



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 checked="" type="checkbox"/> Flexibility Allocation | <input type="checkbox"/> Variance (Multifamily, Non-residential)* |
| <input type="checkbox"/> Interpretation*                   | <input checked="" 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 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: Joe Project #: PRJ 20 22 - 05 Application #: SP 2022-03  
Date Submitted: 03/15/22 Posted Signs Required: ( ) Fees: \$ 5,707

**SECTION 1-PROJECT INFORMATION:**Project Name: Skyrise PlazaProject Address: TBD, Pines BoulevardLocation / Shopping Center: South side of Pines Boulevard and west of SW 184th AvenueAcreage of Property: Approx 6.74ac Building Square Feet: Approx. 58,711 sq. ft.Flexibility Zone: 123B Folio Number(s): 513913150010 & 513913150020Plat Name: SKY RISE PLAZA Traffic Analysis Zone (TAZ): 838

Legal Description:

513913150010 - SKY RISE PLAZA 176-147 B TRACT A513913150020 - SKY RISE PLAZA 176-147 B TRACT B (CONSERVATION AREA)

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: Sky Rise Plaza LLC

Owner's Address: 3118 Commerce Parkway, Miramar, FL 33025

Owner's Email Address: \_\_\_\_\_

Owner's Phone: \_\_\_\_\_

Owner's Fax: \_\_\_\_\_

Agent: Dennis Mele, Esq. for Greenspoon Marder LLP

Contact Person: Cynthia Pasch, AICP

Agent's Address: 200 East Broward Boulevard, Suite 1800, Fort Lauderdale, FL 33301

Agent's Email Address: dennis.mele@gmlaw.com & cynthia.pasch@gmlaw.com

Agent's Phone: 954-527-2409

Agent's Fax: 954-333-4266

*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: B-3 & A

Land Use / Density: Commercial

Use: Vacant

Plat Name: Sky Rise Plaza

Plat Restrictive Note: \_\_\_\_\_

Please see attached.

### PROPOSED

Zoning: R-TH & A (Agricultural parcel to remain the same)

Land Use / Density: Commercial / 54 Units (Flex Allocation)

Use: Townhomes

Plat Name: \_\_\_\_\_

Plat Restrictive Note: \_\_\_\_\_

56 Townhomes

### ADJACENT ZONING

North: PUD

South: R-1C

East: B-3, C-1, & A

West: R-TH & A

### ADJACENT LAND USE PLAN

North: Commercial

South: L-2

East: Commercial

West: Irregular Residential (7.9)



*-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:

\_\_\_\_\_  
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**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)

Rezoning with flex unit allocation, plat, and site plan applications associated with a proposed townhouse development.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

## SECTION 7- PROJECT AUTHORIZATION

### OWNER CERTIFICATION

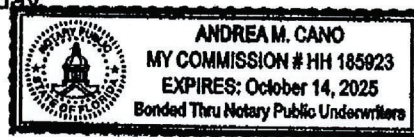
This is to certify that I am the owner of the property described in this application and that all information supplied herein is true and correct to the best of my knowledge.

[Signature]  
Signature of Owner

03-14-2022  
Date

Sworn and Subscribed before me this 14<sup>th</sup> day

of March, 2022



Fee Paid

[Signature]  
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]  
Signature of Agent

3/16/2022  
Date

Sworn and Subscribed before me this 16 day

of March, 2022



Kim Nicole Santiago  
Comm. # GG939792  
Expires: Feb. 23, 2024  
Bonded Thru Aaron Notary

Fee Paid

[Signature]  
Signature of Notary Public

My Commission Expires