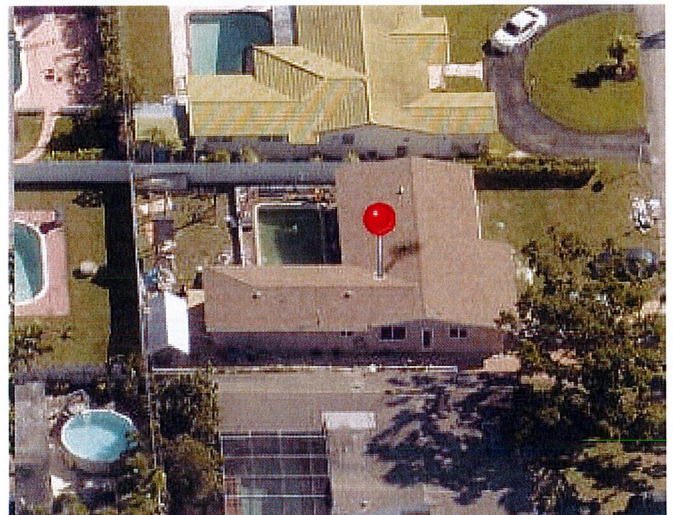
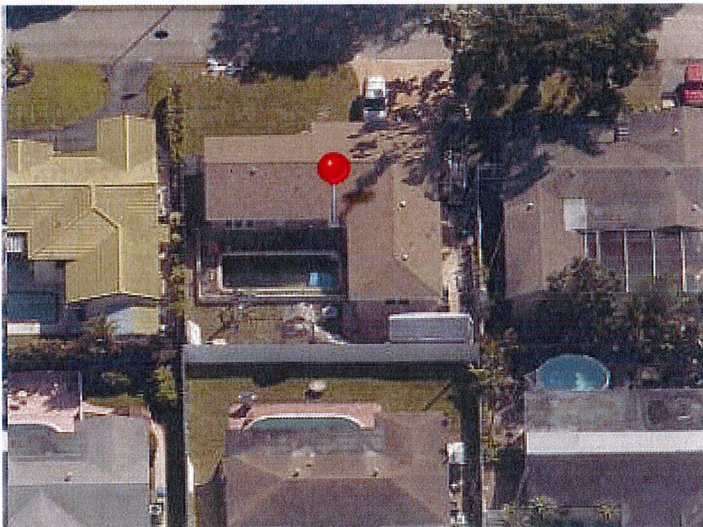
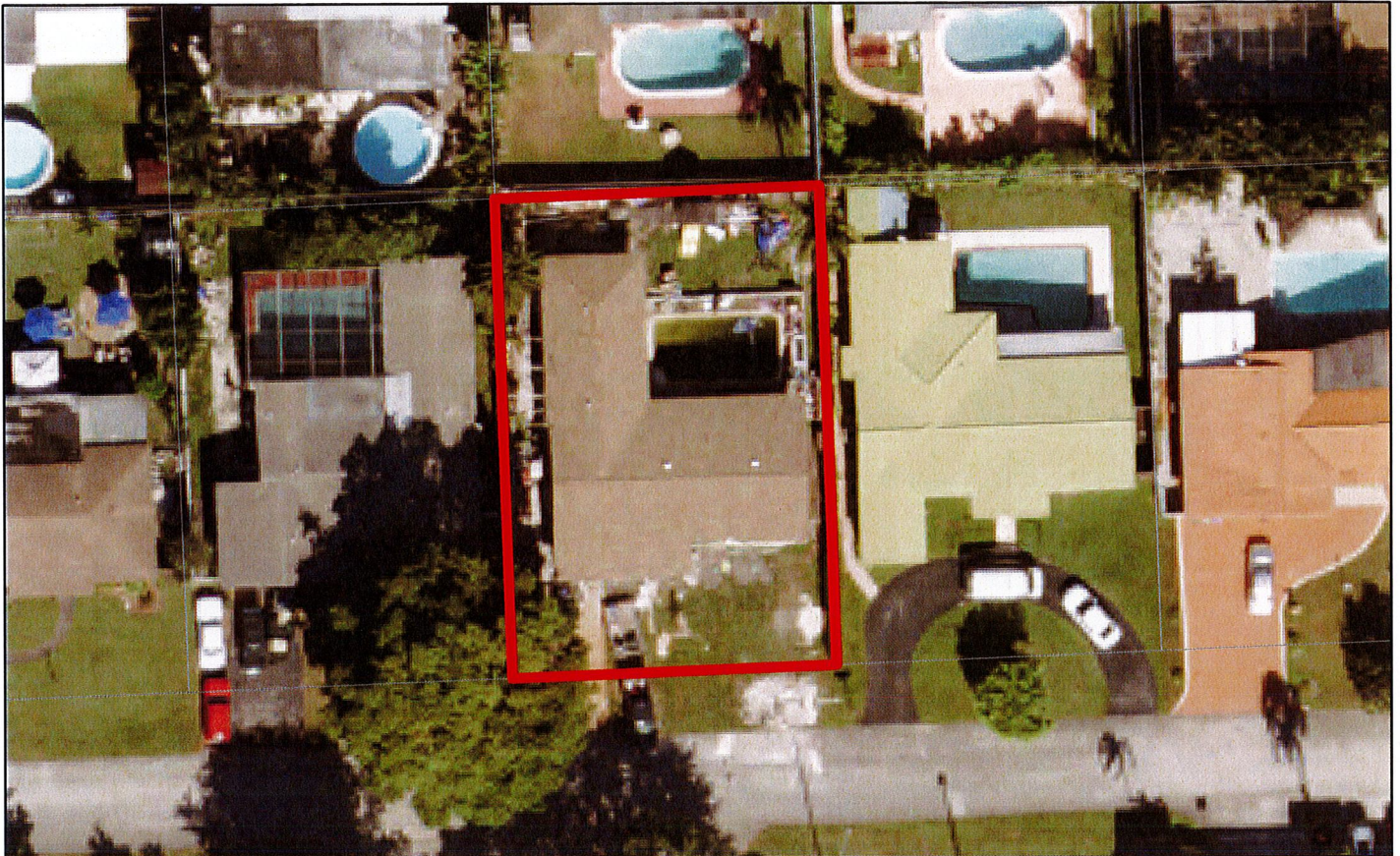


Vicinity Map

City of Pembroke Pines • Planning and Economic Development Department

ZV(R) 2018-18
Variance Request

Riad & Shemarna A Mohamed
6761 SW 13 Street
Pembroke Pines, FL 33023





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: 7/24/19

Plans for DRC _____ Planner: Dean

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 checked="" 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: Dean Project #: PRJ 20 n/a Application #: 20(r) 2018-18 + 19
Date Submitted: 7/25/18 Posted Signs Required: (1) Fees: \$ 250.00

SECTION 1-PROJECT INFORMATION:

* Project Name: POOL DECK

* Project Address: 6761 S.W. 13TH STREET PEMBROKE PARK FL, 33023

Location / Shopping Center: _____

Acreage of Property: _____ Building Square Feet: _____

Flexibility Zone: _____ Folio Number(s): 5141 23 13 0200

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

* Legal Description: HOLLYWOOD PINES NO 2 AMENDED
RESUB OF PORTION 51-4B LOT 4 BLK 2

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: RIAD MOHAMED + SHEMARNA A. MOHAMED
* Owner's Address: 6761 S.W. 13TH STREET PENSACOLA FL 32523
* Owner's Email Address: SHEMARNA73@YAHOO.COM
* Owner's Phone: 954-967-9266 Owner's ^{Cell:} ~~Fax:~~ 954-559-3605

Agent: _____

Contact Person: _____

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: _____

PROPOSED

Zoning: _____

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: ⁽¹⁸⁾ 155.049(B); ⁽¹⁹⁾ 155.049(B)

Required: ⁽¹⁸⁾ 5' Side Yard Setback to Pool Deck; ⁽¹⁹⁾ 5' Side yard setback
to Patio

Request: ⁽¹⁸⁾ 0' side Yard setback to Pool Deck; ⁽¹⁹⁾ 1' Side yard setback
(East) to patio (west)

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

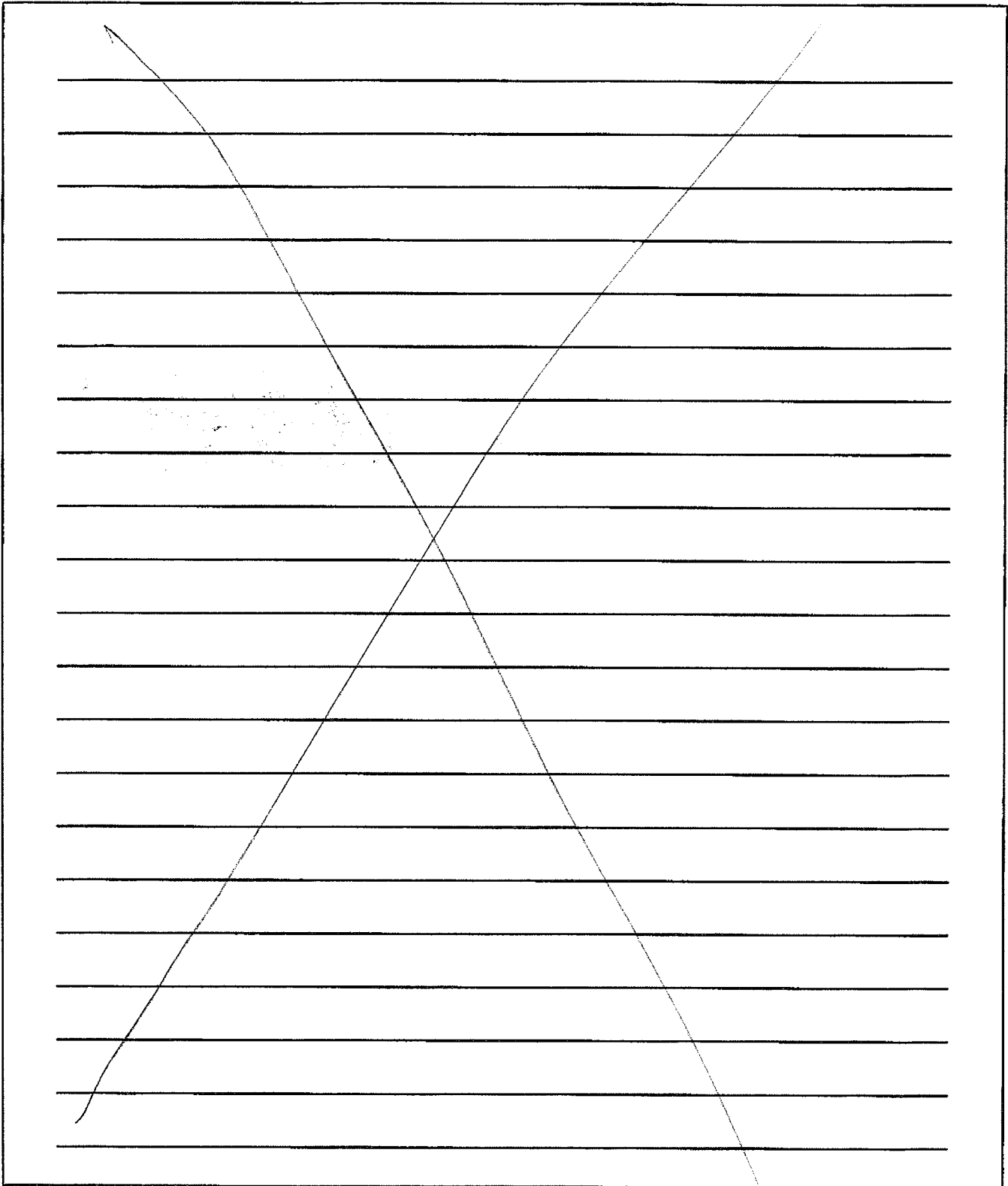
Existing City Land Use: _____

Requested City Land Use: _____

Existing County Land Use: _____

Requested County Land Use: _____

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



SECTION 7- PROJECT AUTHORIZATION

OWNER CERTIFICATION

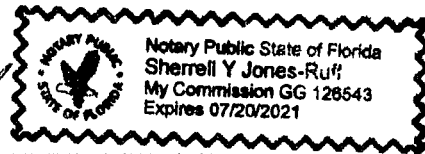
This is to certify that I am the owner of the property described in this application and that all information supplied herein is true and correct to the best of my knowledge.

[Signature] 7-24-2018
Signature of Owner Date

Sworn and Subscribed before me this 23 day

of July, 2013

[Signature] My Commission Expires
Fee Paid Signature of Notary Public



AGENT CERTIFICATION

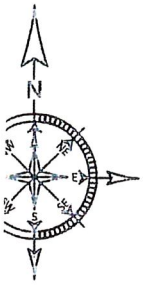
This is to certify that I am the agent of the property owner described in this application and that all information supplied herein is true and correct to the best of my knowledge.

Signature of Agent Date

Sworn and Subscribed before me this _____ day

of _____, 20_____

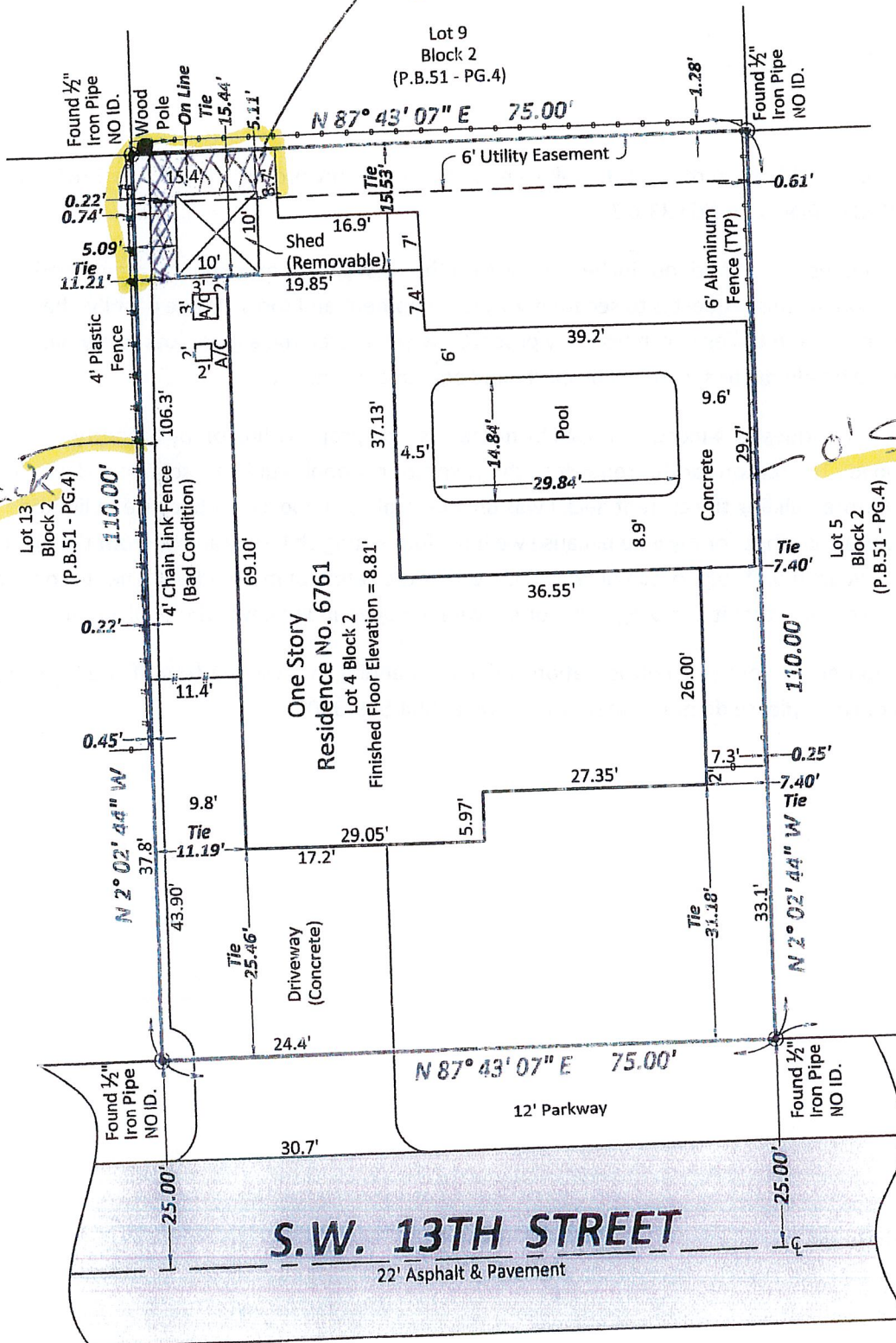
Fee Paid Signature of Notary Public My Commission Expires



Remove slab out of easement

Setback

0' Setback



August 24th, 2018

TO WHOM IT MAY CONCERN:

I, Riad Mohamed, would like to request the following variances for my property located at 6761 SW 13TH STREET, PEMBROKE PINES, Florida 33023.

I would like to request a foot and four inches set back on the west side of my property mentioned above. The reason for this request is to secure my work equipment and tools. In the past I've had multiple equipments and trailer stolen from my property, which costed me a great loss to my business. This request would help me to secure my property and equipment better.

I would also like to request a 4 inches set back from the eastside property line of my property mentioned above. The reason for this request is, the cover for my pool requires a solid foundation for the anchors. Before building the current deck I was unable to place a pool cover because of limited space. That was a challenge for my wife because we have four young children ranging from the age of thirteen to four years old. The pool can now be covered for the safety of my children. The reason for this type of pool cover is that it is manageable for my wife to cover and uncover the pool when needed.

I would really appreciate your kind consideration and understanding in these matters. If you have any questions or concerns please do not hesitate to call me at 954-559-3605.

Thank you,

Sincerely,

RIAD MOHAMED



