





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

Summary

Agenda Date:	January 26, 2023	Application ID:	MSC 2022-0018
Project:	One Medical	Project Number:	N/A
Project Planner:	Laura Bonet Arcila, Planner/Zoning Technician		
Owner:	FR PEMBROKE GARDENS LLC	Agent:	M.E.D. Expeditors, Inc.
Location:	309 SW 145 Ter		
Existing Zoning:	PCD (Planned Commercial Development)	Existing Land Use:	Commercial
Reference Applications:	ZC 2005-04, PH 2004-10, SUB 2005-03, SP 2005-36, SP 2006-27, ZC 2006-07, MSC 2007-07, MSC 2009-24, ZV 2013-12, MSC 2013-29		
Applicant Request:	Architectural and signage modifications to an existing tenant bay		
Staff Recommendation:	Approval		
Final:	<input checked="" type="checkbox"/> Planning & Zoning Board	<input type="checkbox"/> City Commission	
Reviewed for the Agenda:	Director:  Assistant Director: 		

Project Description / Background

M.E.D. Expeditors, agent is requesting approval for facade and sign modifications to the new One Medical tenant (formerly Lane Bryant) at the Shops at Pembroke Gardens site, generally located south of Pines Boulevard and west of Southwest 145 Avenue. One Medical will be located within building 3000 in bay 309.

The Shops at Pembroke Gardens was approved through SP 2005-36. An amendment was made to the site plan in 2006 (SP 2006-27, Architectural changes). Architectural modifications were last made to the tenant bay in 2013.

BUILDINGS / STRUCTURES:

The applicant is proposing the following colors and materials for the storefront building:

- Main Body:
 - Chantilly Lace (BM - OC-65)
 - Denim Wash (BM - 838)
 - Smoke Embers (BM - 1466)
 - Rosebud (BM - 065)
 - Exterior Wall Tile 33" x 60" (Color: Dolomiti)
 - Entry Paver Tile 12" x 24" (Color: Stereo Gray)
- Fabric Awnings:
 - Denim Wash (BM - 838)
 - Smoke Embers (BM - 1466)
 - Rosebud (BM - 065)

SIGNAGE:

The following signage is proposed for the tenant bay:

- One 27.4 square foot day/night channel letter wall sign reading, "One, Medical" with business logo in black copy to illuminate white at night.

The tenant will be bordered by two neutral pier elements (MSC 2007-07) as approved by the Planning and Zoning Board at its February 8, 2007, meeting. Staff has reviewed the proposed changes by the applicant and found them to follow the approved PCD guidelines.

Staff has reviewed the proposed changes and finds that the proposal meets code requirements. Staff therefore recommends approval of this application.

Enclosed:

- Unified Development Application
- Memo from Zoning Administrator (12/08/22)
- Memo from Planning Division (12/05/22)
- Memo from Planning Division (11/15/22)
- Memo from Zoning Administrator (11/14/22)
- Miscellaneous Plan
- Subject Site Aerial Photo



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 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: One Medical - Shops at PembrokeProject Address: 309 SW 145TH TERRACELocation / Shopping Center: SHOPS AT PEMBROKE GARDENAcreage of Property: N/A Building Square Feet: 5,279 SF

Flexibility Zone: _____ Folio Number(s): _____

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

Legal Description:

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: JRA HHF VENTURE LLC

Owner's Address: 527 SW 145 TERR PPINES, FL 33027

Owner's Email Address: AAlvarez@federalrealty.com

Owner's Phone: 954.450.1580

Owner's Fax: _____

Agent: M.E.D. Expeditors, Inc.

Contact Person: M.E.D. Team

Agent's Address: 55 Merrick Way Suite 214

Agent's Email Address: permits@medexpeditors.com

Agent's Phone: 7864311299

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: N/A

Land Use / Density: _____

Use: _____

Plat Name: _____

Plat Restrictive Note: _____

PROPOSED

Zoning: N/A

Land Use / Density: _____

Use: _____

Plat Name: _____

Plat Restrictive Note: _____

ADJACENT ZONING

North: _____

South: _____

East: _____

West: _____

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: _____

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)

Tenant Improvement in the first floor of an existing exterior shopping center consisting of new: non-structural partitions, ceilings, casework, finishes, mechanical, electrical and plumbing work. In addition to the interior work, a section of the storefront system is to be replaced. Also, the facade will be repainted, new signage, new awnings, new stone base and new paver tiles will be added to the project.

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.

SEE ATTACHED LETTER

Signature of Owner

Date

Sworn and Subscribed before me this _____ day

of _____, 20_____

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

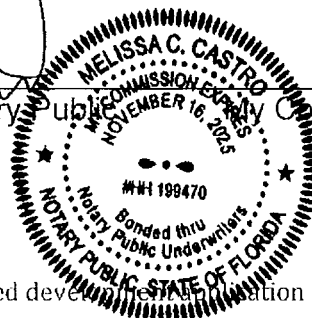
Date

Sworn and Subscribed before me this 25th day

of Oct, 2022

Fee Paid

Signature of Notary Public



11/16/25
My Commission Expires

Waiver of Florida Statutes Section 166.033, Development Permits and Orders

Applicant: One medical

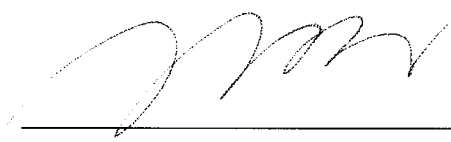
Authorized Representative: M.E.D. Expeditors, Inc

Application Number: PRE2022-0056

Application Request: _____

I, M.E.D. Expeditors, Inc. (print Applicant/Authorized Representative name), on behalf of One medical (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

10/25/22

Date

Madeline Perez

Print Name of Applicant/Authorized Representative

MEMORANDUM

December 8, 2022

To: Laura Castano Arcila
Planner / Zoning Technician

From: Dean A. Piper
Zoning Administrator

Re: MSC 2022-0018 (SPG – One Medical)

The following are my comments regarding the above Miscellaneous Plan have been satisfied.

PLANNING DIVISION STAFF COMMENTS

Memorandum:

Date: December 5, 2022
To: MSC 2022-0018
From: Laura Bonet Arcila, Planner / Zoning Technician
Re: SPG – One Medical

Items which do not conform with the City of Pembroke Pines Code of Ordinances or other Governmental Regulations:

ALL COMMENTS REGARDING THIS APPLICATION HAVE BEEN ADDRESSED

PLANNING DIVISION STAFF COMMENTS

Memorandum:

Date: November 15, 2022
To: MSC 2022-0018
From: Laura Bonet Arcila, Planner / Zoning Technician
Re: SPG – One Medical

Items which do not conform with the City of Pembroke Pines Code of Ordinances or other Governmental Regulations:

1. Provide material board with samples of all paint chips and materials to be used.
2. Clarify if signage will be added to the canopies.
3. Will any lighting be added to the storefront? If so provide specification sheet.
4. Is a blade sign being installed? If not included with this package, and proposed at a later date, additional approval process, application fees and meeting may be required.
5. Provide sign matrix detailing all proposed signs (you can get the template from the property manager)
6. Add note that the solid black awning over the rear of the door will remain.
7. Add note that the existing neutral columns shall remain.
8. Provide letter specifying services provided

MEMORANDUM

November 14, 2022

To: Laura Castano Arcila
Planner / Zoning Technician

From: Dean A. Piper
Zoning Administrator

Re: MSC 2022-0018 (SPG – One Medical)

The following are my comments regarding the above Miscellaneous Plan:

1. Provide all proposed signs, with dimensions, on Pembroke Gardens Sign Chart format.
2. Although not shown, are there plans for the allowed Blade Sign? If not included with this package, and proposed at a later date, additional approval process, application fees and meeting may be required.
3. Rear door can only have existing address number "309".
4. Provide note/elevation showing required black awning above rear door will remain/be replaced with new material.
5. Remove any window signs as these are controlled by City Code and not part of the Miscellaneous approval process.
6. After review of all changes/amendments, additional comments may be provided.

Please contact me with any questions.

