



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 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: Collector Car CondosProject Address: 18810 Pines BoulevardLocation / Shopping Center: S side of Pines Blvd betw SW 186th Ave and SW 196 AveAcreage of Property: 1.88 +/- acres Building Square Feet: 57,000 square feetFlexibility Zone: _____ Folio Number(s): 513913170011Plat Name: Watermen Pines Traffic Analysis Zone (TAZ): 1.88 +/- acresLegal Description: A portion of Parcel A of the Watermen Pines Plat recorded at PlatBook 181, Page 132 of the Broward County Public Records. See attached survey.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
11/5/2014	Plat	Plat Approval	Approved		

SECTION 2 - APPLICANT / OWNER / AGENT INFORMATION

Owner's Name: Dorado Bells, LLC

Owner's Address: 2298 South Dixie Highway, Miami, FL 33133

Owner's Email Address: markgold@theticketclinic.com

Owner's Phone: (305) 775-7996 Owner's Fax: _____

Agent: Greenspoon Marder LLP

Contact Person: Elizabeth Somerstein, Esq.

Agent's Address: 200 E. Broward Boulevard, Suite 1800, Fort Lauderdale, FL 33301

Agent's Email Address: elizabeth.somerstein@gmlaw.com

Agent's Phone: (954) 527-2459 Agent's Fax: (954) 333-4059

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: Commercial

Use: Vacant

Plat Name: Watermen Pines

Plat Restrictive Note: 26,800 square feet of office

PROPOSED

Zoning: C-1

Land Use / Density: Commercial

Use: Collector car condo

Plat Name: Watermen Pines

Plat Restrictive Note: 57,000 sf of storage/warehouse use

ADJACENT ZONING

North: C-1

South: A

East: B-3

West: C-1

ADJACENT LAND USE PLAN

North: Commercial

South: Commercial

East: Commercial

West: Commercial

-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)

The Applicant is requesting to rezone a 1.88+/- acre parcel from B-3 to C-1.

This rezoning is needed to facilitate development of a collector car condo.

As part of the application, the Applicant is volunteering to record a declaration of restrictive covenants which will prohibit certain uses permitted in the C-1 zoning district.

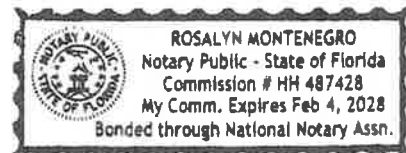
SECTION 7- PROJECT AUTHORIZATION

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] 11/5/2024
Signature of Owner Date

Sworn and Subscribed before me this 5th day
of November, 2024



Fee Paid

[Signature]
Signature of Notary Public

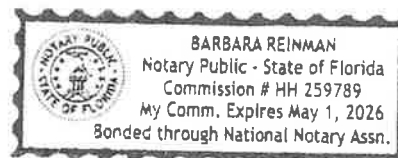
02/04/2028
My Commission Expires

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] 11/15/24
Signature of Agent Date

Sworn and Subscribed before me this 15 day
of November, 2024



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[Signature]
Signature of Notary Public

My Commission Expires

Waiver of Florida Statutes Section 166.033, Development Permits and Orders

Applicant: Greenspoon Marder LLP

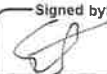
Authorized Representative: Elizabeth Somerstein, Esq.

Application Number: _____

Application Request: Rezoning

I, Elizabeth Somerstein (print Applicant/Authorized Representative name), on behalf of Greenspoon Marder LLP (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.

Signed by:


11/15/2024

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Signature of Applicant or Applicant's
Authorized Representative

Date

Elizabeth Somerstein

Print Name of Applicant/Authorized Representative