



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: 1/24/19

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____ - ____ Application #: 2019-04

Date Submitted: ____/____/____ Posted Signs Required: (1) Fees: \$ 250.00

SECTION 1-PROJECT INFORMATION:* Project Name: LOT 2* Project Address: 8860 NW 8th STREET

Location / Shopping Center: _____

Acreage of Property: _____ Building Square Feet: _____

Flexibility Zone: _____ Folio Number(s): 5141 16 13 0410

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

Legal Description: WESTVIEW SECTION 1 PART 1LOT 1 Block 2Has 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: WALTER & GINER LUTZ

* Owner's Address: 8840 NW 8th STREET

* Owner's Email Address: ginerlutz@aol.com

* Owner's Phone: 954-251-3187 Owner's ^{Cell:} ~~Fax:~~ 954-253-9236

* Agent: Jenny Gross

* Contact Person: Jenny Gross

* Agent's Address: 10252 Harbor Inn Place Coral Springs FL 33071

* Agent's Email Address: jennetconst@gmail.com

* Agent's Phone: 954-520-8095 Agent's ^{Cell:} ~~Fax:~~ 954-520-8095

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: 155.049(A)

Required: 15' Street Side Yard Setback

Request: Allow walkway/stair w/in the required side yard setback

Details of Variance, Zoning Appeal, Interpretation Request:

* INSTALL OPENS ON SAND TO PROVIDE ESCAPE ROUTE
TO SIDEWALK FOR DISABLED VETERAN FOR
WHEEL CHAIR USE, ROUTE TO EXIT FROM MASTER
BEDROOM

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)

* INST all Pavers on S&N base to provide escape
route to city sidewalk for disabled person
for wheel/chair use, route ~~to~~ to exit from
master bedroom

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] Date 1/29/19
Signature of Owner

Sworn and Subscribed before me this 29 day
of Jan, 20 19



[Signature]
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] Date 1/25/19
Signature of Agent

Sworn and Subscribed before me this 29 day
of Jan, 20 19



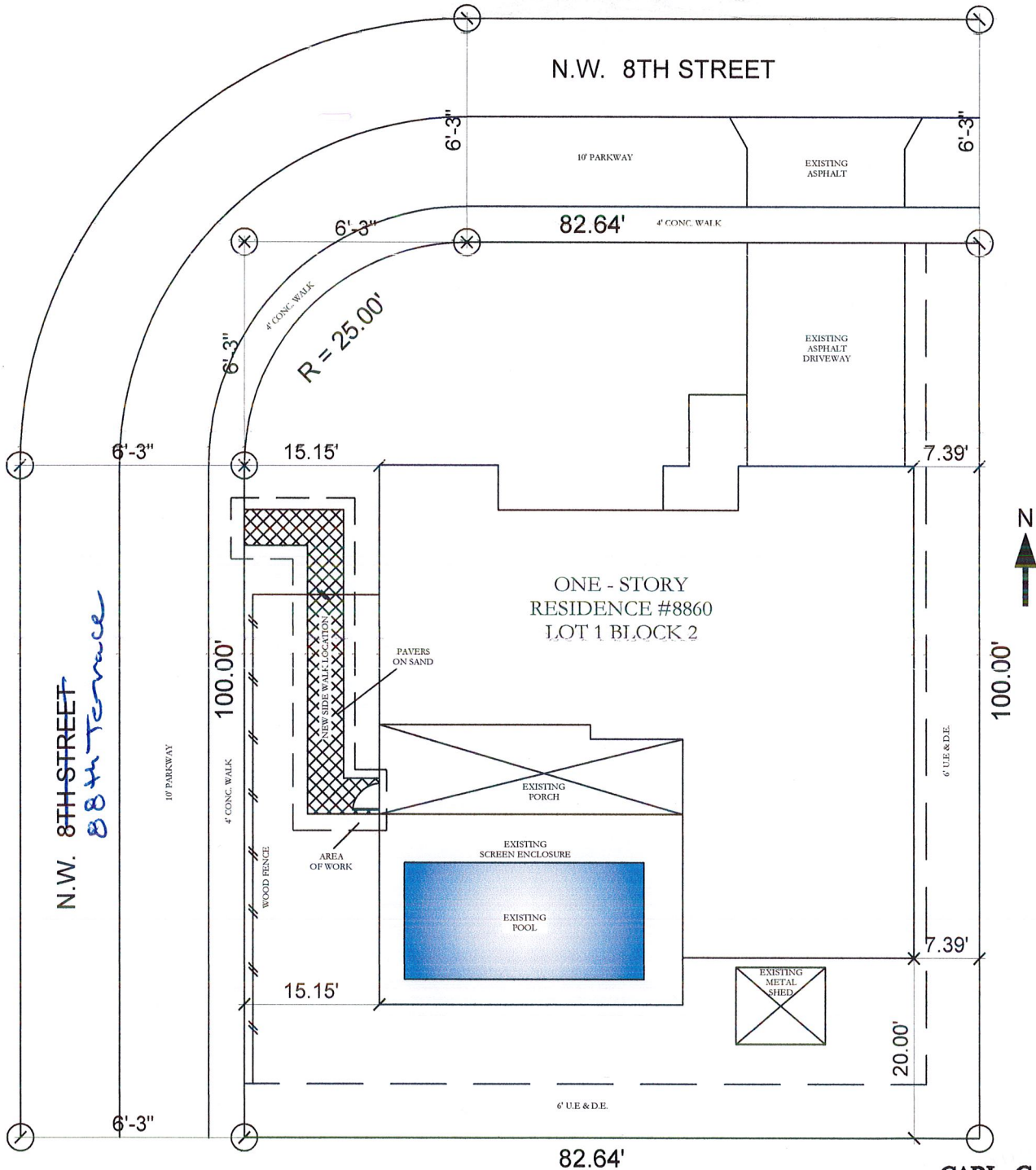
[Signature]
Fee Paid Signature of Notary Public My Commission Expires

CARL G FORBES PE INC.
1000 SOUTH DIXIE HIGHWAY WEST
POMPAÑO BEACH, FLORIDA 33069

EMAIL: CARLFORBES@BELLSOUTH.NET

PHONE: 954-682-6651 FAX: 954-903-4284

STATE OF FLORIDA LICENSE NO. PE 20699



SITE PLAN

SCALE - 1/16" = 1'-0"

NEW SIDEWALK LOCATION
PROPERTY ADDRESS :
8860 NW 8TH STREET
PEMBROKE PINES , FLORIDA

CARL G. FORBES
PE20699

[Signature]
SEAL 1/31/19