



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: 03/26/2024

Plans for DRC Online Planner: Joseph Yociuk

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 checked="" 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 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: R+L CARRIERS LOT PARKING LOT PEMBROKE PINESProject Address: NW 209TH AVENUE PEMBROKE PINES, FLORIDA 33029Location / Shopping Center: Located on NW 209th Avenue just north of Johnson StreetAcreage of Property: 2.5 ac Building Square Feet: N/AFlexibility Zone: _____ Folio Number(s): 513911030073Plat Name: CHAPEL TRAIL II Traffic Analysis Zone (TAZ): 816Legal Description: CHAPEL TRAIL II 112-16 B POR PAR G DESC AS COMM SE COR TR 59 BEING ON NLY & WLYBNDRY OF SAID PLAT, S 947.80 TO P/C, SLY & SELY AN ARC DIST 382.41 TO P/R/C SELY AN ARC LENGTH 328.68 TO POBE 404.22, S 295.82, W 346.41, NLY & NWLY AN ARC DIST 302.40 TO POB

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
N/A					

SECTION 2 - APPLICANT / OWNER / AGENT INFORMATION

Owner's Name: R L R INVESTMENTS LLC GREENWOOD MOTOR LINES INC

Owner's Address: 600 GILLIAM RD WILMINGTON OH 45177

Owner's Email Address: SRICHARDS@RLCARRIERS.COM

Owner's Phone: 800-543-5589

Owner's Fax: N/A

Agent: _____

Contact Person: STAN RICHARDS

Agent's Address: _____

Agent's Email Address: _____

Agent's Phone: _____

Agent's Fax: N/A

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: PUD

Land Use / Density: INDUSTRIAL

Use: VACANT

Plat Name: CHAPEL TRAIL II

Plat Restrictive Note: N/A

PROPOSED

Zoning: PUD

Land Use / Density: INDUSTRIAL

Use: PARKING LOT

Plat Name: CHAPEL TRAIL II

Plat Restrictive Note: N/A

ADJACENT ZONING

North: PUD

South: PUD

East: PUD

West: PUD

ADJACENT LAND USE PLAN

North: PUD

South: PUD

East: PUD

West: 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: N/A

Code Section: _____

Required: _____

Request: _____

Details of Variance, Zoning Appeal, Interpretation Request:

N/A

SECTION 5 - LAND USE PLAN AMENDMENT APPLICATION ONLY

☐ City Amendment Only

☐ City and County Amendment

Existing City Land Use: N/A

Requested City Land Use: _____

Existing County Land Use: _____

Requested County Land Use: _____

SECTION 6 - DESCRIPTION OF PROJECT (attach additional pages if necessary)

DEVELOP THE 2.5 ACRE PROPERTY INTO A SEMI-TRAILER TRUCK PARKING
LOT WITHIN THE EXISTING PARCEL.


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.

Donald R. DeLusa 6-20-24
Signature of Owner Donald R. DeLusa Date
Vice President and General Counsel

Sworn and Subscribed before me this 20 day June, 2024
in my physical presence

Janna Ward 7-9-26
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 of Agent Date

Sworn and Subscribed before me this _____ day
of _____, 20____

Fee Paid Signature of Notary Public My Commission Expires

Waiver of Florida Statutes Section 166.033, Development Permits and Orders

Applicant: R L R INVESTMENTS LLC

Authorized Representative Donald R. DeLuca

Application Number: _____

Application Request: _____

I, Donald R. DeLuca (print Applicant/Authorized Representative name), on behalf of R L R INVESTMENTS 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.

 6-20-24
Signature of Applicant or Applicant's Date
Authorized Representative

Donald R. DeLuca
Vice President and General Counsel

Print Name of Applicant/Authorized Representative