



City of Pembroke Pines
Planning and Economic Development Department
Unified Development Application

Planning and Economic Development
City Center - Third Floor
601 City Center Way
Pembroke Pines, FL 33025
Phone: (954) 392-2100
<http://www.ppinies.com>

Prior to the submission of this application, the applicant must have a pre-application meeting with Planning Division staff to review the proposed project submittal and processing requirements.

Pre Application Meeting Date: _____

Plans for DRC _____ Planner: _____

Indicate the type of application you are applying for:

| | |
|--|---|
| <input type="checkbox"/> Appeal* | <input type="checkbox"/> Sign Plan |
| <input type="checkbox"/> Comprehensive Plan Amendment | <input type="checkbox"/> Site Plan* |
| <input checked="" type="checkbox"/> Delegation Request | <input checked="" type="checkbox"/> Site Plan Amendment* |
| <input type="checkbox"/> DRI* | <input type="checkbox"/> Special Exception* |
| <input type="checkbox"/> DRI Amendment (NOPC)* | <input type="checkbox"/> Variance (Homeowner Residential) |
| <input type="checkbox"/> Flexibility Allocation | <input type="checkbox"/> Variance (Multifamily, Non-residential)* |
| <input type="checkbox"/> Interpretation* | <input checked="" type="checkbox"/> Zoning Change (Map or PUD)* |
| <input type="checkbox"/> Land Use Plan Map Amendment* | <input type="checkbox"/> Zoning Change (Text) |
| <input type="checkbox"/> Miscellaneous | <input type="checkbox"/> Zoning Exception* |
| <input type="checkbox"/> Plat* | <input type="checkbox"/> Deed Restriction |

INSTRUCTIONS:

1. All questions must be completed on this application. If not applicable, mark *N/A*.
2. Include all submittal requirements / attachments with this application.
3. All applicable fees are due when the application is submitted (Fees adjusted annually).
4. Include mailing labels of all property owners within a 500 feet radius of affected site with signed affidavit (Applications types marked with *).
5. All plans must be submitted no later than noon on Thursday to be considered for Development Review Committee (DRC) review the following week.
6. Adjacent Homeowners Associations need to be noticed after issuance of a project number and a minimum of 30 days before hearing. (Applications types marked with *).
7. The applicant is responsible for addressing staff review comments in a timely manner. Any application which remains inactive for over 6 months will be removed from staff review. A new, updated, application will be required with applicable fees.
8. Applicants presenting demonstration boards or architectural renderings to the City Commission must have an electronic copy (PDF) of each board submitted to Planning Division no later than the Monday preceding the meeting.

Staff Use Only

Project Planner: _____ Project #: PRJ 20 _____ - Application #: _____

Date Submitted: _____ / _____ / _____ Posted Signs Required: (_____) Fees: \$ _____

SECTION 1-PROJECT INFORMATION:

Project Name: Shops at Pembroke Gardens

Project Address: 527 NW 145th Ter.

Location / Shopping Center: Shops at Pembroke Gardens

Acreage of Property: +/- 40.89 acres Building Square Feet:

Flexibility Zone: Folio Number(s): 514015050010 & 5140150

Plat Name: Shops at Pembroke Gardens Traffic Analysis Zone (TAZ):

Legal Description: Parcel A of the Shops at Pembroke Gardens Plat as recorded

in Plat Book 176 Page 101 of the Public Records of Broward County, Florida

Has this project been previously submitted? Yes No

Describe previous applications on property (Approved Variances, Deed Restrictions, etc...) Include previous application numbers and any conditions of approval.

| Date | Application | Request | Action | Resolution / Ordinance # | Conditions of Approval |
|------|-------------|---------|--------|--------------------------|------------------------|
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SECTION 2 - APPLICANT / OWNER / AGENT INFORMATION

Owner's Name: FR Pembroke Gardens, LLC

Owner's Address: 909 Rose Ave. Suite 200 North Bethesda, MD 20852

Owner's Email Address: rmeiser@federalrealty.com

Owner's Phone: 703-776-9671 Owner's Fax: N/A

Agent: Dwayne L. Dickerson/Miskel Backman, LLP

Contact Person: Dwayne L. Dickerson

Agent's Address: 14 SE 4th St. Suite 36 Boca Raton, FL 33432

Agent's Email Address: ddickerson@miskelbackman.com

Agent's Phone: 561-405-3336 Agent's Fax: 561-409-2341

All staff comments will be sent directly to agent unless otherwise instructed in writing from the owner.

SECTION 3- LAND USE AND ZONING INFORMATION:

EXISTING

Zoning: PCD

Land Use / Density: Commercial

Use: Shopping Center

Plat Name: Shops at Pembroke Gar

Plat Restrictive Note: 440,000

sq. of commercial use

PROPOSED

Zoning: MXD

Land Use / Density: Commercial

Use: Commercial & Residential

Plat Name: Shops at Pembroke C

Plat Restrictive Note: 440,000

sq. ft. of commercial use & 598 r

ADJACENT ZONING

North: Pines Blvd. & I-75 Interchang

South: PCD

East: A & PD-SL

West: I-75

ADJACENT LAND USE PLAN

North: Transportation

South: Office Park

East: Office Park/Irregular

West: Transportation

-This page is for Variance, Zoning Appeal, Interpretation and Land Use applications only.

SECTION 4 – VARIANCE • ZONING APPEAL • INTERPRETATION ONLY

Application Type (Circle One): Variance Zoning Appeal Interpretation

Related Applications: _____

Required: _____

Request: _____

Details of Variance, Zoning Appeal, Interpretation Request:

SECTION 5 - LAND USE PLAN AMENDMENT APPLICATION ONLY

City Amendment Only

City and County Amendment

Existing City Land Use:

Requested City Land Use: _____

Existing County Land Use:

Requested County Land Use: _____

SECTION 6 - DESCRIPTION OF PROJECT (attach additional pages if necessary)

Please see attached narrative.

SECTION 7- PROJECT AUTHORIZATION

OWNER CERTIFICATION

This is to certify that I am the owner of the property described in this application and that all information supplied herein is true and correct to the best of my knowledge.

Dawn M. Becker
Signature of Owner

Date

FR Pembroke Gardens, LLC
By: Dawn M. Becker, Executive Vice President-Corporate
State of Maryland, County of Montgomery
Sworn and Subscribed before me this 28th day

of May, 2024

5/28/2024



Fee Paid

Libby Petronio
Signature of Notary Public

7/31/2027
My Commission Expires

AGENT CERTIFICATION

This is to certify that I am the agent of the property owner described in this application and that all information supplied herein is true and correct to the best of my knowledge.

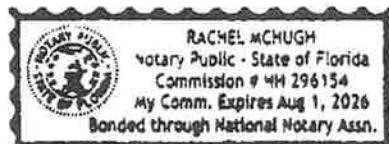
Rachel McHugh
Signature of Agent

Date

5/29/2024

Sworn and Subscribed before me this 29th day

of May, 2024



Fee Paid

Rachel McHugh
Signature of Notary Public

My Commission Expires