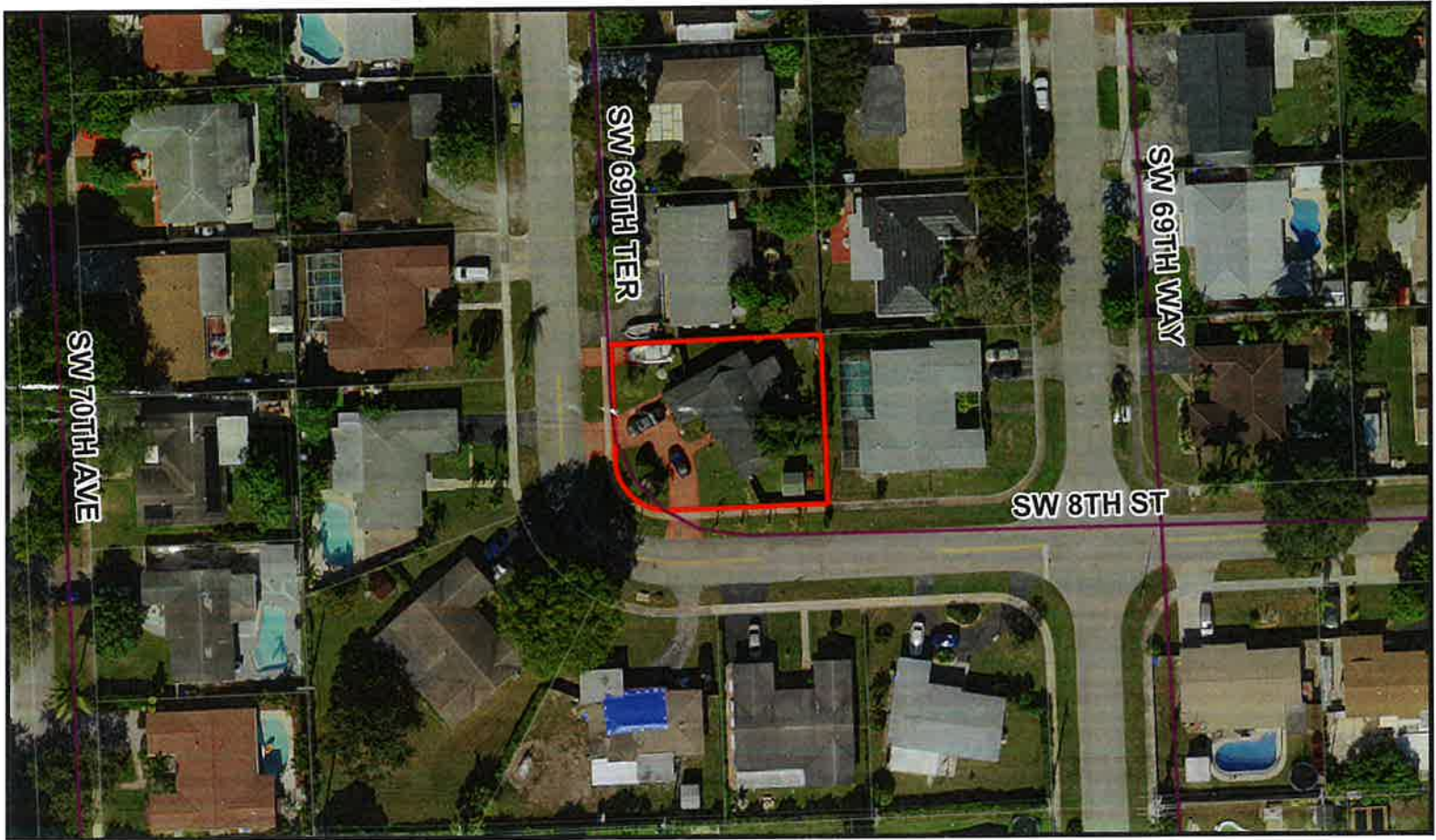


Vicinity Map

City of Pembroke Pines • Planning and Economic Development Department

ZV(R) 2024-0008
Zoning Variance



LORZEILLE, PATRICK H/E LORZEILLE, RAISA
731 SW 69 TER PEMBROKE PINES FL 3302





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

Summary

Agenda Date:	April 4, 2024	Application ID:	ZV(R)2024-0008
Project:	Proposed Roofed Structure, attached.	Pre-Application	PRE2024-0015
Project Planner:	Christian Zamora, Senior Planner		
Owner:	Patrick Lorzeille	Agent:	Natalie Esquivel
Location:	731 SW 69 Terrace, Pembroke Pines FL 33023	Commission District No.	1
Existing Zoning:	Single-Family Residence (R-1C)	Existing Land Use:	Residential
Reference Applications:	N/A		
Variance Summary			
Application	Code Section	Required/Allowed	Request
ZV(R)2024-0008	155.421 Residential Single-Family (R-1C) Table 155.421.3	7.5' side setback	One-Foot, one-inch (1' – 1") side setback (northern property line) for proposed roofed structure, attached.
Final:	<input type="checkbox"/> Planning & Zoning Board		<input checked="" type="checkbox"/> Board of Adjustment
Reviewed for the Agenda:	Director:  Assistant Director: 		

PROJECT DESCRIPTION / BACKGROUND:

Patrick Lorzeille, owner, submitted a residential zoning variance request to build a roofed structure, attached to the side of the house's building at the property located at 731 SW 69 Terrace in the Pines Village Neighborhood. The property is zoned Residential Single-Family (R-1C).

The petitioner is proposing to build a 43' x 21' triangular Accessory Roofed Structure, attached to the northern side of the existing house's north wall (see proposed plan) Per the City's Land Development Code (LDC) a seven-foot, six-inch side setback is required; the applicant via this application, is specifically requesting:

- **ZV(R)2024-0008:** to allow one-foot, one-inch (1 – 1") side setback along a segment of the northern property line for a proposed roofed structure, attached to the side of the existing house's building instead of the required 7- 6" side setback.

The applicant is aware that Board consideration of residential variance requests does not preclude the property owner from obtaining all necessary development related approvals or permits.

The property is in the Pines Village neighborhood, there are no HOAs.

VARIANCE REQUEST DETAILS:

- **ZV(R)2024-0008)** is to allow 1' – 1" side setback along a segment of the northern property line for a proposed roofed structure, attached to the side of the house's wall instead of the required 7.5' side setback.

Code References:

ZV(R)2024-0008:

Table 155.421.3: Residential Single-Family (R-1C)		
Standard	Residential	Non-Residential
Side Setback	7.5 feet [2]	20 feet [3]

VARIANCE DETERMINATION:

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

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.

In the granting of single-family residential variances, the Board shall follow Section 155.301(O) Variance:

1. Purpose: To allow for the provision of relief from certain development standards of this LDC for one or more of the following reasons:
 - a) 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) 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) 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
Property Survey
Proposed Plan



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: 2/21/2024

Plans for DRC _____ Planner: C-2

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 checked="" type="checkbox"/> Variance (Homeowner Residential) |
| <input type="checkbox"/> Flexibility Allocation | <input 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: C-2 Project #: PRJ 20 _____ Application #: 2024-0008

Date Submitted: 2/21/24 Posted Signs Required: (1) Fees: \$ 557⁴⁰

SECTION 1-PROJECT INFORMATION:Project Name: PATRICK LORZEILLE TERRACEProject Address: 731 SW 69TH TER. PEMBROKE PINES, FL. 33023

Location / Shopping Center: _____

Acreage of Property: 7870 SQ.FT Building Square Feet: 1430Flexibility Zone: _____ Folio Number(s): 514114102270

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

Legal Description: BOULEVARD HEIGHTS SEC TEN 51-15 B LOT 9 BLK 9Has 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
N/A	N/A	N/A	N/A	N/A	N/A

SECTION 2 - APPLICANT / OWNER / AGENT INFORMATION

Owner's Name: PATRICK LORZEILLE, RAISA LORZEILLE

Owner's Address: 731 SW 69 TER PEMBROKE PINES, FL 33023

Owner's Email Address: ljeanpat@bellsouth.net

Owner's Phone: 305-496-5882 Owner's Fax: _____

Agent: NATALIE ESQUIVEL

Contact Person: NATALIE ESQUIVEL

Agent's Address: _____

Agent's Email Address: COASTALWAYSLLC@GMAIL.COM

Agent's Phone: 786-355-0003 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: _____

Land Use / Density: _____

Use: _____

Plat Name: _____

Plat Restrictive Note: _____

ADJACENT ZONING

North: _____

South: _____

East: _____

West: _____

PROPOSED

Zoning: _____

Land Use / Density: _____

Use: _____

Plat Name: _____

Plat Restrictive Note: _____

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: Table 155.421.3: Residential Single-Family (R-1C)

Required: 7.5' side setback

Request: 2'-10' side setback (northern property line) for roofed structure, attached

Details of Variance, Zoning Appeal, Interpretation Request:

See Section 6

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)

PATRICK IS A WAR VETERAN THAT IS REQUESTING APPROVAL TO BUILD
A COVERED TERRACE ON THE SIDE OF THEIR HOME. THEIR SETBACKS ARE
CURRENTLY 7'-6" FROM THE PROPERTY LINE, HOWEVER WE ARE ASKING
THAT IT BE REDUCED TO ^{1-111 C-2.} 2'-10" FOR THE PURPOSES OF THIS PROJECT. DUE
TO THE UNIQUE ANGLE THE HOME SITS ON THE LAND AND THE FACT THAT
MAIN EXIT TO THE YARD FROM INSIDE SITS ON THIS SIDE OF THE HOUSE,
IF THE TERRACE IS PUT ON ANOTHER AREA OF THE PROPERTY, THE ACCESS
TO IT WOULD BE LIMITED AS THE FAMILY WOULD BE UNABLE TO ACCESS
IT IN ALL TYPES OF WEATHER. THE TERRACE WOULD ALSO BE PROVIDING
COVER FOR ELECTRICAL EQUIPMENT THAT IS PLACED ON THAT SIDE OF
THE HOME WHICH HAS BEEN DAMAGED IN THE PAST DUE TO WEATHER
CONDITIONS. THIS EQUIPMENT CANNOT BE MOVED BECAUSE IT IS
ATTACHED TO A GAS GENERATOR AND THE HOME'S ELECTRICAL PANEL AND
PRESERVATION OF THE EQUIPMENT IS BEST ACHIEVED WITH THIS COVERED
TERRACE.
THIS TERRACE WOULD NOT HAVE A DECK TO ALLOW FOR
PROPER WATER DRAINAGE. THE TERRACE WILL ALSO BE FITTED WITH RAIN
GUTTERS AND WATER CANALS TO ENSURE THAT NO WATER IS DISPLACED
ONTO THE NEIGHBORING YARD.
WE ARE WILLING TO TAKE ANY STEPS NECESSARY TO ENSURE THAT THIS
TERRACE DOES NOT CAUSE ANY DISTURBANCES TO NEIGHBORING LANDS.

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.

Patrick

Digitally signed by Patrick
Date: 2024.02.15 22:18:39
+05'00'

2/15/2024

Signature of Owner

Date

Sworn and Subscribed before me this 15 day
of Feb, 20 24



NATALIE ESQUIVEL
Commission # HH 189706
Expires October 21, 2025
Bonded Thru Budget Notary Services

0
Fee Paid

[Signature]
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

02/15/2024
Date

Sworn and Subscribed before me this 15 day
of Feb, 20 24



STEPHANIE DELGADO
Commission # HH 189706
Expires October 21, 2025
Bonded Thru Budget Notary Services

0
Fee Paid

[Signature]
Signature of Notary Public

My Commission Expires

Waiver of Florida Statutes Section 166.033, Development Permits and Orders

Applicant: PATRICK LORZEILLE

Authorized Representative: NATALIE ESQUIVEL

Application Number: _____

Application Request: _____

I, PATRICK LORZEILLE (print Applicant/Authorized Representative name), on behalf of PATRICK LORZEILLE (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.

NATALIE
ESQUIVEL

Digitally signed by NATALIE
ESQUIVEL
Date: 2024.02.19 12:05:30
-05'00'

Signature of Applicant or Applicant's
Authorized Representative

Date

Natalie Esquivel

Print Name of Applicant/Authorized Representative

CERTIFIED TO:
 SUREALTY TITLE, INC.
 CHICAGO TITLE INSURANCE COMPANY
 BANK ATLANTIC, A FEDERAL SAVINGS BANK
 IT'S SUCCESSORS AND/OR ASSIGNS
 JEAN PATRICK LORZEIL

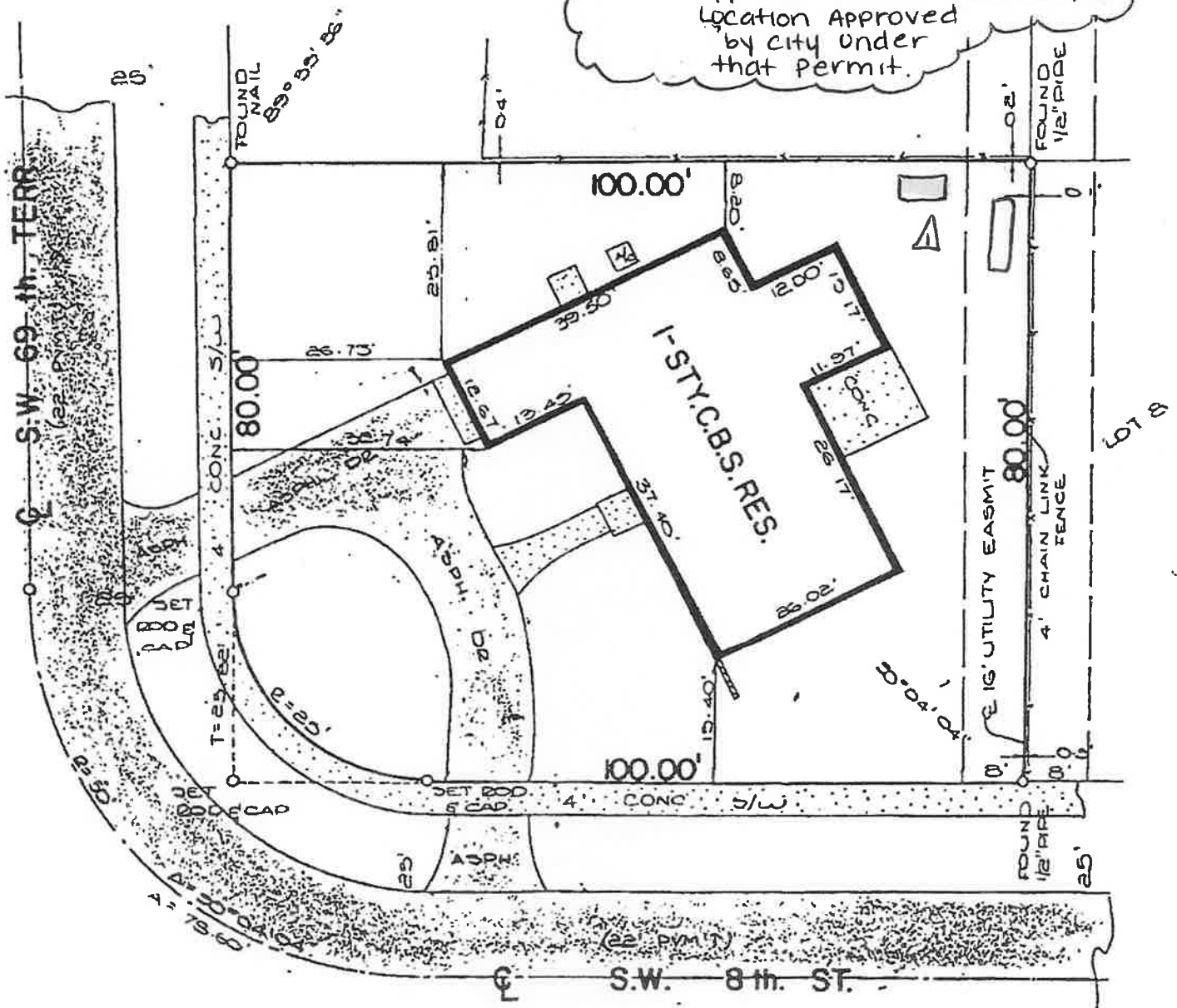
* Everything listed on
 survey and on-site is
NOT in 5' setback.



PROPERTY ADDRESS:
 731 S.W. 69th Terrace
 Pembroke Pines, Fl. 33023

NATIONAL FLOOD INSURANCE DATA							
FEMA FLOOD INSURANCE RATE MAP OF:							
COMMUNITY No.	PANEL No.	SUFFIX	FIRM DATE	ZONE	BASE ELEV.	LOWEST FLOOR (INCHES)	ADJ. GRADE (INCHES)
120053	0312	F	7/21/95	1X	-	-	-

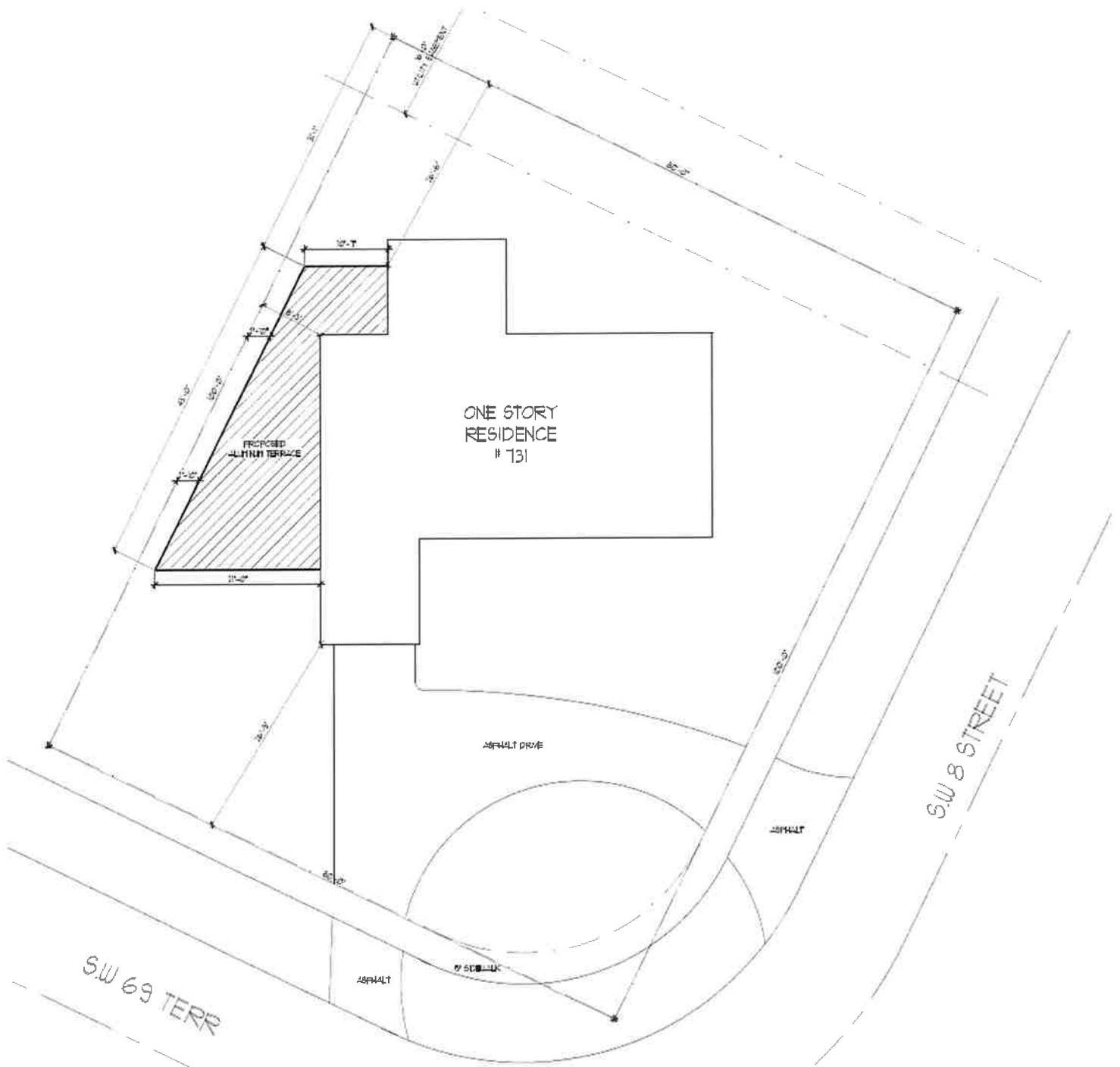
⚠ = moveable child's Plastic Playhouse
 [] = Generator under previously
 Approved Permit #1972694-1
 Location Approved
 by city under
 that permit.



SURVEYOR'S CERTIFICATE

I hereby certify that a recent survey of the above described property was made under my responsible direction and supervision and that there are no above ground encroachments unless otherwise noted. I further certify that this survey meets the minimum technical standards as set forth by the Florida Board of Land Surveyors pursuant to Section 472.07 Florida Statutes and the minimum requirements of the F.L.T.A.

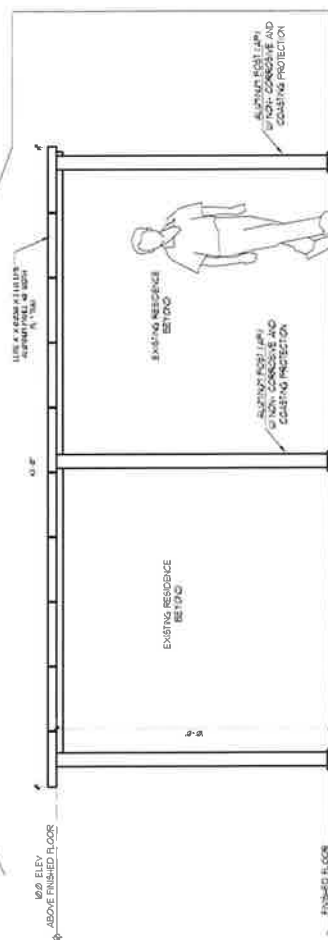
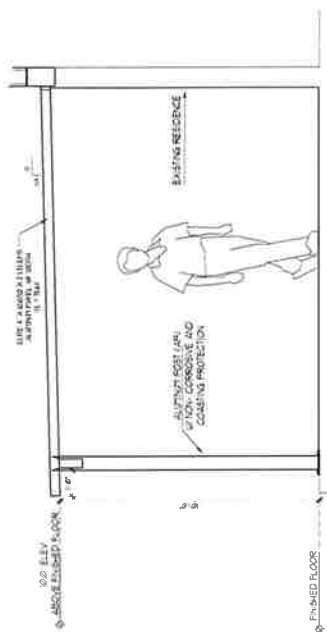
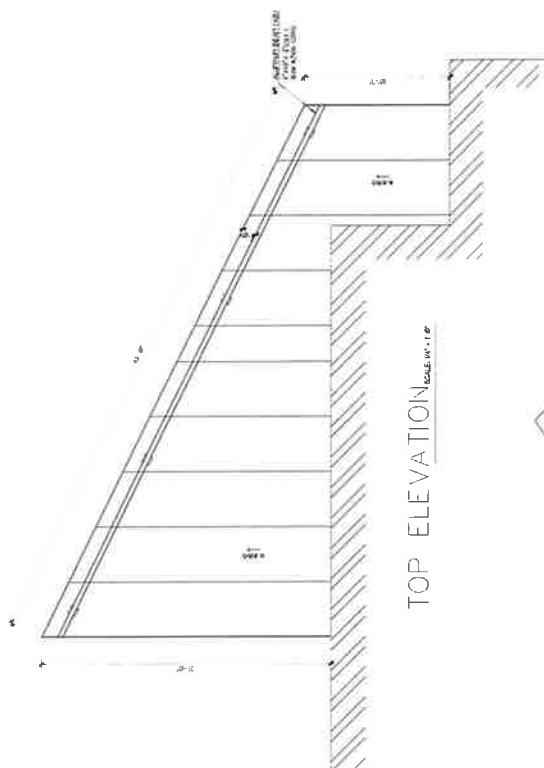
Proposed roofed terrace, attached: 731 SW 69 Terrace



EXISTING RESIDENCE



FOUNDATION PLAN





Type of Meeting

Board of Adjustment

QUASI-JUDICIAL PROCEEDINGS AFFECTED PERSON

INSTRUCTIONS: This form must be completed and returned to the City Clerk's office at least seven (7) calendar days before the meeting.

AFFECTED PERSON: (a person who is the owner of the subject property or who owns property within 500 feet of the subject property or who resides in or operates a business within 500 feet of the subject property)

CASE# ZV(R)2024-0008

PROJECT NAME: Patrick & Raisa Lorzeille

MEETING DATE: April 4, 2024

NAME: IOAN PIRVAN
BUSINESS ADDRESS: _____
HOME ADDRESS: 121 SW 69th Terrace P. Pines FL 33023
TELEPHONE NUMBER: (954) 6096810

QUALIFIES AS "AFFECTED PERSON":

- ☒ Subject property owner
☐ Owns property within 500 ft.
☐ Resides within 500 ft.
☐ Operates a business within 500 ft.
☐ City of Pembroke Pines representative

Signature of Affected Person

Date: 3/25/24

EVIDENCE TO BE PRESENTED: (identify and attach a copy of all evidence to be presented at the hearing. Use additional sheet(s) if necessary.)

A. _____

B. _____

C. _____

PROPOSED WITNESS LIST: (Use additional sheet for each witness)

NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: () _____

SPEAKING: ☒ IN FAVOR OF PETITION ☐ AGAINST PETITION

S:Planning/STAFFREP/Sheryl/Board of Adjustment/Quasi-Form



Type of Meeting

Board of Adjustment

QUASI-JUDICIAL PROCEEDINGS AFFECTED PERSON

INSTRUCTIONS: This form must be completed and returned to the City Clerk's office at least seven (7) calendar days before the meeting.

AFFECTED PERSON: (a person who is the owner of the subject property or who owns property within 500 feet of the subject property or who resides in or operates a business within 500 feet of the subject property)

CASE# ZV(R)2024-0008

PROJECT NAME: Patrick & Raisa Lorzeille

MEETING DATE: April 4, 2024

NAME: Jack McBride
BUSINESS ADDRESS: 720 SW 6th Way
HOME ADDRESS: Pembroke Pines, FL
TELEPHONE NUMBER: (754) 581-2028

QUALIFIES AS "AFFECTED PERSON":

- ☐ Subject property owner
☒ Owns property within 500 ft.
☐ Resides within 500 ft.
☐ Operates a business within 500 ft.
☐ City of Pembroke Pines representative

Signature of Affected Person Jack McBride

Date: 3/25/24

EVIDENCE TO BE PRESENTED: (identify and attach a copy of all evidence to be presented at the hearing. Use additional sheet(s) if necessary.)

A. _____
B. _____
C. _____

PROPOSED WITNESS LIST: (Use additional sheet for each witness)

NAME: _____
ADDRESS: _____
TELEPHONE NUMBER: () _____

SPEAKING: ☒ IN FAVOR OF PETITION ☐ AGAINST PETITION

S:Planning/STAFFREP/Sheryl/Board of Adjustment/Quasi-Form



Type of Meeting

Board of Adjustment

QUASI-JUDICIAL PROCEEDINGS AFFECTED PERSON

INSTRUCTIONS: This form must be completed and returned to the City Clerk's office at least seven (7) calendar days before the meeting.

AFFECTED PERSON: (a person who is the owner of the subject property or who owns property within 500 feet of the subject property or who resides in or operates a business within 500 feet of the subject property)

CASE# ZV(R)2024-0008

PROJECT NAME: Patrick & Raisa Lorzeille

MEETING DATE: April 4, 2024

NAME: Janice M. Cannon

BUSINESS ADDRESS:

HOME ADDRESS: 740 SW 69th Pembroke Pines FL 33023

TELEPHONE NUMBER: (954) 963-4219

QUALIFIES AS "AFFECTED PERSON":

- ☒ Subject property owner
- ☐ Owns property within 500 ft.
- ☐ Resides within 500 ft.
- ☐ Operates a business within 500 ft.
- ☐ City of Pembroke Pines representative

Signature of Affected Person: Janice M. Cannon **Date:** 3/25/2024

EVIDENCE TO BE PRESENTED: (identify and attach a copy of all evidence to be presented at the hearing. Use additional sheet(s) if necessary.)

A. _____

B. _____

C. _____

PROPOSED WITNESS LIST: (Use additional sheet for each witness)

NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: () _____

SPEAKING: ☒ IN FAVOR OF PETITION ☐ AGAINST PETITION

S:Planning/STAFFREP/Sheryl/Board of Adjustment/Quasi-Form



Type of Meeting

Board of Adjustment

QUASI-JUDICIAL PROCEEDINGS AFFECTED PERSON

INSTRUCTIONS: This form must be completed and returned to the City Clerk's office at least seven (7) calendar days before the meeting.

AFFECTED PERSON: (a person who is the owner of the subject property or who owns property within 500 feet of the subject property or who resides in or operates a business within 500 feet of the subject property)

CASE# ZV(R)2024-0008

PROJECT NAME: Patrick & Raisa Lorzeille

MEETING DATE: April 4, 2024

NAME: DENNIS MATTY

BUSINESS ADDRESS: _____

HOME ADDRESS: 6920 SW 8 ST. PEMBROKE PINES

TELEPHONE NUMBER: (954) 444-5160

QUALIFIES AS "AFFECTED PERSON":

- ☐ Subject property owner
☒ Owns property within 500 ft.
☐ Resides within 500 ft.
☐ Operates a business within 500 ft.
☐ City of Pembroke Pines representative

Signature of Affected Person

D. Matty

Date: 3-25-24

EVIDENCE TO BE PRESENTED: (identify and attach a copy of all evidence to be presented at the hearing. Use additional sheet(s) if necessary.)

A. NONE

B. _____

C. _____

PROPOSED WITNESS LIST: (Use additional sheet for each witness)

NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: () _____

SPEAKING: ☒ IN FAVOR OF PETITION ☐ AGAINST PETITION

S:Planning/STAFFREP/Sheryl/Board of Adjustment/Quasi-Form



Type of Meeting

Board of Adjustment

QUASI-JUDICIAL PROCEEDINGS AFFECTED PERSON

INSTRUCTIONS: This form must be completed and returned to the City Clerk's office at least seven (7) calendar days before the meeting.

AFFECTED PERSON: (a person who is the owner of the subject property or who owns property within 500 feet of the subject property or who resides in or operates a business within 500 feet of the subject property)

CASE# ZV(R)2024-0008

PROJECT NAME: Patrick & Raisa Lorzeille

MEETING DATE: April 4, 2024

NAME: Joann Lewis

BUSINESS ADDRESS: _____

HOME ADDRESS: 6940 S.W. 8th Street, Pembroke Pines, FL 33023

TELEPHONE NUMBER: (954) 683-6199

QUALIFIES AS "AFFECTED PERSON":

- ☒ Subject property owner
- ☐ Owns property within 500 ft.
- ☐ Resides within 500 ft.
- ☐ Operates a business within 500 ft.
- ☐ City of Pembroke Pines representative

Signature of Affected Person [Signature]

Date: 3/25/2024

EVIDENCE TO BE PRESENTED: (identify and attach a copy of all evidence to be presented at the hearing. Use additional sheet(s) if necessary.)

A. _____

B. _____

C. _____

PROPOSED WITNESS LIST: (Use additional sheet for each witness)

NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: () _____

SPEAKING: ☒ IN FAVOR OF PETITION ☐ AGAINST PETITION

S:\Planning\STAFFREP\Sheryl\Board of Adjustment\Quasi-Form



Type of Meeting

Board of Adjustment

QUASI-JUDICIAL PROCEEDINGS AFFECTED PERSON

INSTRUCTIONS: This form must be completed and returned to the City Clerk's office at least seven (7) calendar days before the meeting.

AFFECTED PERSON: (a person who is the owner of the subject property or who owns property within 500 feet of the subject property or who resides in or operates a business within 500 feet of the subject property)

CASE# ZV(R)2024-0008

PROJECT NAME: Patrick & Raisa Lorzeille

MEETING DATE: April 4, 2024

NAME: Javier Oviedo
BUSINESS ADDRESS: _____
HOME ADDRESS: 730 SW 69th Ter Pembroke Pines FL 33023
TELEPHONE NUMBER: () _____

QUALIFIES AS "AFFECTED PERSON":

- ☐ Subject property owner
- ☒ Owns property within 500 ft.
- ☐ Resides within 500 ft.
- ☐ Operates a business within 500 ft.
- ☐ City of Pembroke Pines representative

Signature of Affected Person _____

Date: 3/25/2024

EVIDENCE TO BE PRESENTED: (identify and attach a copy of all evidence to be presented at the hearing. Use additional sheet(s) if necessary.)

A. _____

B. _____

C. _____

PROPOSED WITNESS LIST: (Use additional sheet for each witness)

NAME: Javier Oviedo
ADDRESS: 730 SW 69th Ter Pembroke Pines FL 33023
TELEPHONE NUMBER: (786) 453 3374

SPEAKING: ☒ IN FAVOR OF PETITION ☐ AGAINST PETITION

S:\Planning\STAFFREP\Sheryl\Board of Adjustment\Quasi-Form



Type of Meeting

Board of Adjustment

QUASI-JUDICIAL PROCEEDINGS AFFECTED PERSON

INSTRUCTIONS: This form must be completed and returned to the City Clerk's office at least seven (7) calendar days before the meeting.

AFFECTED PERSON: (a person who is the owner of the subject property or who owns property within 500 feet of the subject property or who resides in or operates a business within 500 feet of the subject property)

CASE# ZV(R)2024-0008

PROJECT NAME: Patrick & Raisa Lorzeille

MEETING DATE: April 4, 2024

NAME: Frances Natale

BUSINESS ADDRESS: _____

HOME ADDRESS: 6950 S.W. 8th St. Pembroke Pines, FL 33023

TELEPHONE NUMBER: (954) 987 4418

QUALIFIES AS "AFFECTED PERSON":

☐

Subject property owner

☒

Owns property within 500 ft.

☐

Resides within 500 ft.

☐

Operates a business within 500 ft.

☐

City of Pembroke Pines representative

Signature of Affected Person

Frances Natale

Date: 3-25-24

EVIDENCE TO BE PRESENTED: (identify and attach a copy of all evidence to be presented at the hearing. Use additional sheet(s) if necessary.)

A. _____

B. _____

C. _____

PROPOSED WITNESS LIST: (Use additional sheet for each witness)

NAME: Frances Natale

ADDRESS: 6950 S.W. 8th St. Pembroke Pines, FL 33023

TELEPHONE NUMBER: (954) 987 4418

SPEAKING: ☒ IN FAVOR OF PETITION

☐

AGAINST PETITION



Type of Meeting

Board of Adjustment

QUASI-JUDICIAL PROCEEDINGS AFFECTED PERSON

INSTRUCTIONS: This form must be completed and returned to the City Clerk's office at least seven (7) calendar days before the meeting.

AFFECTED PERSON: (a person who is the owner of the subject property or who owns property within 500 feet of the subject property or who resides in or operates a business within 500 feet of the subject property)

CASE# ZV(R)2024-0008

PROJECT NAME: Patrick & Raisa Lorzeille

MEETING DATE: April 4, 2024

NAME: Laura Peña

BUSINESS ADDRESS:

HOME ADDRESS: 6415W 69th Avenue Pembroke Pines FL 33023

TELEPHONE NUMBER: 954-554-7323

QUALIFIES AS "AFFECTED PERSON":

- ☒ Subject property owner
☐ Owns property within 500 ft.
☐ Resides within 500 ft.
☐ Operates a business within 500 ft.
☐ City of Pembroke Pines representative

Signature of Affected Person Laura Peña **Date:** 3/25/2024

EVIDENCE TO BE PRESENTED: (Identify and attach a copy of all evidence to be presented at the hearing. Use additional sheet(s) if necessary.)

A. _____

B. _____

C. _____

PROPOSED WITNESS LIST: (Use additional sheet for each witness)

NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: () _____

SPEAKING: ☒ IN FAVOR OF PETITION ☐ AGAINST PETITION

S:Planning/STAFFREP/Sheryl/Board of Adjustment/Quasi-Form