



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 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: Village of Mayfair
 Project Address: NW Corner of Hialeah Road and Pembroke Road
 Location / Shopping Center: _____
 Acreage of Property: 4. 9.975 Acres Building Square Feet: 4. 55,991 SF developed to date
 Flexibility Zone: _____ Folio Number(s): 5140 24 02 0060 0061 0062 0063, 0064, 0065
 Plat Name: Pembroke Lakes South Traffic Analysis Zone (TAZ): _____
 Legal Description: All of Tract G-3 of Pembroke Lakes South (P.R. 119, Pg. 1) Broward County, FL together with the following described parcel (Tract G-2) said lands lies in the City of Pembroke Pines, Broward County, Florida, and containing 4. 935,492 SF (9.9975 Acres)
 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
			Pembroke Lakes South Plat (Original P/cf)		
2004			Village of Mayfair (Site Plan)		
2016			Wawa (Buildings 1/2) (Site Plan/Rezoning)		
2017/2021			Foley Crest Expansion (Building # 6-B)		
2015			Revisions to Elise (Building # 7)		
2018			Revisions for Play area (Building # 6)		

SECTION 2 - APPLICANT / OWNER / AGENT INFORMATION

Owner's Name: Pamtree of Pines LLC
Owner's Address: 6540 East Tropical Way, Plantation, FL 33317
Owner's Email Address: maunty@mstein.com
Owner's Phone: 954 804.3515 Owner's Fax: ---
Agent: Marcel Squalowski
Contact Person: Maunty Squalowski
Agent's Address: 6540 East Tropical Way, Plantation, FL 33317
Agent's Email Address: maunty@mstein.com
Agent's Phone: 954.804.3515 Agent's Fax: ---

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: B-3

Land Use / Density: _____

Use: _____

Plat Name: Pembroke Lakes South

Plat Restrictive Note: _____

B-2 uses + Gas Station

ADJACENT ZONING

North: IRR 5.52 (PUD)

South: RESIDENTIAL (MIRAMAR)

East: R-MF

West: IRR 5.52 (PUD)

PROPOSED

Zoning: G-1

Land Use / Density: _____

Use: _____

Plat Name: Pembroke Lake South

Plat Restrictive Note: _____

B-3 uses + Self Storage

ADJACENT LAND USE PLAN

North: IRR 5.52 (PUD)

South: RESIDENTIAL (MIRAMAR)

East: R-MF (COMMERCIAL)

West: IRR (5.52) PUD

-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:

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)

Proposed Rezoning from current B-3 to C-1 in order to develop a four(4) story Self-Storage facility. Said Self-Storage facility will not exceed 50'.
A declaration of restrictive covenants shall be amended and perturbed as follows:

"Although zoned C-1, the permitted uses on the Property shall be limited to self-storage allowed by the "storage warehouse" category under C-1 District and all uses permitted in the B-3 District."

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]
Signature of Owner MANUEL SYVALAKKI Date 12/26/2024

Sworn and Subscribed before me this 26 day

of Dec, 20 24

N/C [Signature] 9-30-25
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]
Signature of Agent MANUEL SYVALAKKI Date 12/26/2024

Sworn and Subscribed before me this 26 day

of Dec, 20 24

N/C [Signature] 9-30-25
Fee Paid Signature of Notary Public My Commission Expires



Waiver of Florida Statutes Section 166.033, Development Permits and Orders

Applicant: Rainforest of Pines LLC

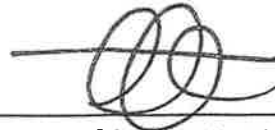
Authorized Representative: Manuel Synalowski

Application Number: _____

Application Request: Reopening

I, Manuel Synalowski (print Applicant/Authorized Representative name), on behalf of Rainforest of Pines LLC (Applicant), hereby waive the deadlines and/or procedural requirements of Florida Statute Section 166.033 as the provisions of said statute apply to the above referenced application, including, but not limited to the following:

- a. 30-day requirement for Applicant Response to Staff determination of incompleteness as described in DRC Comments and/or Letter to Applicant;
- b. 30-day Staff review of Applicant Response to DRC Comments and/ or Letter to Applicant;
- c. Limitation of three (3) Staff Requests for Additional Information;
- d. Requirement of Final Determination on Applicant's application approving, denying, or approving with conditions within 120 or 180 days of the determination of incompleteness, as applicable.



Signature of Applicant or Applicant's
Authorized Representative

12/26/2024
Date

MANUEL SYNALOWSKI

Print Name of Applicant/Authorized Representative