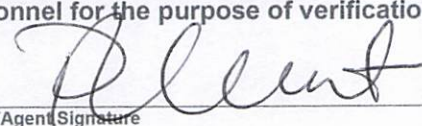
\*Gross non-residential square footage includes permanent canopies and overhangs for gas stations, drive-thru facilities, and overhangs designed for outdoor tables at a restaurant. A building is defined by the definition in the Land Development Code.

**Proposed Use**

RESIDENTIAL USES		NON-RESIDENTIAL USES	
Land Use	Number of Units/Rooms	Land Use	Net Acreage or Gross Floor Area
NA	NA	Industrial	10,000

**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.

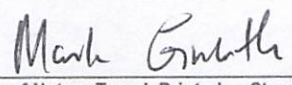
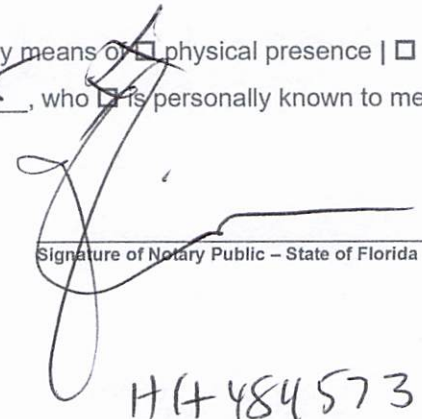

7/24/25

Owner/Agent Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTARY PUBLIC**

**STATE OF FLORIDA  
COUNTY OF BROWARD**

The foregoing instrument was acknowledged before me by means of  physical presence |  online notarization, this 24 day of July, 2025, who  is personally known to me |  has produced \_\_\_\_\_ as identification.

Name of Notary Typed, Printed or Stamped \_\_\_\_\_ Signature of Notary Public – State of Florida \_\_\_\_\_

14484573

Notary Seal (or Title or Rank) \_\_\_\_\_ Serial Number (if applicable) \_\_\_\_\_

**For Office Use Only**

Application Type  
**Muni Plat**

Application Date <b>7/28/2025</b>	Acceptance Date <b>8/4/2025</b>	Fee <b>\$4,780</b>
Comments Due <b>9/8/2025</b>	Report Due <b>9/18/2025</b>	CC Meeting Date <b>TBD</b>

Adjacent City or Cities  
**N/A**

Plats    
  Surveys    
  Site Plans    
  Landscaping Plans    
  Lighting Plans  
 City Letter    
  Agreements

Other: Title work, BCPA receipt, Narrative

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	

Other:

Received By  
**Nataly Miguez**