



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.ppinies.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 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 checked="" 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: Chabad of Pembroke Pines Plat Note Amendment to Chapel Trail II Plat

Project Address: 18490 Johnson Street

Location / Shopping Center: 18490 Johnson Street

Acreage of Property: 2.27 acres Building Square Feet: 1,315 proposed

Flexibility Zone: Folio Number(s): 513911030091

Plat Name: Chapel Trail II Traffic Analysis Zone (TAZ):

Legal Description: Please see Opinion of Title for full Legal Description

CHAPEL TRAIL II 112-16 B POR OF PAR A DESC AS: COMM NLY MOST SE COR

OF SAID PAR A, N 300, NE 200.36, N 303.96, W W 285.39 TO POB, CONT W 314.86,

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

SECTION 2 - APPLICANT / OWNER / AGENT INFORMATION

Owner's Name: Chabad Lubavitch of Pembroke Pines Inc.

Owner's Address: 18490 Johnson Street

Owner's Email Address: RabbiPPines@gmail.com

Owner's Phone: 954-638-7800

Owner's Fax: _____

Agent: Jeremy Shir

Contact Person: Jeremy Shir

Agent's Address: 3029 NE 188th Street., #404

Agent's Email Address: Jeremyben82@gmail.com

Agent's Phone: 954-662-3496

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: PUD

Land Use / Density: Commercial

Use: Religious

Plat Name: Chapel Trail II

Plat Restrictive Note: See Narrative

PROPOSED

Zoning: PUD

Land Use / Density: Commercial

Use: Religious

Plat Name: Chapel Trail II

Plat Restrictive Note: See Narrati

ADJACENT ZONING

North: PUD

South: PUD

East: PUD

West: PUD

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:

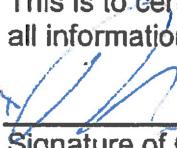
SECTION 6 - DESCRIPTION OF PROJECT (attach additional pages if necessary)

Chabad Lubavitch of Pembroke Pines, Inc. ("Chabad of Pembroke Pines"), is planning an addition of a 1,315 sq. ft. mikveh or ritual bath for the site, at 18490 Johnson Street. The site comprises a portion of Parcel A, Chapel Trail II plat, recorded in Plat Book 112, Page 16, according to Broward County Public Records. As such, we are requesting a Plat Note Amendment From: Non-residential uses 24,298 sq. ft. of daycare, 17,818 sq. of church use, 100,000 square feet of office use, and 150,000 sq. ft. of commercial use on the relevant portion of Parcel A, To: 24,298 sq. ft. of daycare, 29,818 sq. ft. of religious use, 100,000 sq. ft. of office use, and 150,000 sq. ft. of commercial use. This plat note will accommodate the proposed mikveh as well as build in a small cushion in case the applicant decides to add additional religious uses in the future.

SECTION 7- PROJECT AUTHORIZATION

OWNER CERTIFICATION

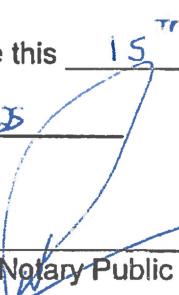
This is to certify that I am the owner of the property described in this application and that all information supplied herein is true and correct to the best of my knowledge.


Signature of Owner


Date

Sworn and Subscribed before me this 15th day
of JANUARY, 202025

Fee Paid


Signature of Notary Public

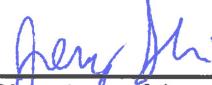

My Commission Expires

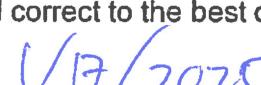


MOTI J. DOVER
Commission # HH 045154
Expires January 21, 2025
Bonded Thru Budget Notary Services

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

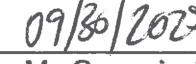

Date

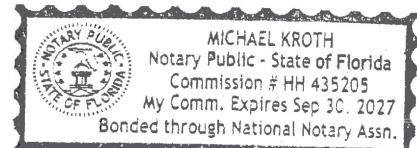
STATE OF FLORIDA, COUNTY OF MIAMI-DADE

Sworn and Subscribed before me this 17th day
of JANUARY, 2025

Fee Paid


Signature of Notary Public


My Commission Expires



Waiver of Florida Statutes Section 166.033, Development Permits and Orders

Applicant: _____

Authorized Representative: _____

Application Number: _____

Application Request: _____

I, _____ (print Applicant/Authorized Representative name), on behalf of _____ (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

Date

Print Name of Applicant/Authorized Representative