



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 106-MP-85

Development and Environmental Review Online Application

Project Information			
Plat/Site Plan Name South Broward Hospital District Ancillary Facility			
Plat/Site Number 106-MP-85		Plat Book - Page (if recorded) Book 134 Page 48	
Owner/Applicant/Petitioner Name South Broward Hospital District			
Address 3311 Stirling Road		City Fort Lauderdale	State FL
		Zip 33312	
Phone 954-265-8674	Email mgreenspan@mhs.net		
Agent for Owner/Applicant/Petitioner Hope Calhoun/Dunay, Miskel & Backman, LLP		Contact Person Hope Calhoun	
Address 14 SE 4th St. Suite 36		City Boca Raton	State FL
		Zip 33432	
Phone 561-405-3324	Email hcalhoun@dmbblaw.com		
Folio(s) 514116190010			
Location south _____ side of Douglas Rd. _____ at/between/and SW 5th St. _____ and/of SW 89th Ave. _____ <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 type="checkbox"/> Plat (fill out/PRINT Questionnaire Form, Plat Checklist)
<input type="checkbox"/> Site Plan (fill out/PRINT Questionnaire Form, Site Plan Checklist)
<input checked="" 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 Business Notary 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 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	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 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
<u>If the answer is "Yes" to any of the questions above</u>	
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.	

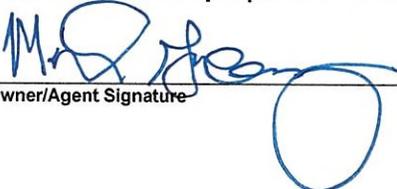
Land Use and Zoning	
EXISTING	PROPOSED
Land Use Plan Designation(s) Community	Land Use Plan Designation(s) Community
Zoning District(s) Agricultural (A)	Zoning District(s) Agricultural (A)

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?
Hospital Use	13,750	Current	YES <input checked="" type="checkbox"/> NO	YES <input checked="" type="checkbox"/> NO	HAS WILL <input checked="" type="checkbox"/> NO
Hospital Mgmt. Material & Distribution Center	45,904	Current	<input checked="" type="checkbox"/> YES NO	YES <input checked="" type="checkbox"/> NO	HAS WILL <input checked="" type="checkbox"/> NO
Ancillary Hospital Use & Nursing Home Facility	16,300/240 Beds	Current	<input checked="" type="checkbox"/> YES NO	YES <input checked="" type="checkbox"/> NO	HAS WILL <input checked="" type="checkbox"/> 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
		Hospital Use	141,000

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.


3/9/23
 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 9th day of March, 2023, who is personally known to me | has produced _____ as identification.

Alexandra J. Arqueza
 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
Note Amendment

Application Date 09/01/2023	Acceptance Date 09/15/2023	Fee \$ 2,260.00
Comments Due 10/05/2023	Report Due 10/16/2023	CC Meeting Date TBD

Adjacent City or Cities
None

Plats
 Surveys
 Site Plans
 Landscaping Plans
 Lighting Plans
 City Letter
 Agreements

Other: Narrative, BCPA, Resolution, Title Opinion

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
Adrien Osias



Application Number 106-MP-85

Development and Environmental Review Online Application Questionnaire Form

Type of Application		
<input type="checkbox"/> Plat	<input type="checkbox"/> Site Plan	<input checked="" type="checkbox"/> Note Amendment

Project Questionnaire

Please answer the questions marked for the type of application checked.

	1. Why is this property being platted? Attach an additional sheet(s) if necessary.				
	2. Is this project within an existing Development of Regional Impact (DRI) or Florida Quality Development (FQD)? If "Yes", indicate DRI or FQD name and Latest Ordinance number <input type="checkbox"/> Yes <input type="checkbox"/> No or Official Record Book and Page Number.				
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">DRI Name</td> <td style="width: 50%; padding: 2px;">FQD Name</td> </tr> <tr> <td style="padding: 2px;">Latest Ordinance Number</td> <td style="padding: 2px;">Official Record Book and Page Number</td> </tr> </table>	DRI Name	FQD Name	Latest Ordinance Number	Official Record Book and Page Number
DRI Name	FQD Name				
Latest Ordinance Number	Official Record Book and Page Number				
	3. Is the project subject to any existing or proposed agreement(s) with Broward County or a municipality? If "Yes", state the title and subject of the agreement(s) and attach a copy(s). <input type="checkbox"/> Yes <input type="checkbox"/> No				
X	4. Is any portion of this plat currently the subject of a Land Use Plan Amendment (LUPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, LUPA Number				
X	5. Does the note represent a change in TRIPS? <input checked="" type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> No Change				
X	6. Does the note represent a major change in Land Use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
	7. Are any off-site roadway improvements being required by any government agency or proposed by the applicant? If "Yes", attach any sheets and describe fully. <input type="checkbox"/> Yes <input type="checkbox"/> No				
	8. Does this property or project have an adjudicated or vested rights status? If "Yes", please attach the appropriate documentation. <input type="checkbox"/> Yes <input type="checkbox"/> No				
	9. Does the owner have any financial interest in properties near or adjacent to this project? If "Yes", please attach a sheet(s) and describe fully. <input type="checkbox"/> Yes <input type="checkbox"/> No				
	10. Does this property abut a State Road? If "Yes", see Supplemental Documentation Requirement No. 19 for required letter from Florida Department of Transportation (FDOT). <input type="checkbox"/> Yes <input type="checkbox"/> No				

	11. Has consideration been given to public transportation routes, shelters, or turnouts for the proposed project? If "Yes", please attach sheet(s) and describe fully.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	12. Are bikeways and walkways to be provided to connect residential areas to school or recreational sites? If "Yes", attach five (5) drawings showing facilities (if not show on plat).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	13. Is credit being requested for private recreational facilities? If "Yes", attach two (2) sets of plans showing facilities. (APPLIES TO PROJECTS IN THE UNINCORPORATED AREA ONLY.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	14. Has any discussion with the School Board taken place? If "Yes", state the name and title of the person contacted.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Name/Title		
	15. If a school site will be reserved or dedicated on the property, is the site delineated on the plat or site plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	16. Are there any natural features located on the property (e.g. wetlands, dunes, areas of native tree canopy wildlife, habitats, etc.)? If "Yes", attach a sheet(s) and describe fully. For information, contact Aquatic and Wetland Resources Section, Environ. Licensing & Bldg. Permitting (ELBP) Division.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	17. Does the property contain any portion of lands identified as "Natural Resource Areas?" If "Yes" see Supplemental Documentation Requirement No. 8. For locations, contact Aquatic and Wetland Resources Section (ELBP Division).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	18. Does the property contain any portion of lands identified as an "Urban Wilderness Area" or "Vegetative Resource Category Local Area of Particular Concern?" If "Yes", please see Supplemental Documentation Requirement No. 9. For locations, contact Aquatic and Wetland Resources Section (ELBP Division).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	19. Does the property contain any portion of lands identified as a "Cultural Resource Category Local Area of Particular Concern" which include archaeological sites and/or historic sites and structures? If "Yes", for archaeological sites, see Supplemental Documentation Requirement No. 10. For historic locations, contact the Broward County Historic Preservation Officer.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	20. Will any dredging or major filling operation be necessary, or is a waterway involved in the proposed project? If "Yes", permits may be required from Broward County. Please contact Broward County Aquatic and Wetland Resources Section (ELBP Division).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
X	21. Is the project to be served by an approved potable water system? If "Yes", state the name of facility and facility address.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	Facility Name Pembroke Pines Water Treatment Plant		
	Address 7960 Johnson St. Pembroke Pines, FL 33024		
X	22. Is this project to utilize on-site wells for its potable water? If "Yes", see Supplemental Documentation Requirement No. 13 for required letter.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
X	23. Is this project to be served by an approved wastewater (sewage) treatment plant? If "Yes", state the name of facility and facility address.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	Facility Name Southern Regional Wastewater Treatment Plant		
	Address 1621 N 14th Ave. Hollywood, FL 33020		

X	24. Will septic tanks serve this project? If "Yes", see Supplemental Documentation Requirement No. 12 for required letter. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	25. Have provisions been made for the collection of solid waste for this project? If "Yes", state the name of the collector. <input type="checkbox"/> Yes <input type="checkbox"/> No <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Solid Waste Collector</div>
	26. Has any contact been made with FPL and AT&T regarding service availability and easement requirements? If "Yes", state name and title of the person contacted. <input type="checkbox"/> Yes <input type="checkbox"/> No <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">FPL – Name/Title</div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">AT&T – Name/Title</div>
X	27. Estimate or state the total number of on-site parking spaces to be provided. Spaces 144
X	28. If applicable, state the seating capacity of any proposed restaurant or public assembly facility, including day care centers or schools, or places of worship. Seating N/A



Gary Dunay
Bonnie Miskel
Scott Backman
Eric Coffman

Hope Calhoun
Dwayne Dickerson
Ele Zachariades
Matthew H. Scott

Christina Bilenki
David F. Milledge
Jeffrey Schneider
Kristen Weiss
Sara Thompson

Josie P. Sesodia, AICP
Urban Planning Division
1 N. University Dr. #102A
Plantation, FL 33324

RE: Note Amendment on the South Broward Hospital District Ancillary Plat

Dear Ms. Sesodia,

South Broward Hospital District (“Applicant”) is the owner of a +/- 19.68-acre parcel generally located on the east side of S. Douglas Rd., between Washington St. and SW 5th St. in the City of Pembroke Pines (“Property”). The Property is located on Parcel A of the South Broward Hospital District Ancillary Plat. The Property is currently developed with the following uses:

- Hospital-Based Off-Campus Emergency Department (Hospital Use): 13,750 SF
- Hospital Material Management & Distribution Center,: 45,904 SF
- Data Center (Ancillary Hospital Use): 16,300 SF
- Nursing Home Facility: 240 beds

The Property has a Broward County future land use designation of Community and a City of Pembroke Pines future land use designation of Community Facilities (CF) with a zoning designation of Agricultural (A). The Applicant is proposing to demolish the existing 13,750 square foot hospital use building and construct a new +/- 30,200 square foot free-standing Hospital-Based Off-Campus Emergency Department. The remaining existing buildings will remain on the Property. Per discussions with Broward County staff, the existing uses on the note, hospital, ancillary hospital office and hospital material management & distribution center are being combined in the proposed note language under the umbrella of hospital use (please see attached email correspondence confirming the proposed note language as acceptable). As the Applicant is proposing to add an additional 57,000 square feet of hospital use on the plat note, the total hospital use square footage will be 141,000.

In order to develop the Project on the Property, the Applicant is requesting to amend the note on the face of the plat as follows:

FROM:

“This Plat is restricted to 45,000 square feet of hospital material management and distribution center, 15,000 square feet of existing hospital use, 24,000 square feet of ancillary hospital office use and a 240 bed nursing home facility which must be owned and operated by a governmental entity for public purposes.”

TO:

“This Plat is restricted to 141,000 square feet of hospital use and a 240 bed nursing home facility which must be owned and operated by a governmental entity for public purposes.”

Thank you in advance for your consideration of this request. Please contact the undersigned should you have any questions.

Sincerely,

Dunay, Miskel & Backman, LLP

Amanda Martinez
Land Use Planner