



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 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 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: WM Recycling South FloridaProject Address: 20701 Pembroke Road Pembroke Pines, FL 33029Location / Shopping Center: Northeast corner of Pembroke Road and 208th AveAcreage of Property: 139.48 acres Building Square Feet: 559,588 totalFlexibility Zone: _____ Folio Number(s): 513923030010&51392303Plat Name: Reuter Plat Traffic Analysis Zone (TAZ): _____Legal Description: portion of Parcel "A" Reuter Plat according to the plat thereof as
as recorded in PG148 PG21 of the public records of Broward County FloridaHas 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
10/97	SP97-107 Site Pl	Solid Waste Trans			

SECTION 2 - APPLICANT / OWNER / AGENT INFORMATION

Owner's Name: Waste Management Inc of Florida

Owner's Address: 1801 North Military Trail Suite 201 Boca Raton, Florida 33431

Owner's Email Address: ldebock@wm.com

Owner's Phone: (954)648-8626

Owner's Fax: _____

Agent: Sun-Tech Engineering, Inc.

Contact Person: Michael Gai

Agent's Address: 4577 Nob Hill Road Suite 102 Sunrise, Florida 33351

Agent's Email Address: mgai@suntecheng.com

Agent's Phone: (954)777-31123

Agent's Fax: (954)777-3114

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: R-R Resource Recovery

Land Use / Density: A

Use: 439,901SF resource recovery

Plat Name: Reuter Plat

Plat Restrictive Note: 595,000SF

utility on parcel A1

PROPOSED

Zoning: R-R Resource Recovery

Land Use / Density: A

Use: 559,588SF resource recov

Plat Name: Reuter Plat

Plat Restrictive Note: 595,000sf

Utility on parcel A1

ADJACENT ZONING

North: R-1Z

South: City of Miramar

East: A-E

West: A-E

ADJACENT LAND USE PLAN

North: RR

South: City of Miramar

East: A

West: A

-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)

Proposed 127,304 square foot recycling facility consisting of 15,234 square feet of office, with associated parking, bus parking, loading and tipping areas.

SECTION 7- PROJECT AUTHORIZATION

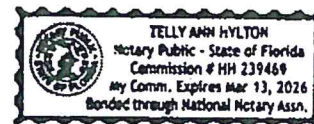
OWNER CERTIFICATION

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]
Signature of Owner

10/10/2022
Date

Sworn and Subscribed before me this 10th day
of October, 20 22



Fee Paid

[Signature]
Signature of Notary Public

03/13/2026
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

10/10/22
Date

Sworn and Subscribed before me this 10th day
of October, 20 22



Andrew Venneman
Comm. # HH095676
Expires: Feb. 21, 2025
Bonded Thru Aaron Notary

Fee Paid

[Signature]
Signature of Notary Public

02/21/25
My Commission Expires