



APPLICATION FOR SITE PLAN REVIEW

A. Residential Single Lot: **\$400.00**

B. Other Parcels ¼ acre or less: **\$1,850.00**

C. Residential Parcel greater than ¼ acre: **\$4,100 + \$145.00/unit**

D. Non Residential Parcel greater than ¼ in size: **\$4,100 + \$.05/** square foot of building space.

F. Lake Plan: **\$4,100 + \$200/acre**

GENERAL INFORMATION

The following items must be submitted to the Zoning Administrative Review Section for review of proposed developments:

- 1 copy of application (attached)
- 3 set of plans, Floor plans consisting of Landscape, Elevation and provide CD of plans & application
(See instructions for format) Min 24 X 36
- 2 Original Survey Signed & Sealed within 1yr

The Site Plan must contain a complete legend. Landscape plans must be accompanied by a Landscape Legend and a signed Certificate of Compliance (See Attached).

The plan will be reviewed by the Zoning Department & Public Works Department for compliance with zoning regulations and for compliance with site plan review criteria. Additionally, Public Works Department will be conducting a concurrency evaluation of your project. Applicants will be notified of required revisions or corrections to the plan within 30 days from the date of submission. Revised plans, once received, will again be reviewed by all departments, and if approved will result in written approval or denial of the plan.

It is recommended plans to be submitted to **DERM** & **Miami Dade Fire** for Review of Site Plan.

Application For Site Plan Review

S _____ T _____ R _____

Zoning District: _____

(1) Applicant's Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ Email: _____

(2) Property Owner's Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ Email: _____

(3) Contact Person Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ Email: _____

(4) Name of plan: _____
No. of Sheets: _____ No. of Units _____ Date of Plans _____
Prepared by: _____
Proposed Use: _____

(5) Development Type: _____
Address Or Location of Property: _____

(6) Size Of Property: _____

(7) Legal Description of Property: _____

(8) Description of proposed project: _____

Applicant's Affidavit

The undersigned first being duly sworn depose that all answers to the question in this application and all supplementary documents made a part of the application are honest and true to the best of (my)(our) knowledge and belief. (I)(We) understand this application must be complete and accurate before the application can be submitted and the hearing advertised.

Owner Or Tenant Affidavit

(I)(We), _____ being first duly sworn, depose and say that
(I am) (we are) the ___ owner ___ tenant of the property described and which is the subject matter of the proposed hearing.

Signature

Signature

Sworn to and subscribed to before me
This _____ day of _____, _____.

Notary Public: _____
Commission Expires: _____

Corporation Affidavit

(I)(We) _____, being first duly sworn, depose and say that (I am)(We are) the ___ President ___ Vice President ___ Secretary ___ Ass. Secretary of the aforesaid corporation and as such have been authorized by the corporation to file this application for public hearing; and that said corporation is the Owner _____ Tenant _____ of the property described herein and which is the subject matter of proposed hearing.

Attest: _____

Authorize Signature

(CORP. Seal)

Office Held

Sworn to and subscribed to before me
This _____ day of _____, _____.

Notary Public: _____
Commission Expires: _____

Partnership Affidavit

(I) (We), _____, being first duly sworn, depose and say that
(I am) (We are) partners of the here in after named partnership, and as such, have been authorized to file this application for a public hearing; and that said partnership is the ___ owner ___ tenant of the property described herein which is the subject matter of the proposed hearing.

(Name of Partnership)

By _____ %

By _____ %

By _____ %

By _____ %

Sworn to and subscribed to before me
This _____ day of _____, _____.

Notary Public: _____
Commission Expires: _____

Attorney Affidavit

I, _____, being first duly sworn, depose and say that I am a State of Florida attorney at Law, and I am the Attorney for the owner of the property described and which the subject matter of the proposed hearing is.

Signature

Sworn to and subscribed to before me
This _____ day of _____, _____.

Notary Public: _____
Commission Expires: _____

OWNERSHIP AFFIDAVIT
FOR
CORPORATION

STATE OF _____

COUNTY OF _____

Before me, the undersigned authority, personally appeared _____, Here in after the affiant(s), who being first duly sworn by me, on oath, depose and say:

1. Affiant is the president, vice-president or CEO of the Corporation, with the following address:

2. The Corporation owns the property which is the subject of the application.

3. The subject property is legally described as:

4. Affiant is legally authorized to file this application.

5. Affiant understands this affidavit is subject to the penalties of law for perjury and the possibility of voiding of any zoning approval granted.

Witnesses:

Signature

Affiant's signature

Print Name

Print Name

Signature

Print Name

Sworn to and subscribed before me on the ____ day of _____ 20____ .

Affiant is personally known to me or has produced _____ as identification

Notary

(Stamp/Seal)

Commission Expires:

OWNERSHIP AFFIDAVIT
FOR
INDIVIDUAL

STATE OF _____

COUNTY OF _____

Before me, the undersigned authority, personally appeared _____, Here in after the affiant(s), who being first duly sworn by me, on oath, depose and say:

1. Affiant is the fee owner of the property that is the subject of the application.

2. The subject property is legally described as:

3. Affiant understands this affidavit is subject to the penalties of law for perjury and the possibility of voiding of any zoning approval granted

Witnesses:

Signature

Affiant's signature

Print Name

Print Name

Signature

Print Name

Sworn to and subscribed before me on the ____ day of _____ 20____ .

Affiant is personally known to me or has produced _____ as identification

Notary

(Stamp/Seal)

Commission Expires:

DISCLOSURE OF INTEREST

If a CORPORATION owns or leases the subject property, list principal stockholders and percent of stock owned by each. [Note: Where principal officers or stockholders consist of other corporation(s), trust(s), partnership(s) or other similar entities, further disclosure shall be made to identify the natural persons having the ultimate ownership interest].

<u>Name and address</u>	<u>Percentage of Stock</u>
_____	_____
_____	_____
_____	_____
_____	_____

If a TRUST or ESTATE owns or leases the subject property, list the trust beneficiaries and the percent of interest held by each. [Note: Where beneficiaries are other than natural persons, further disclosure shall be made to identify the natural persons having the ultimate ownership interest].

Trust/Estate Name _____

<u>Name and Address</u>	<u>Percentage of Interest</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

If a PARTNERSHIP owns or leases the subject property, list the principals including general and limited partners. [Note: Where the partner(s) consist of another partnership(s), corporation(s), trust(s) or other similar entities, further disclosure shall be made to identify the natural persons having the ultimate ownership interest].

Partnership or Limited Partnership Name: _____

<u>Name and Address</u>	<u>Percentage of Ownership</u>
_____	_____
_____	_____
_____	_____
_____	_____

If there is a **CONTRACT FOR PURCHASE**, by a Corporation, Trust or Partnership list purchasers below, including principal officers, stockholders, beneficiaries or partners. [Note: Where principal officers, stockholders, beneficiaries or partners consist of other corporations, trusts, partnerships or other similar entities, further disclosure shall be made to identify natural persons having the ultimate ownership interests].

Name of Purchaser: _____

Name Address and office (If Applicable)

Percentage of Interest

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Date of contract: _____

If any contingency clause or contract terms involve additional parties, list all individuals or officers, if a corporation, partnership or trust.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

NOTICE: For any changes of ownership or changes in purchase contracts after the date of the application, but prior to the date of final public hearing, a supplemental disclosure of interest is required.

The above is a full disclosure of all parties of interest in this application to the best of my knowledge and belief.

Signature: _____
(Applicant)

Sworn to and subscribed before me this _____ day of _____, 20_____. Affiant is personally know to me or has produced _____ as Identification.

(Notary Public)

Seal

My commission expires: _____

Disclosure shall not be required of: 1) any entity, the equity interests in which are regularly traded on an established securities market in the United States or another country; or 2) pension funds or pension trusts of more than five thousand (5,000) ownership interests; or 3) any entity where ownership interests are held in a partnership, corporation or trust consisting of more than five thousand (5,000) separate interests, including all interests at every level of ownership and where no one (1) person or entity holds more than a total of five per cent (5%) of the ownership interest in the partnership, corporation or trust. Entities whose ownership interests are held in a partnership, corporation, or trust consisting of more than five thousand (5,000) separate interests, including all interests at every level of ownership, shall only be required to disclose those ownership interest which exceed five (5) percent of the ownership interest in the partnership, corporation or trust.

INSTRUCTION SHEET FOR PREPARER OF LANDSCAPE/IRRIGATION PLAN

Attached is a copy of the landscaping compliance/certification letter required to be submitted for initial plan's review and certification for final inspection.

Professional Preparer: Please transfer entire copy on your letterhead, in the format provided, fill in the necessary information and submit as required.

Owner/Builder: Please complete the attached certification letter and submit as required.

Your attention and cooperation are appreciated

Professional /Corp.

PROFESSIONAL PREPARER'S STATEMENT OF LANDSCAPING COMPLIANCE

PROCESS NUMBER _____

Legal description: Lot _____, Block _____, Subdivision _____

P.B. _____ Page _____, Development name _____

Located at (address) _____

I/We hereby certify that the landscaping/irrigation plan being submitted complies with the requirements of Ordinance 18A (Landscape code) as to species, height, trunk width and location at time of planting, and that the species as shown are in accordance with the accepted species approved by Miami-Dade County and that none of the species are from the "Prohibited Species" list.

I/We hereby certify as an arborist and/or landscape architect that there are/are no (circle one) specimen trees on the property.

Additionally automatic sprinkler system (if applicable) complies with requirement of said ordinance as to type of heads, spray system, location, etc.

I/We further certify that I/we am/are authorized under Chapter 481, Florida statutes to prepare and submit this landscaping/irrigation plan.

Seal: (If Corporation)

Professional Preparer's Signature

Print Name

STATE OF _____
COUNTY OF _____

I, an officer authorized to take acknowledgments, according to the law and duly qualified and so acting, do hereby certify that on this date appeared before me _____ to me known to be the person describe in and who executed the foregoing instrument and he/she acknowledged to me the execution thereof to be his/her free act and deed for the uses and purposes therein mentioned;

Witness my signature and official seal this _____ day of _____, _____, in the County and State aforesaid, the date and year last aforesaid.

Notary Public

Print Name

My Commission Expires: _____

Seal

PROFESSIONAL PREPARER'S STATEMENT OF LANDSCAPING COMPLIANCE

PROCESS NUMBER _____

Legal description: Lot _____, Block _____, Subdivision _____

P.B. _____ Page _____, Development name _____

Located at (address) _____

I/We hereby certify that the landscaping/irrigation plan being submitted complies with the requirements of Ordinance 18A (Landscape code) as to species, height, trunk width and location at time of planting, and that the species as shown are in accordance with the accepted species approved by Miami-Dade County and that none of the species are from the "Prohibited Species" list.

Additionally automatic sprinkler system (if applicable) complies with requirement of said ordinance as to type of heads, spray system, location, etc.

I/We further certify that I/we am/are authorized under Chapter 481, Florida statutes to prepare and submit this landscaping/irrigation plan.

Seal:

Professional Preparer's Signature

Print Name

STATE OF _____

COUNTY OF _____

I, an officer authorized to take acknowledgments, according to the law and duly qualified and so acting, do hereby certify that on this date appeared before me _____ to me known to be the person describe in and who executed the foregoing instrument and he/she acknowledged to me the execution thereof to be his/her free act and deed for the uses and purposes therein mentioned;

Witness my signature and official seal this _____ day of _____, _____, in the County and State aforesaid, the date and year last aforesaid.

Notary Public

Print Name

My Commission Expires: _____

Seal

LANDSCAPE LEGEND (This information is required to be permanently affixed to the plan.)

Zoning District: _____ Net Lot Area: _____ acres _____ square feet

OPEN SPACE

REQUIRED PROVIDED

A. Square feet of open space required by Chapter 33, as indicated on site plan:

Net lot area = _____ square feet x _____ % = _____ square feet

B. Square feet of parking lot open space required by Chapter 18A, as indicated on site plan

The number of parking spaces _____ X 10 square feet per parking space =

C. Total square feet of landscaped open space required by Chapter 33 = A + B =

LAWN AREA CALCULATION

A. Total square feet of landscaped open space required by chapter 33 =

B. Maximum lawn areas (St. Augustine sod) permitted = _____ % x _____ square feet =

TREES

A. The number of trees required per net lot acre

less the existing number of trees that meet minimum requirements

(minus) _____

= _____ trees x net lot acreage =

B. 30% palm trees allowed (two palms = one tree) Palms provided =

C. Percentage of native trees required = the number of trees provided x 30% =

D. Street trees (max. average spacing of 35' o.c.): _____ linear feet along street -: 35 =

Palms as street trees (max. average spacing 25' o.c.): _____ linear feet along street -: 25 =

E. Street trees located directly beneath power lines (maximum average spacing of 25' o.c.):

_____ linear feet along street -: 25 =

F. Total number of trees provided =

SHRUBS

A. The total number of trees required x 10 = the number of shrubs required

B. The number of shrubs required x 30% = the number of native shrubs required

IRRIGATION PLAN: Required by Chapter 33. Auto irrigation _____ or hose bib _____ provided.

TABLE containing information as indicated in sample:

SYMBOL USED ON PLAN			PLANT NAME		NATIVE SPECIES		CALIPER	HEIGHT			CANOPY DIAMETER	QUANTITY
Symbol	New	Existing	Scientific	Common	Yes	No	Installed	Installed	Estimated at maturity*	Estimated at maturity*		

* Required for trees located underneath or adjacent to powerlines and palms used at 1:1 ratio

ADDITIONAL INFORMATION MAY BE REQUIRED BY CHAPTER 18A

Commercial Development Legend

Zoning District _____

Gross Land Area _____ Acres

Net Land Area _____ Acres _____ Square Feet

Paved Area Prcntg. _____ Required _____ Provided

Paved Area Sq. Ft. _____ Required _____ Provided

Lot Coverage Prcntg. _____ Permitted _____ Proposed

Lot Coverage Sq. Ft. _____ Permitted _____ Proposed

Open Space Prcntg. _____ Required _____ Provided

Open Space Sq. Ft. _____ Required _____ Provided

Building Height Ft. _____ Permitted _____ Proposed

Number of Stories _____ Permitted _____ Proposed

Floor Area Ratio _____ Permitted _____ Proposed

Building Type Use

Square Footage Per Building

"A" Office, Manufacturing, Warehouse. . . _____

"B" Office, Manufacturing, Warehouse. . . _____

"C" (as necessary) _____

Total Parking Spaces Required _____

Setbacks:

Front Required _____ Provided _____

Rear Required _____ Provided _____

Interior Required _____ Provided _____

Side Street Required _____ Provided _____

Industrial Development Legend

Zoning District _____

Gross Land Area _____ Acres

Net Land Area _____ Acres _____ Square Feet

Paved Area Prcntg. _____ Required _____ Provided

Paved Area Sq. Ft. _____ Required _____ Provided

Lot Coverage Prcntg. _____ Permitted _____ Proposed

Lot Coverage Sq. Ft. _____ Permitted _____ Proposed

Open Space Prcntg. _____ Required _____ Provided

Open Space Sq. Ft. _____ Required _____ Provided

Building Height Ft. _____ Permitted _____ Proposed

Number of Stories _____ Permitted _____ Proposed

Floor Area Ratio _____ Permitted _____ Proposed

Building Type Use **Square Footage Per Building**

"A" Office, Manufacturing, Warehouse. . . _____

"B" Office, Manufacturing, Warehouse. . . _____

"C" (as necessary) _____

Total Parking Spaces Required _____

Setbacks:

Front Required _____ Provided _____

Rear Required _____ Provided _____

Interior Required _____ Provided _____

Side Street Required _____ Provided _____

Residential Development Legend

Zoning District _____

Gross Land Area _____Acres

Net Land Area _____Acres _____Square Feet

Paved Area Prcntg. _____Required _____Provided

Paved Area Sq. Ft. _____Required _____Provided

Lot Coverage Prcntg. _____Permitted _____Proposed

Lot Coverage Sq. Ft. _____Permitted _____Proposed

Open Space Prcntg. _____Required _____Provided

Open Space Sq. Ft. _____Required _____Provided

Building Height Ft. _____Permitted _____Proposed

Number of Stories _____Permitted _____Proposed

Floor Area Ratio _____Permitted _____Proposed

Building Type Use

Square Footage Per Building

"A" Office, Manufacturing, Warehouse. . . _____

"B" Office, Manufacturing, Warehouse. . . _____

"C" (as necessary) _____

Total Parking Spaces Required _____

Setbacks:

Front Required _____ Provided _____

Rear Required _____ Provided _____

Interior Required _____ Provided _____

Side Street Required _____ Provided _____

