



**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.ppines.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 foot 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 recordedin 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

**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

**ADJACENT ZONING**

North: Pines Blvd. & I-75 Interchange  
South: PCD  
East: A & PD-SL  
West: I-75

**PROPOSED**

Zoning: MXD  
Land Use / Density: Commercial  
Use: Commercial & Residential  
Plat Name: Shops at Pembroke (  
Plat Restrictive Note: 440,000  
sq. ft. of commercial use & 598 r

**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: \_\_\_\_\_

Code Section: \_\_\_\_\_

Required: \_\_\_\_\_

Request: \_\_\_\_\_

Details of Variance, Zoning Appeal, Interpretation Request:

\_\_\_\_\_  
\_\_\_\_\_  
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**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.

[Signature] 5/28/2024  
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 28<sup>th</sup> day

of May, 20 24



Fee Paid

[Signature]  
Signature of Notary Public

7/3/2027  
My Commission Expires

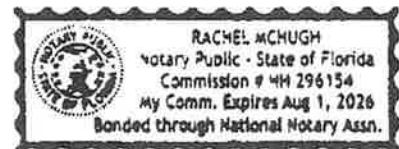
### AGENT CERTIFICATION

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.

[Signature] 5/29/2024  
Signature of Agent Date

Sworn and Subscribed before me this 29<sup>th</sup> day

of May, 20 24



Fee Paid

[Signature]  
Signature of Notary Public

My Commission Expires