



City of Pembroke Pines
Planning & Economic Development Department
601 City Center Way 3rd Floor
Pembroke Pines FL, 33025

Summary

| | | | |
|---------------------------------|--|--------------------------------|--|
| Agenda Date: | June 27, 2019 | Application ID: | ZV 2019-01 |
| Project: | Memorial Healthcare Sign | Project Number: | PRJ 2019-05 |
| Project Planner: | Dean Piper, Zoning Administrator | | |
| Owner: | 2301 N University Drive LTD | Agent: | Joshua Agriesti |
| Location: | 2301 N University Drive, Pembroke Pines, 33024 | | |
| Existing Zoning: | Community Business (B-2) Districts | Existing Land Use: | Commercial |
| Reference Applications: | N/A | | |
| Variance Summary | | | |
| Application | Code Section | Required/Allowed | Request |
| ZV 2019-01 | 155.324(C)(2)(b) | Maximum 120 sq. ft. of signage | 254.2 sq. ft. of signage |
| Final: | <input checked="" type="checkbox"/> Planning & Zoning Board | | <input type="checkbox"/> Board of Adjustments |
| Reviewed for the Agenda: | Director: <u></u> | | Zoning Administrator: <u></u> |

Project Description / Background

Joshua Agriesti, agent for the owner, is requesting a variance to allow 254.2 square feet of signage, instead of the allowed maximum 120 square feet of signage for the office building at 2301 N University Drive.

Memorial Healthcare will become the main tenant within this free standing office building currently known as 2301 Medical Dental Center. The existing signage on the building is made up of two (2) "2301 Medical Dental Center" signs at 111.7 square feet each for a total of 223.4 square feet. Memorial health care would like to add two (2) Memorial Healthcare "M" logos at 15.4 square feet each for a total of 30.8 square feet of new signage.

The existing signage, and proposed new signage, would be distributed on the building as follows:

North Elevation – One (1) 15.4 square foot "M" logo

East Elevation – One (1) 111.7 square foot "2301 Medical Dental Center" sign and one (1) 15.4 square foot "M" logo

South Elevation – No Signage

West Elevation - One (1) 111.7 square foot "2301 Medical Dental Center" sign

VARIANCE REQUEST DETAILS:

ZV 2019-01) To allow 254.2 square feet of signage instead of the allowed maximum 120 square foot of signage.

Code Reference: §155.324 PERMANENT SIGNS.

(C) Business Zoning Districts.

(2) Outparcels and freestanding buildings. Unless otherwise provided for herein, signs for all outparcels and freestanding buildings shall be subject to the same provisions of § 155.326(C)(6) for shopping center tenants.

(b) The maximum allowable sign area for an outparcel or freestanding building shall be 120 square feet.

VARIANCE DETERMINATION

The Planning and Zoning Board shall not grant any non-single-family variances, permits, or make any decision, finding, and determination unless it first determines that:

1. Its decision and action taken is in harmony with the general purposes of the zoning ordinances of the city and is not contrary to the public interest, health, or welfare, taking into account the character and use of adjoining buildings and those in the vicinity, the number of persons residing or working in the buildings, and traffic conditions in the vicinity.
2. In the granting of variances, the Planning and Zoning Board shall determine that the variance granted is the minimum variance that will accomplish the intended purpose (stated above) and:
 - A) That there are special circumstances or conditions applying to the land or building for which the variance is sought, which circumstances are peculiar to the land or building and do not apply generally to land or buildings in the neighborhood, and that the strict application of the provisions of the zoning ordinances would result in an unnecessary hardship and deprive the applicant of the reasonable use of the land or building; or
 - B) That any alleged hardship is not self-created by any person having an interest in the property nor is the result of a mere disregard for or in ignorance of the provisions of the zoning ordinances of the city; or
 - C) That granting the variance is not incompatible with public policy, will not adversely affect any adjacent property owners, and that the circumstances which cause the special conditions are peculiar to the subject property.

Enclosed: Variance Request Application
 Subject Site Aerial Photo



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 type="checkbox"/> Delegation Request | <input 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 checked="" type="checkbox"/> Variance (Multifamily, Non-residential)* |
| <input type="checkbox"/> Interpretation* | <input 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: Dean Project #: PRJ 20 19 - 05 Application #: ZV 2019-01
Date Submitted: 04/24/19 Posted Signs Required: (1) Fees: \$ 2,210

SECTION 1-PROJECT INFORMATION:

Project Name: Memorial Healthcare / 2301 Medical Dental Center

Project Address: 2301 N. University Drive PP, FL 33024

Location / Shopping Center: 2301 Medical Dental Center

Acreeage of Property: _____ Building Square Feet: _____

Flexibility Zone: _____ Folio Number(s): 5141 10010092

Plat Name: _____ Traffic Analysis Zone (TAZ): _____

Legal Description:

See Attached.

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 |
|------|-------------|---------|--------|--------------------------|------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Owner's Phone: 561-445-4106

Owner's Fax: _____

Agent: Joshua Agriesti

Contact Person: Brooke Walker

Agent's Address: 2830 N. 28th Terr

Agent's Email Address: Brookew
@graphplex.com

Agent's Phone: 954-920-0905

Agent's Fax: 954-920-0906

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: _____

Land Use / Density: _____

Use: _____

Plat Name: _____

Plat Restrictive Note: _____

PROPOSED

Zoning: _____

Land Use / Density: _____

Use: _____

Plat Name: _____

Plat Restrictive Note: _____

ADJACENT ZONING

North: _____

South: _____

East: _____

West: _____

ADJACENT LAND USE PLAN

North: _____

South: _____

East: _____

West: _____

-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: 155.324(C)(2)(b)

Required: Max. 120 # of signage on Building

Request: 254.2 # of signage on Building

Details of Variance, Zoning Appeal, Interpretation Request:

Request to have increased square feet
in signage on bldg.

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)

The main tenant for the building in question would like signage to acknowledge & provide direction for customers into the building. We are asking for increased square feet to accommodate signage.

SECTION 7- PROJECT AUTHORIZATION

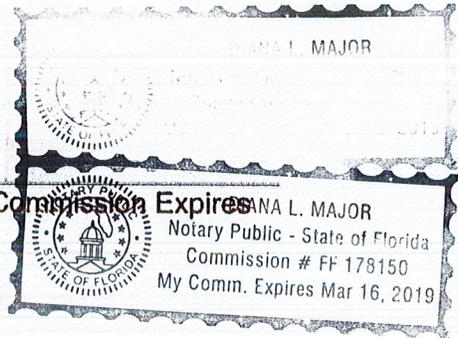
OWNER CERTIFICATION

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] 1/8/19
Signature of Owner Date

Sworn and Subscribed before me this 8th day
of Jan, 2019

[Signature] 3/16/19
Fee Paid Signature of Notary Public My Commission Expires



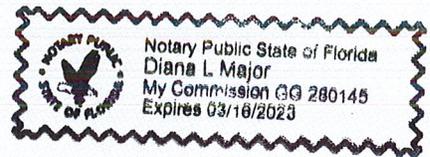
AGENT CERTIFICATION

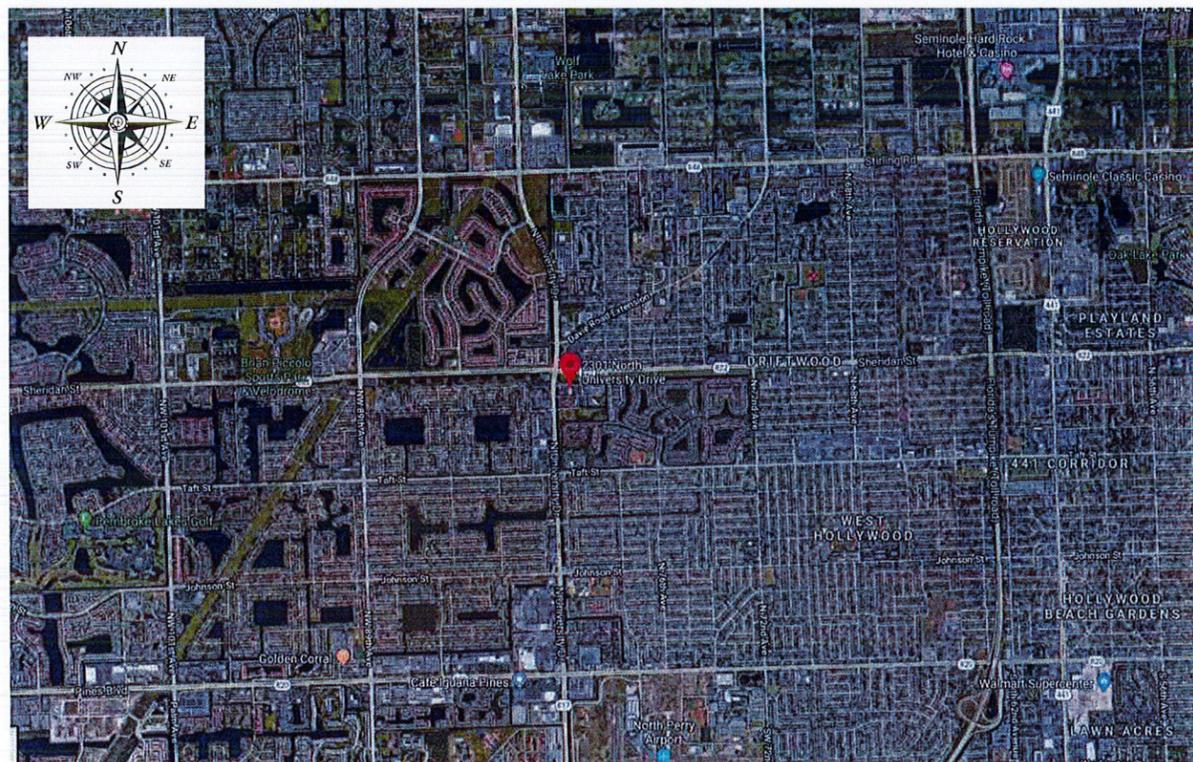
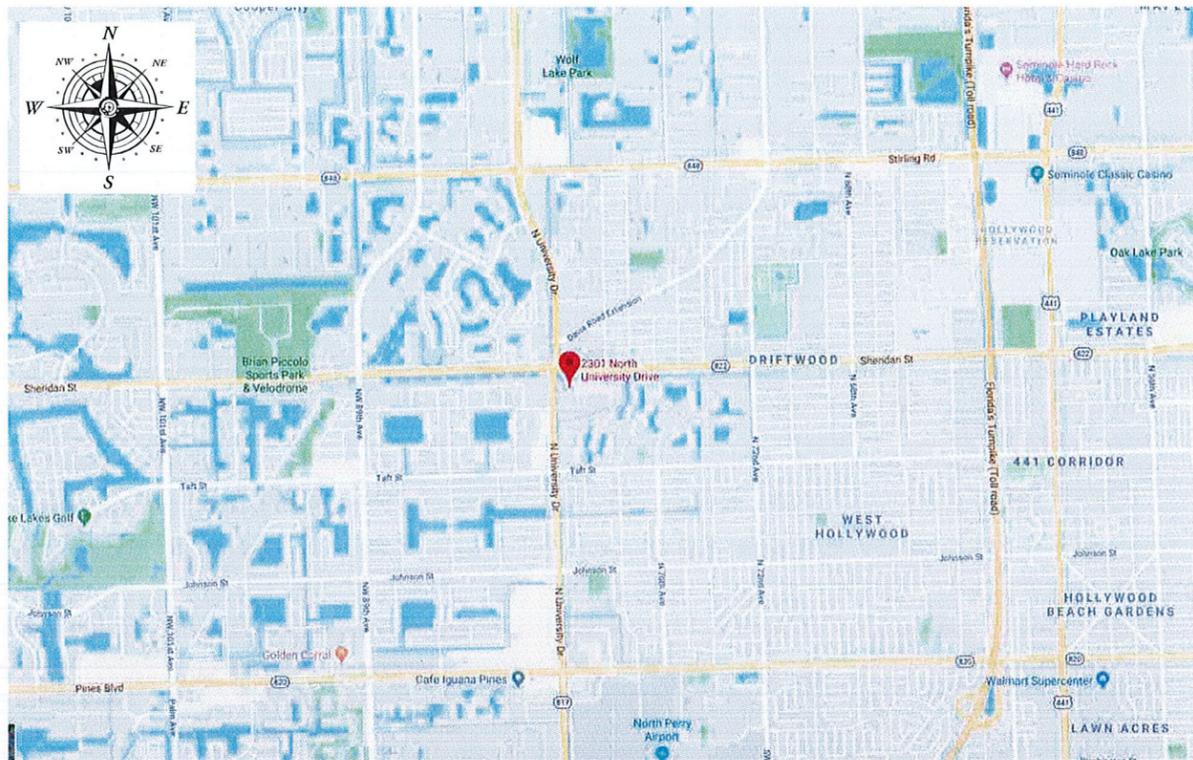
This is to certify that I am the agent of the property owner described in this application and that all information supplied herein is true and correct to the best of my knowledge.

[Signature] 4/20/19
Signature of Agent Date

Sworn and Subscribed before me this 24th day
of April, 2019

[Signature] 3/19/23
Fee Paid Signature of Notary Public My Commission Expires



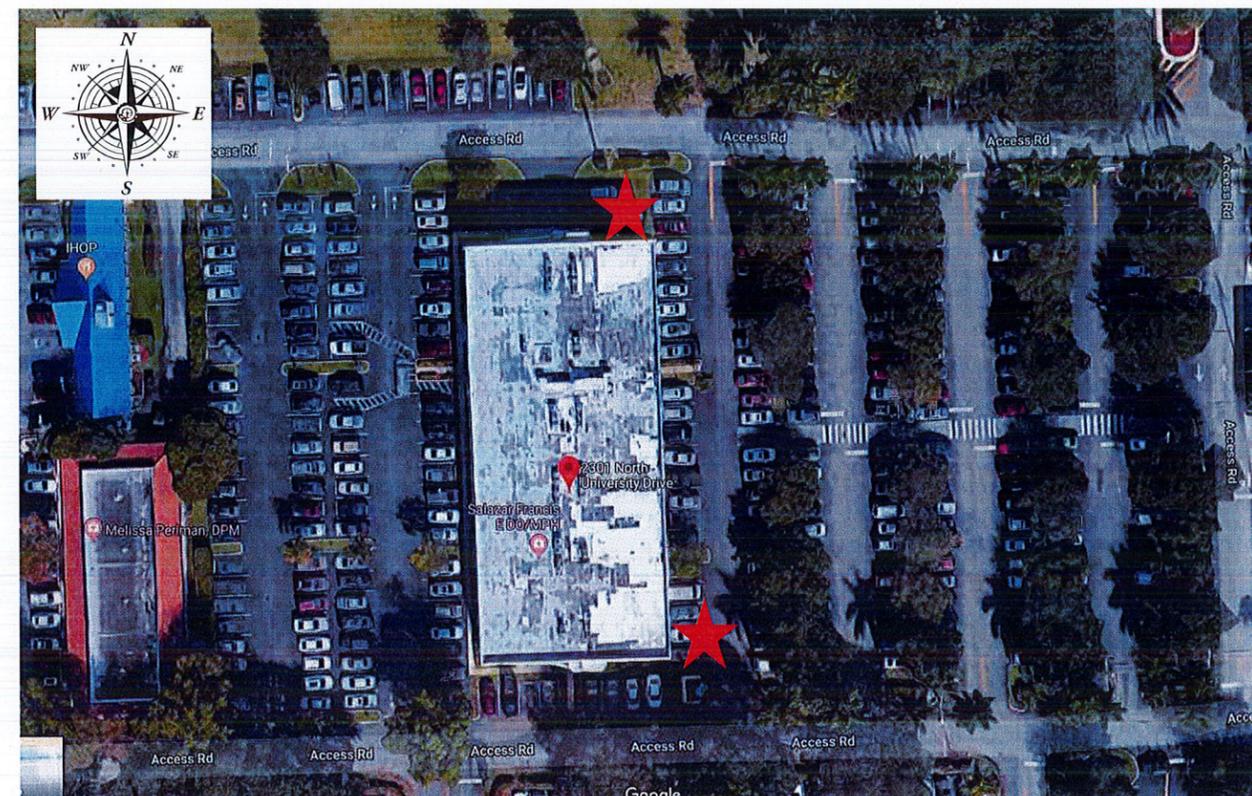


Client: MEMORIAL HEALTHCARE

Location: 2301 University Drive
Pembroke Pines, Florida

ELEVATION: NORTH / EAST

 **Proposed sign locations**



 **GRAPHPLEX SIGNS**
Sign Design & Manufacture
2830 North 28th Terrace • Hollywood, Florida 33020

954.920.0905
www.graphplex.com

CLIENT: MEMORIAL HEALTHCARE
PROJECT: 2301 BUILDING
ADDRESS: 2301 University Drive, Pembroke Pines, FL

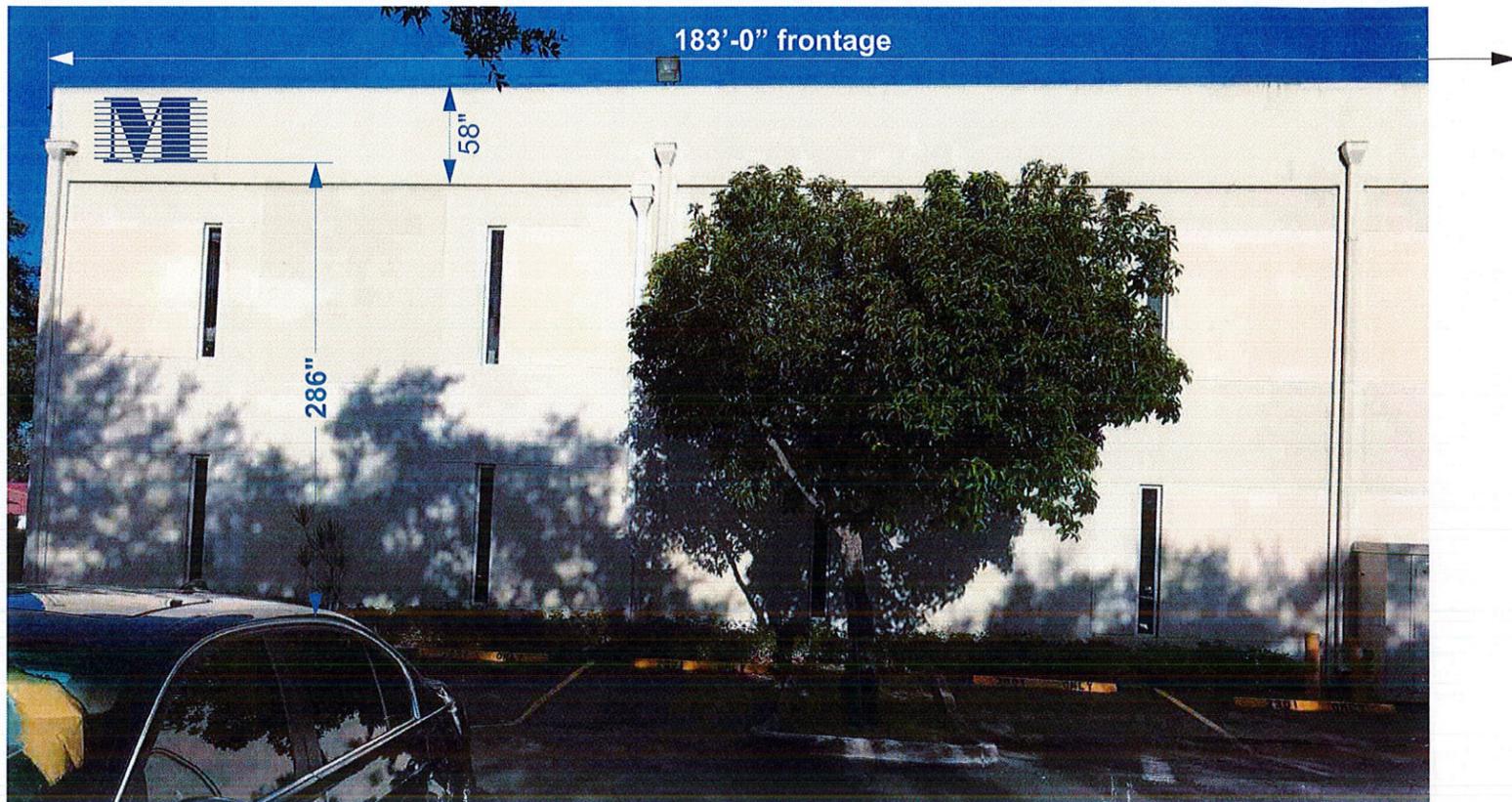
SIGN TYPE: Reverse Channel Illuminated Logo
QUANTITY: 2 Sets

APPROVED AS SUBMITTED BY: _____ DATE: _____
 APPROVED AS NOTED BY: _____ DATE: _____

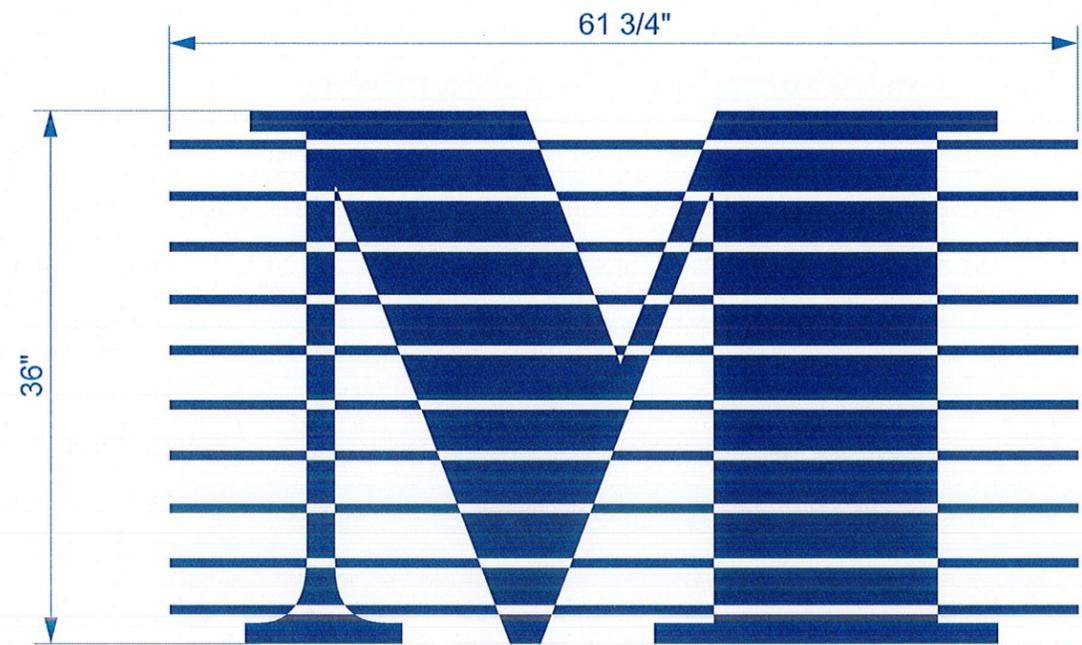
DATE: 7/16/2018 (7/24)(8/9)(8/13)(11/20)(2/6/19)(4/24)
FILENAME: Memorial Healthcare/2301 University Building/Illuminated Logos-STRUCTURAL-REV-4-24-2019

DRAWN BY: RL
SALES: Brooke Walker

THIS ORIGINAL DRAWING (OR COPY) IS FOR YOUR CONSIDERATION FOR A PROJECT WE ARE PROPOSING FOR YOU. IT IS NOT TO BE COPIED (IN FULL OR PART) OR EXHIBITED TO ANYONE OUTSIDE YOUR ORGANIZATION WITHOUT WRITTEN PERMISSION FROM GRAPHPLEX SIGNS.



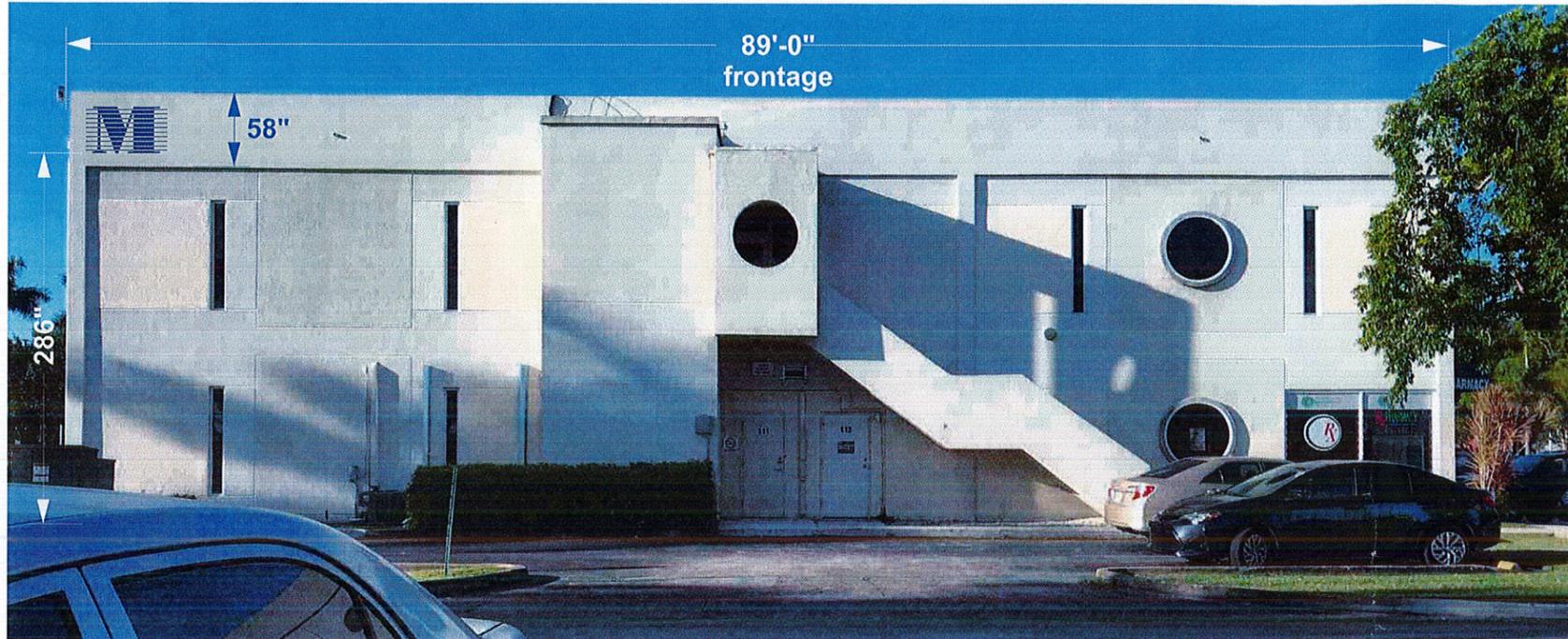
A1 East Elevation
Scale: 1/8" = 1'-0"



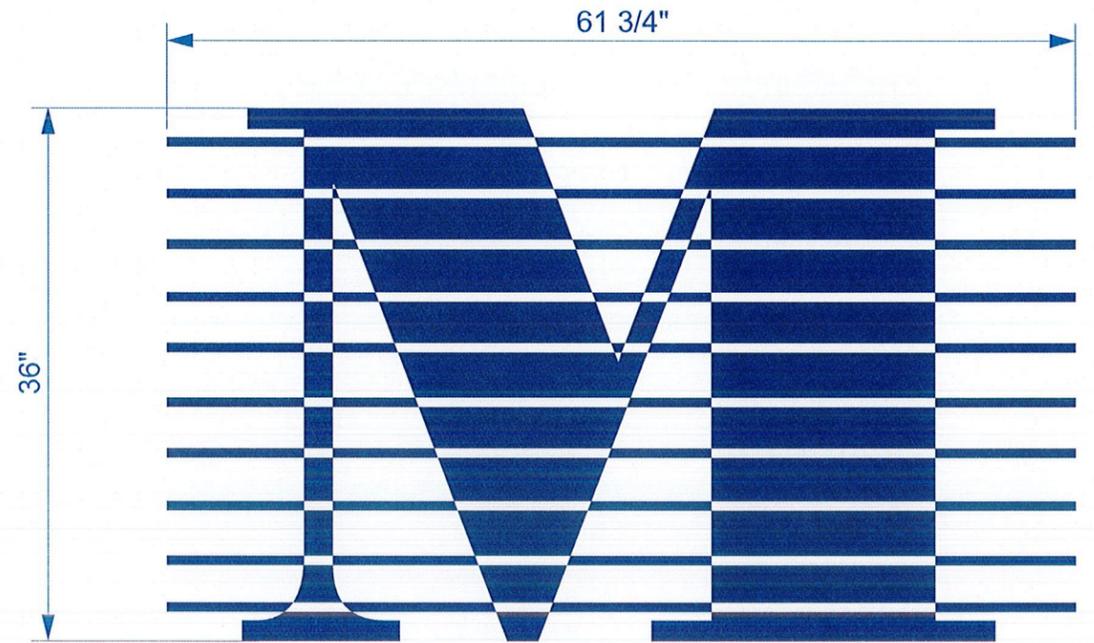
15.4 sq. ft.

A2 Reverse Channel Illuminated Logo
Scale: 1" = 1'-0"

| | | | |
|--|---|---|--|
|  <p>GRAPHPLEX SIGNS Sign Design & Manufacture 2830 North 28th Terrace • Hollywood, Florida 33020</p> <p>954.920.0905 www.graphplex.com</p> | <p>CLIENT: MEMORIAL HEALTHCARE PROJECT: 2301 BUILDING ADDRESS: 2301 University Drive, Pembroke Pines, FL</p> | <p><input type="checkbox"/> APPROVED AS SUBMITTED BY: _____ DATE: _____</p> <p><input type="checkbox"/> APPROVED AS NOTED BY: _____ DATE: _____</p> | <p>DRAWN BY: RL SALES: Brooke Walker</p> |
| <p>THIS ORIGINAL DRAWING (OR COPY) IS FOR YOUR CONSIDERATION FOR A PROJECT WE ARE PROPOSING FOR YOU. IT IS NOT TO BE COPIED (IN FULL OR PART) OR EXHIBITED TO ANYONE OUTSIDE YOUR ORGANIZATION WITHOUT WRITTEN PERMISSION FROM GRAPHPLEX SIGNS.</p> | <p>SIGN TYPE: Reverse Channel Illuminated Logo QUANTITY: 2 Sets</p> | <p>DATE: 7/16/2018 (7/24)(8/9)(8/13)(11/20)(2/6/19)(4/24) FILENAME: Memorial Healthcare/2301 University Building/Illuminated Logos-STRUCTURAL-REV-4-24-2019</p> | <p>PAGE#: 1</p> |



(B1) North Elevation
Scale: $\frac{3}{32}'' = 1'-0''$



15.4 sq. ft.

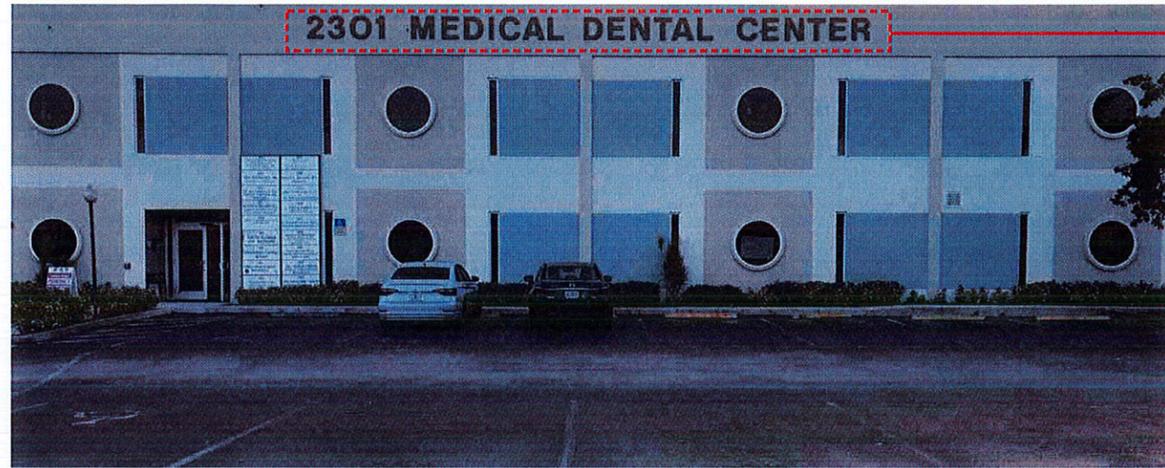
(B2) Reverse Channel Illuminated Logo
Scale: $1'' = 1'-0''$

| | | | |
|--|---|---|--|
|  <p>GRAPHPLEX SIGNS Sign Design & Manufacture 2830 North 28th Terrace • Hollywood, Florida 33020</p> <p>954.920.0905 www.graphplex.com</p> | <p>CLIENT: MEMORIAL HEALTHCARE PROJECT: 2301 BUILDING ADDRESS: 2301 University Drive, Pembroke Pines, FL</p> | <p><input type="checkbox"/> APPROVED AS SUBMITTED BY: _____ DATE: _____</p> <p><input type="checkbox"/> APPROVED AS NOTED BY: _____ DATE: _____</p> | <p>DRAWN BY: RL SALES: Brooke Walker</p> |
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EXISTING SIGNS ON BUILDING

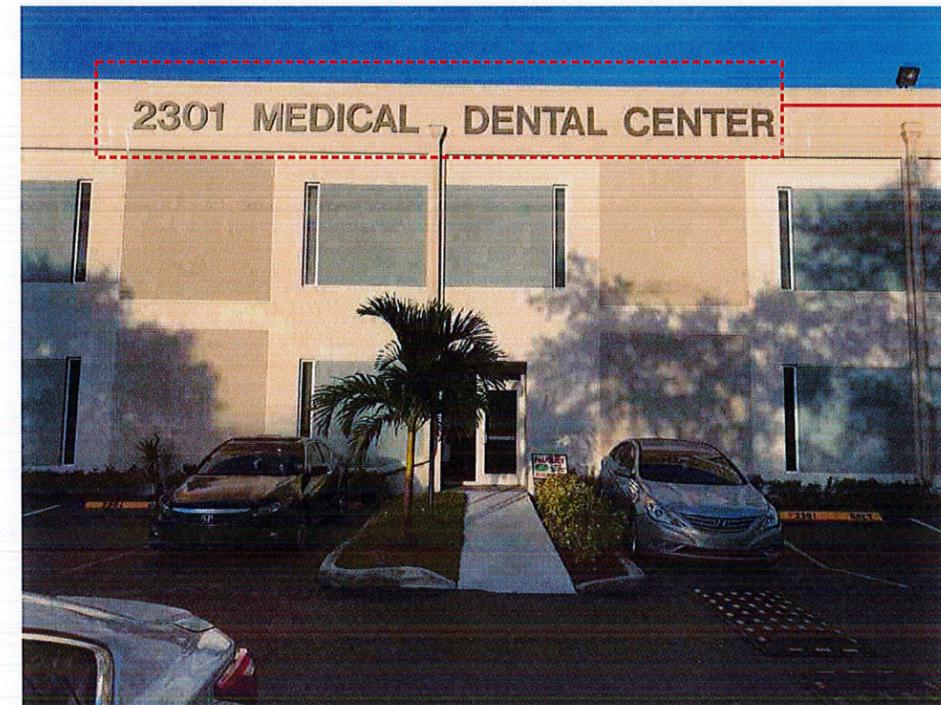
111.7+111.7+15.4+15.4 = 254.2 total signage sq. feet

PROPOSED SIGNS ON BUILDING



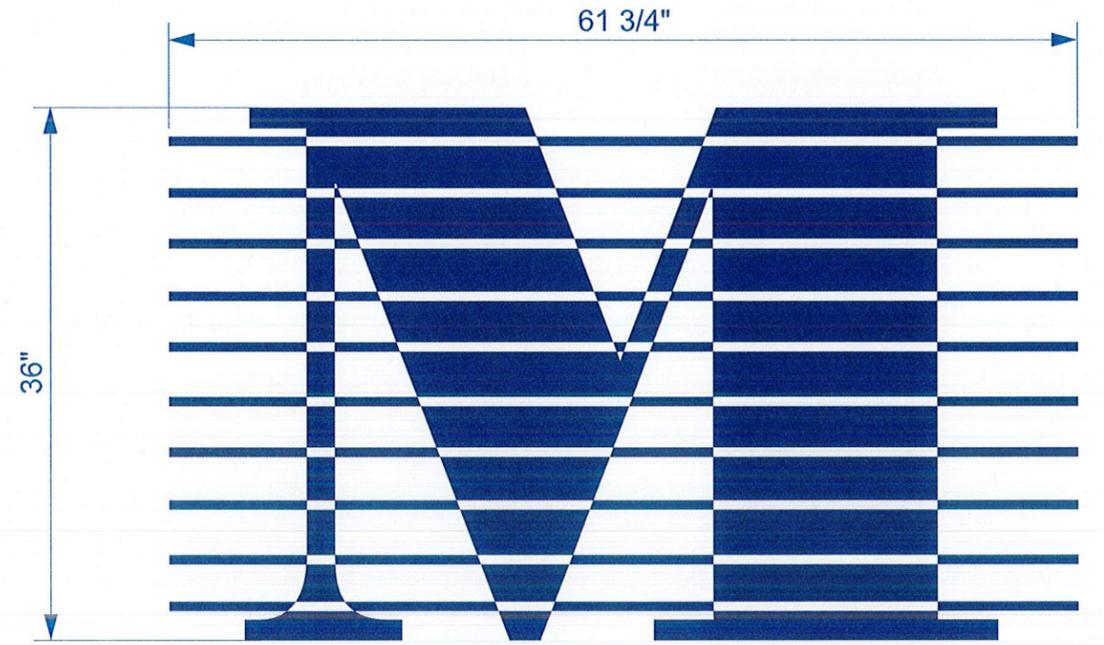
west elevation

26" x 619"
111.7 sf



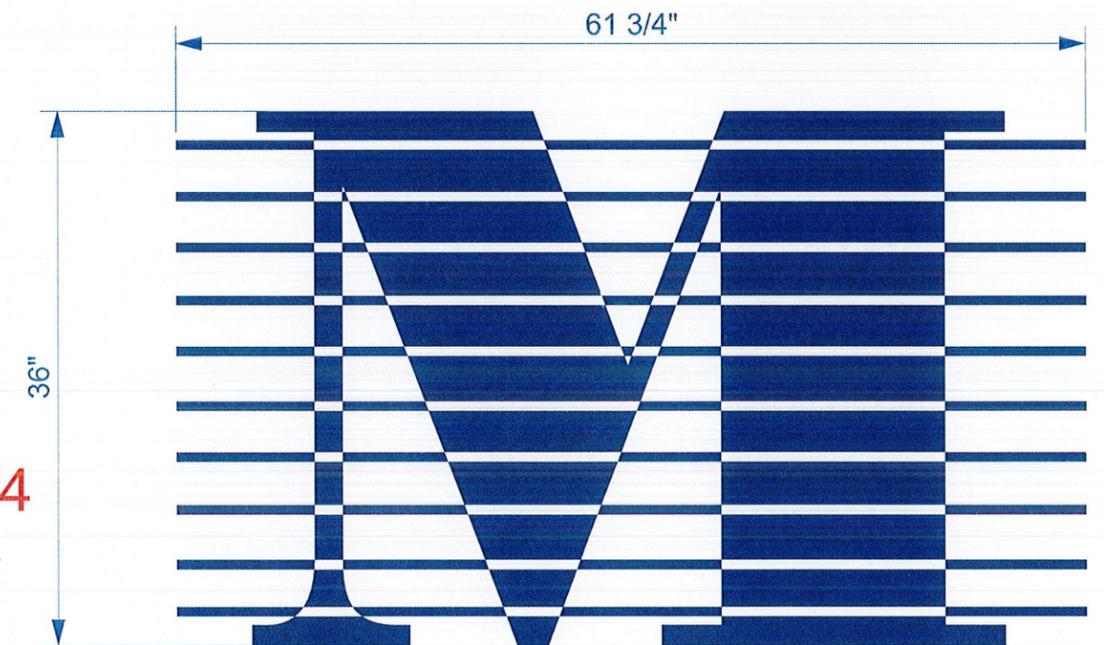
east elevation

26" x 619"
111.7 sf



north elevation

36" x 61 3/4"
15.4 sf



east elevation

36" x 61 3/4"
15.4 sf

GRAPHPLEX SIGNS
Sign Design & Manufacture
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CLIENT: MEMORIAL HEALTHCARE
PROJECT: 2301 BUILDING
ADDRESS: 2301 University Drive, Pembroke Pines, FL

APPROVED AS SUBMITTED BY: _____ DATE: _____
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EXISTING SIGNS

DATE: 7/16/2018 (7/24)(8/9)(8/13)(11/20)(2/6/19)(4/24)
FILENAME: Memorial Healthcare/2301 University Building/Illuminated Logos-STRUCTURAL-REV-4-24-2019

Subject Site Aerial Photo

Application ID: ZV 2019-01
Memorial Health: 2301 N. University Drive

