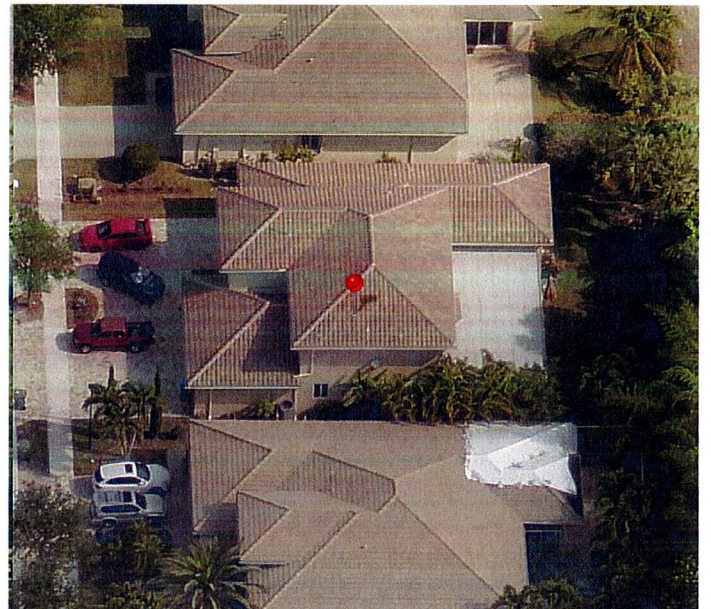


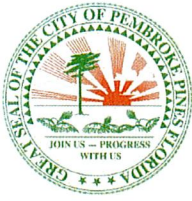
Vicinity Map

City of Pembroke Pines • Planning and Economic Development Department

ZV(R)2023-0027, 0030-0031
Zoning Variances

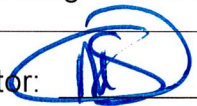

PENA, ESTHER SOLEDAD RAMOS, CARLOS EMILIO
6146 SW 191 AVE PEMBROKE PINES FL 33332





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

Summary

Agenda Date:	June 1, 2023	Application ID:	ZV(R) 2023-0027 & 0030 - 0031
Project:		Project Number:	N/A
Project Planner:	Dean Piper, Zoning Administrator		
Owner:	Carlos Ramos & Esther Soledad Pena	Agent:	N/A
Location:	6146 SW 191 Avenue, Pembroke Pines, FL 33332		
Existing Zoning:		Existing Land Use:	Residential
Reference Applications:	Code Compliance Notice of Violation Doc. #129430 (7/20/2021) February 3, 2022 BOA Meeting w/ Variances ZV(R)2021-48 & 49		
Variance Summaries			
Application	Code Section	Required/Allowed	Request
ZV(R) 2023-0027	Table 155.620; Driveway, Typical Lot	35% Front Lot Coverage	56% Total Front Lot Coverage
ZV(R) 2023-0030	Table 155.620: Driveway, Typical Lot	40% Width of Lot	55% Total Width of Lot
ZV(R) 2023-0031	Big Sky North PUD Design Guidelines: PUDZONE SF-1	40% Lot Coverage	46% Total Lot Coverage
Final:	<input type="checkbox"/> Planning & Zoning Board		<input checked="" type="checkbox"/> Board of Adjustment
Reviewed for the Agenda:	Director: 		Zoning Administrator: 

PROJECT DESCRIPTION / BACKGROUND:

Carlos Ramos, owner, submitted three residential zoning variance requests for an existing driveway and an existing covered patio at the single-family residence located at 6146 SW 191st Avenue in the Laguna Isles subdivision, which is zoned Planned Unit Development (PUD).

On July 20, 2021, the City's Code Compliance Division initiated Code Compliance procedures (Case No. 129430) for work performed without building permits.

On February 3, 2022, Mr. Ramos appeared before the Board of Adjustment requesting two (2) variances: ZV(R) 2021-48 to allow 75% front lot coverage instead of maximum 35% front lot coverage; and ZV(R) 2021-49 to allow 64% width of lot instead of allowed 40% width of lot. Both of these variances failed by 0-5 votes, partially due to Laguna Isles Homeowner's Association (HOA) testimony against these requests.

Since this meeting, Mr. Ramos has been working with his HOA to come up with agreed upon limits for the paver driveway. With the resubmitted variance requests agreed to by the HOA, it was discovered that there is an existing covered patio that was installed without permits. Due to this unpermitted structure, the total lot coverage of all roofed structures is 46% which exceeds code allowance of 40% maximum lot coverage.

- ZV(R) 2023-0027 is to allow 56% front lot coverage (total) instead of allowed 35% front lot coverage (total) for an existing paver driveway in a typical lot.
- ZV(R) 2023-0030 is to allow 55% total width of lot instead of allowed 40% front lot coverage (total) for an existing paver driveway in a typical lot.
- ZV(R) 2023-0031 is to allow 46% Lot Coverage instead of the allowed 40% Lot Coverage.

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 subject property is in the Laguna Isles subdivision and has received approval from the Laguna Isles Homeowner's Association.

VARIANCE REQUEST DETAILS:

ZV(R) 2023-0027 to allow a 56% total front lot coverage instead of the required 35% total front lot coverage for an existing driveway;

ZV(R) 2023-0030 to allow a 55% total width of lot instead of the allowed 40% width of lot for an existing driveway;

ZV(R) 2023-0031 to allow a 46% total lot coverage instead of the required 40% total lot coverage for all buildings and accessory structures.

Code References:

ZV(R)2023-0027 & 0030)

Table 155.620 Accessory Building and Structures							
Type	Setback				Maximum Height	Maximum Dimensions	Additional Regulations
	Front	Side	Street Side	Rear			
Driveway, Typical Lot	0 feet	5 feet	15 feet 155.600(B)	N/A	N/A	35% front lot coverage 40 % width of lot	[1] 10 foot minimum width

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
Unified Development Application
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: _____

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: RAMOS RESIDENTProject Address: 6146 SW 191 Ave, Pembroke Pines, FL 33332Location / Shopping Center: "LAGUNA ISLES" Community

Acreage of Property: _____ Building Square Feet: _____

Flexibility Zone: _____ Folio Number(s): _____

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

Legal Description: RESIDENTIAL HOUSE

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: CARLOS RAMOS

Owner's Address: 6146 SW 191 Ave, Pembroke Pines, FL 33332

Owner's Email Address: CARAMOS001@GMAIL.COM

Owner's Phone: 954-328-4435 Owner's Fax: _____

Agent: NO AGENT

Contact Person: OWNER

Agent's Address: _____

Agent's Email Address: _____

Agent's Phone: _____ 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: _____

Required: _____

Request: _____

Details of Variance, Zoning Appeal, Interpretation Request:

See Attached Letter

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 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

02/16/23

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 _____ day

of _____, 20_____

Fee Paid

Signature of Notary Public

My Commission Expires

My name is Carlos Ramos, I live at 6146 SW 191 AVE and I come before this committee to ask you to permit me to have the driveway with the handicap space that I made. I begin by indicating and explain in detail the situation in which we live in my home and in which I would like to appeal to your understanding and empathy for the problems that my family is going through.

We have been living since 2002 in this house and we saw it build from its foundations and in which my children and grandchildren grew up, we also saw many neighbors pass by and we have beautiful memories of all of them, but life goes on and with it, our youth also goes, my wife Esther Pena, who suffered from severe headaches for many years, neurologists detected pressure on the Trigeminal nerve in his brain due to an inflamed blood vessel and in October 2015 she was operated on at the Cleveland Clinic and after leaving the surgery room she began to manifest severe pain in the eyes and constant dizziness then other ailments began to manifest all the time such as dizziness, nausea, sensitivity to noise, sensitivity to light, vertigo, panic, she can not be in completely closed places or places with many people, also has an imbalance in the body and the side vision gives her dizziness, she has lost a lot of weight and is not well emotionally.

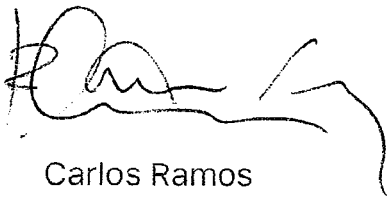
As you can see from that date, our suffering began, my wife's life changed completely and with it also affected the family, after the surgery around 10 neurologists saw her but no one could find the true reason for all these ailments, until with the passing of the years and more advanced technology the neurologist who is now treating her, ordered further tests and was able to detect that my wife had suffered from a cerebral stroke, due to the rupture of the small veins at the time of the surgery and that all these ailments are no longer reversible. Today I want to give her quality of life and protect her from accidents that may occur at home, I followed the advice of the VEDA association, which offers a guide for prevention and safety at home for people who suffer from the vestibular disorder, my wife has already suffered some falls and many trips both inside the house and outside in the parking lot. For this reason, I decided to modify the driveway and I made the parking area near the entrance of the house wider so my wife have a wide space to walk from the car to the house or viceversa, I also made the entrance step to the house wider so that when she opened the main door of the house she did not need to go a step back and lose her balance and fall and finally we are in the process of putting all the windows and external doors with impact-resistant and tinted glass that does

not pass the light inside the house (for this I already have permission from HOA and the City of Pembroke Pines.) I also let you know that the Palm Beach Broward Landscaping company came to my house and checked the irrigation system and they did some repairs and complying with the requirements that the irrigation committee orders.

I am firmly convinced that God puts tests on us and sometimes we have to live with them, so I believe that exceptions can be given to the rule of coexistence in this community, and allow my wife to live in peace with the security measures that the situation that she is going through demands.

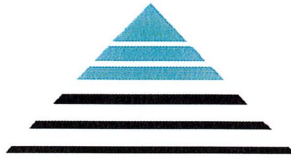
Given all the above, I request that I be granted permission to have the driveway in the way it is built, I enclose an affidavit from a physician attesting the disability of my wife Esther Pena also the disabled person parking identification permit (decal # 2317306) from Florida Department of Highway Safety & Motors Vehicles and also a map indicating the added area on the driveway and photos.

Thank you for your time and understanding.

A handwritten signature in black ink, appearing to read 'Carlos Ramos', with a long horizontal stroke extending to the right.

Carlos Ramos

954-328-4435



Laguna Isles Community Association
C/O POINTE MANAGEMENT GROUP, INC.
3600 S Congress Ave Suite C
Boynton Beach, FL 33426
(561) 274-3031 BOCA / DELRAY
TOLL FREE 1-800-535-6730
FAX (561) 274-3065

March 23rd, 2023

Carlos Ramos
6146 SW 191st Ave
Pembroke Pines, FL 33332

RE: APPROVAL FOR DRIVEWAY

Dear Homeowner;

Your request to fix driveway and remove pavers was approved. Must follow the exact specifications and dimensions.

Please be sure to check with the City of Pembroke Pines for permitting.

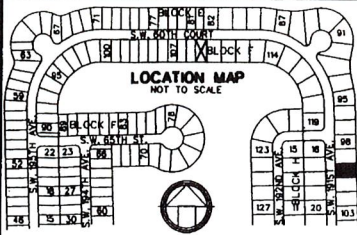
We suggest that you use licensed and insured contractors for the project to be done.

Good Luck with your project.

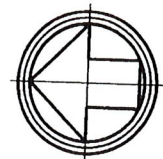
Sincerely,

Eric Estebanez

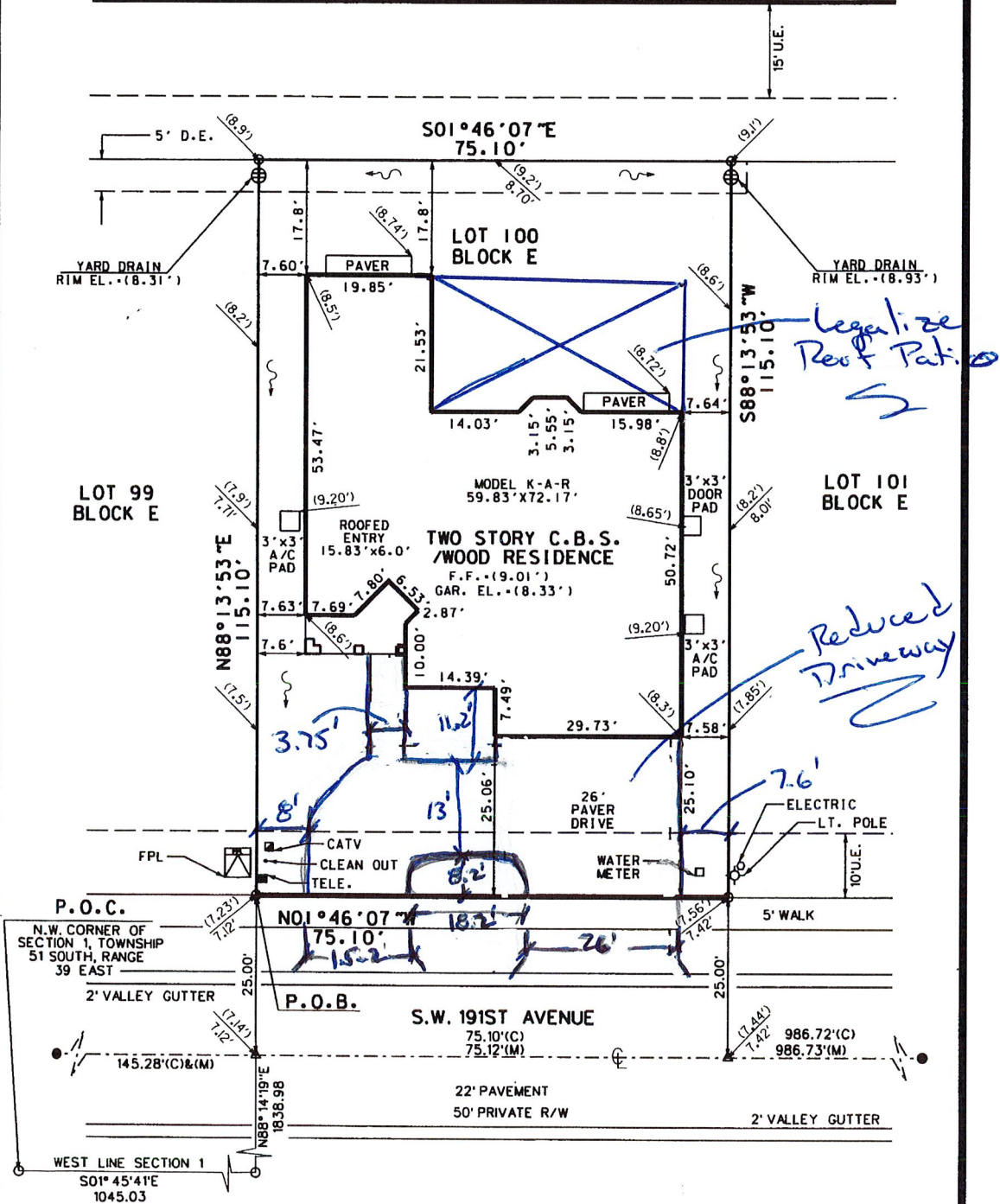
Board of Directors
For Laguna Isles Community Association



THIS SURVEY



PLAT LIMITS



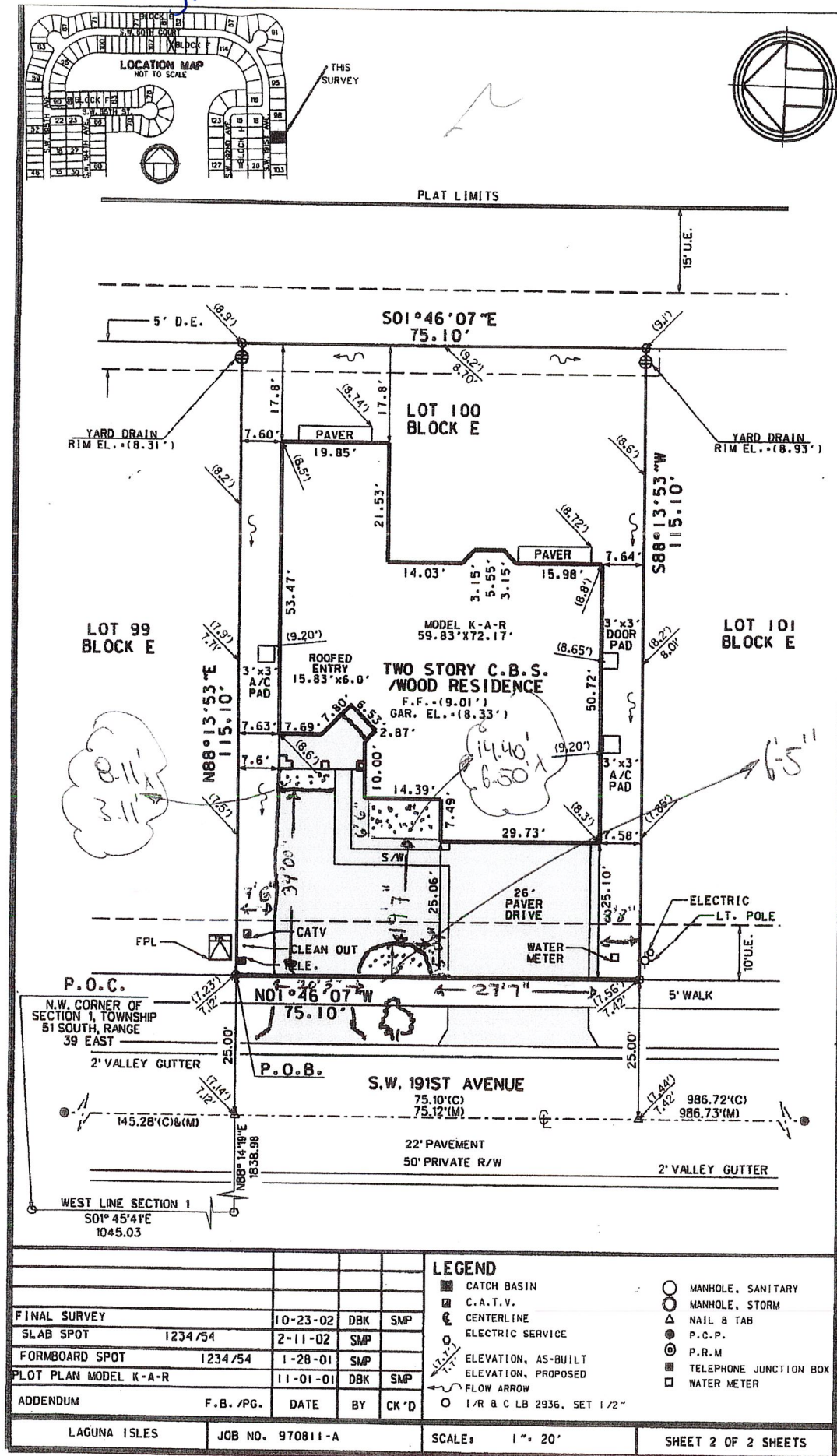
FINAL SURVEY	10-23-02	DBK	SMP
SLAB SPOT	1234/54	2-11-02	SMP
FORMBOARD SPOT	1234/54	1-28-01	SMP
PLOT PLAN MODEL K-A-R	11-01-01	DBK	SMP
ADDENDUM	F.B./PG.	DATE	BY CK'D

LEGEND

- CATCH BASIN
- C.A.T.V.
- ⊕ CENTERLINE
- ⊕ ELECTRIC SERVICE
- ⊕ ELEVATION, AS-BUILT
- ⊕ ELEVATION, PROPOSED
- FLOW ARROW
- 1/8 C LB 2936, SET 1/2"
- MANHOLE, SANITARY
- MANHOLE, STORM
- △ NAIL & TAB
- P.C.P.
- ⊙ P.R.M
- TELEPHONE JUNCTION BOX
- WATER METER

Am R 10-28-02

- Original Variances ZU(P) 2021-48 + 49



Am R 10-28-02

City of Pembroke Pines

11/08/2021

Re: Driveway of 6146 SW 191 Ave, Pembroke Pines FL, 33332

Dear Sir/Madam

The newly constructed driveway of my neighbor, Carlos Ramos, at 6146 SW 191 ave is very good and I do not have any objection.

A handwritten signature in black ink, appearing to read 'Assefa Melesse', with a stylized, cursive script.

Assefa Melesse

6166 SW 191 Ave, Pembroke Pines, FL 33332

TO WHOM IT MAY CONCERN

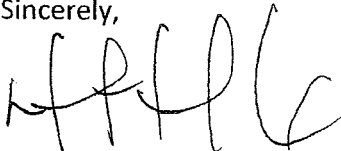
October 25, 2021

Our family, The Medinas, would like to confirm that Carlos Ramos and his wife Koky Pena are known to us and we consider them to be good citizens and neighbors. We are sure, as part of Laguna Isles, their family have all the interests possible to ensure our community progresses, stay safe, respected, and secured.

In knowing The Ramos family we can recognize that they are very active collaborators in our parish of Saint Edwards Catholic Church for many years. We have seen each other grow serving the community with a lot of love and dedication.

Please do not hesitate to contact us if further is needed. Looking forward and wishing the Ramos Family the best in their endeavors.

Sincerely,

A handwritten signature in black ink, appearing to read 'Martin Medina & Pily Tejada'. The signature is stylized with large, flowing letters and a prominent final flourish.

Martin Medina & Pily Tejada
6113 SW 191st Ave.
Pembroke Pines, FL 33332
786-201-9723



TPD-APP

DISCHARGE APPLICATION: TOTAL AND PERMANENT DISABILITY

William D. Ford Federal Direct Loan (Direct Loan) Program / Federal Family Education Loan (FFEL) Program / Federal Perkins Loan (Perkins Loan) Program / TEACH Grant Program

OMB No. 1845-0065
Form Approved
Exp. Date 09/30/2019

This is an application for a total and permanent disability discharge of your Direct Loan, FFEL, and/or Perkins Loan program loan(s), and/or your Teacher Education Assistance for College and Higher Education (TEACH) Grant Program service obligation.

Throughout this application, the words "we," "us," and "our" refer to the U.S. Department of Education.

Make sure that Section 2, Section 3, and (if required) Section 4 include all requested information. Incomplete or inaccurate information may cause your application to be delayed or rejected.

To qualify for this discharge, you must submit documentation from **one** of the following sources:

1. The U.S. Department of Veterans Affairs (VA) **OR**
2. The Social Security Administration (SSA) **OR**
3. A physician's certification in Section 4 of this form

Except for VA or SSA determinations described below, a disability determination by another federal or state agency does not qualify you for this discharge.

U.S. Department of Veterans Affairs Documentation

If you are a veteran who has been determined by the VA to be unemployable due to a service-connected disability, you may qualify for discharge by providing documentation from the VA showing that you have received one of the following two types of VA disability determinations:

1. A determination that you have a service-connected disability (or disabilities) that is 100% disabling.
2. A determination that you are totally disabled based on an individual unemployability rating.

You do not qualify for discharge based on a VA disability determination if your disability is not service-connected.

Social Security Administration Documentation

If you are eligible for Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI), you may qualify for discharge by providing a copy of your notice of award or Benefits Planning Query (BPQY) from the SSA. You only qualify for a discharge based on this documentation if it shows that your next scheduled disability review will be 5 to 7 years or more from the date of your last SSA disability determination.

If you want to submit a BPQY but do not have one, contact the SSA office that issued your award and request form SSA-2459. You may also request a BPQY by calling 1-800-772-1213 or by visiting www.ssa.gov.

If you are granted a discharge based on SSA documentation, we will monitor your status during a 3-year monitoring period. Your discharged loans or TEACH Grant service obligation may be reinstated if you do not meet certain requirements, as explained in Section 6 of this form.

Physician Certification

You may qualify for discharge by having a physician complete Section 4 of this application. The physician must certify that you are unable to engage in any substantial gainful activity (see definition in Section 5) by reason of a medically determinable physical or mental impairment that:

1. Can be expected to result in death;
2. Has lasted for a continuous period of at least 60 months; or
3. Can be expected to last for a continuous period of at least 60 months.

If you are granted a discharge based on a physician's certification, we will monitor your status during a 3-year monitoring period. Your discharged loans or TEACH Grant service obligation may be reinstated if you do not meet certain requirements, as explained in Section 6 of this form.

Important Tax Information

Loan amounts discharged due to total and permanent disability may be considered taxable income by the Internal Revenue Service (IRS). Contact the IRS for more information.

How to Designate Someone to Represent You

If you wish to designate an individual or organization to represent you in matters related to your total and permanent disability discharge request, you must complete the Applicant Representative Designation: Total and Permanent Disability form. You may obtain this form from our Total and Permanent Disability Discharge Servicer (see below for contact information).

WHERE TO SEND YOUR COMPLETED APPLICATION AND DOCUMENTATION

U.S. Department of Education - TPD Servicing
P.O. Box 87130
Lincoln, NE 68501-7130
Fax: 303-696-5250

IF YOU NEED HELP COMPLETING THE APPLICATION

Phone: 1-888-303-7818 (TTY: dial 711, then phone no.)
Email: disabilityinformation@nelnet.com
Website: www.disabilitydischarge.com

Applicant Name ESTHER PENA

Applicant SSN 59176759

SECTION 4: PHYSICIAN'S CERTIFICATION

Print legibly and initial any changes. Return the form to the applicant or representative.

Applicant Identification

1. Provide the below information regarding the individual for whom you are completing this Section:

Name ESTHER PENA

Date of Birth 09/06/1964

Medically Determinable Physical or Mental Impairment

2. Does the applicant have a medically determinable physical or mental impairment that prevents the applicant from engaging in any substantial gainful activity?

Substantial gainful activity means a level of work performed for pay or profit that involves doing significant physical or mental activities or a combination of both. If the applicant is able to engage in any substantial gainful activity in any field of work, you must answer "No".

☒ Yes - Continue to Item 3.

☐ No - Do not complete this application.

Severity/Duration of Physical or Mental Impairment

3. Is the applicant's impairment expected to result in death?

☐ Yes - Skip to Item 5.

☒ No - Continue to Item 4.

4. Has the applicant's impairment lasted or is it expected to last for a continuous period of at least 60 months?

☒ Yes - Continue to Item 5.

☐ No - Do not complete this application.

Disabling Condition

Do not use insurance codes or abbreviations.

5. Provide your diagnosis of the applicant's impairment:

cerebellar stroke

6. Describe the severity of the applicant's impairment, including, if applicable, the phase of the impairment:

poor balance tremors
poor visual perception

Limitations

Explain how the condition prevents the applicant from engaging in any substantial gainful activity in any field of work. Attach additional pages if needed. Enter "N/A" if not applicable. You may include additional information you believe is helpful in understanding the applicant's condition, such as medications or procedures used to treat the condition.

7. Limitations on sitting, standing, walking, or lifting:

unable to sit or stand
per long time.

8. Limitations on activities of daily living:

unable to walk well,

9. Residual functionality:

unable to work.

10. Social/behavioral limitations (if any):

loss of memory

11. Global Assessment Function Score (for psychiatric conditions):

Physician's Certification

I certify that, in my best professional judgment, the applicant identified in Item 1 has a medically determinable physical or mental impairment consistent with my responses in Items 2 through 10.

I understand that an applicant who is currently able to engage in any substantial gainful activity in any field of work does not have a total and permanent disability as defined on this form.

I am a doctor of: ☒ medicine ☐ osteopathy/osteopathic medicine

Florida

State Where Legally Authorized to Practice*

ME81286

Professional License Number (subject to verification; stamp is acceptable)

*If you are licensed to practice in American Samoa, Puerto Rico, the U.S. Virgin Islands, the Northern Mariana Islands, the Marshall Islands, Micronesia, or Palau, attach a copy of your professional license that clearly shows the expiration date.

Physician's Signature (a stamp is not acceptable)

Date (mm-dd-yyyy)

Physician Name (First, Middle, Last)

909 N Miami Bch Blvd #402
Address (a stamp is acceptable)

Email

3056530425
Telephone

3056534055
Fax

IMPORTANT: REMOVE BEFORE
DRIVING VEHICLE

D 2317306

Disabled Persons Parking
Identification Permit



EXPIRES



FLORIDA
DEPARTMENT OF HIGHWAY
SAFETY AND MOTOR VEHICLES