

Vicinity Map

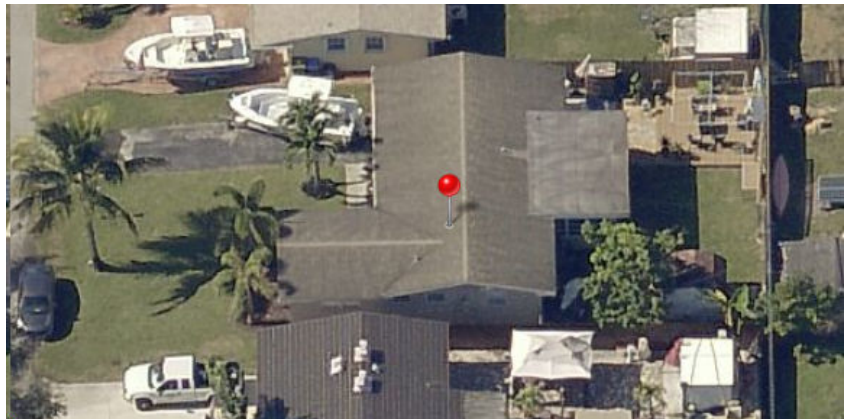
City of Pembroke Pines • Planning and Economic Development Department

ZV(R) 2019-25
Zoning Variance

Joe Pena
8631 NW 16 Street
Pembroke Pines FL 33024



NOT TO SCALE





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: 7/30/19

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 #: ZV(R)2019-25

Date Submitted: 8/1/19 Posted Signs Required: (1) Fees: \$ 250

SECTION 1-PROJECT INFORMATION:* Project Name: Joe R Peña* Project Address: 8631 NW 16TH STREET

Location / Shopping Center: _____

Acreage of Property: _____ Building Square Feet: _____

Flexibility Zone: _____ Folio Number(s): _____

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

Legal Description: Boulevard Heights Section 95th Addition 62-15 B Lot 31 Bk 30

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: Joe R. Peña
* Owner's Address: 8631 NW 16th Street Pembroke Pines FL 33024
* Owner's Email Address: JRP0704@yahoo.com
* Owner's Phone: 305-898-5195 Owner's ^{Cell:} Fax: 305-898-5195

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: _____

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: 52-26(H)(1)

Required: 35% Front Lot Coverage

Request: 41.5% Front Lot Coverage

Details of Variance, Zoning Appeal, Interpretation Request:

* See Attached

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] 8-1-2019
Signature of Owner P500 436-64-244-0 Date

Sworn and Subscribed before me this 15th day
of August, 2019



n/a [Signature] 12/05/2019
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

Joe R Pena

8631 NW 16th Street

Pembroke Pines FL 33024

Driveway

In order to maximize and keep to a minimum the submitted plans is what I would like approved for my driveway.

Over the year it has become more difficult now that my four kids have grown and have cars. I have been forced to park in the grass or partially block the street. I take pride in how my lawn looks and do everything possible to maintain it.

Also, when it rains it becomes more difficult since the swale area becomes flooded after the majority of my neighbors have built up their driveways over the years.



Front Yard Lot Coverage Calculation Worksheet - Conventional Lot

City of Pembroke Pines Planning & Economic Development Department - (954) 392-2110

***Landscape permit will be required if moving/relocating any trees.**

Add note to plans if no landscaping being affected.

Site Address: 8631 NW 16th St.

Owner Name: Joe Pena

Project Type: Driveway & Walkway

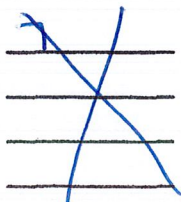
Contractor: _____

Effective Immediately - Front Yard Lot Coverage Calculations must be provided for those projects adding impervious square footage to single-family front yard area (\$ 52.26; Ord. #1859)

Front Yard Square Footage	<u>2125.41^{ft}</u> A
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35% of lot (Impervious Area Allowed)	<u>743.9^{ft}</u> B
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Existing Impervious Front Yard Square Footage:

Driveway	<u>Remove all Existing</u>	
Walkway		
Entryway		
Other		

Total Existing Area	<u>0</u> C
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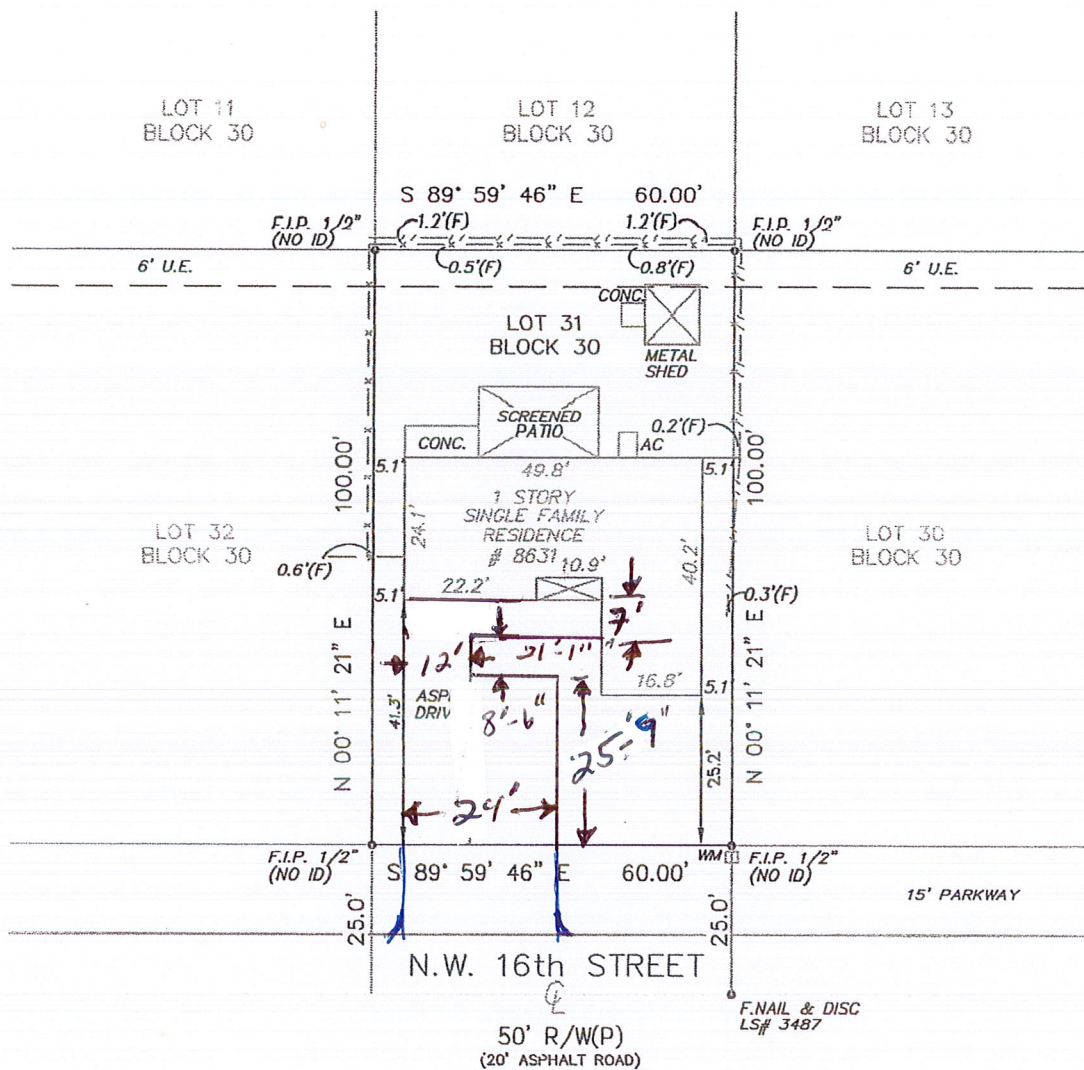
New Impervious Front Yard Square Footage:

<u>Driveway</u>	<u>720^{ft}</u>
<u>Walkway</u>	<u>161.58^{ft}</u>
_____	_____

Total New Area	<u>881.58^{ft}</u> D
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Total Impervious Area (C + D)	<u>881.58^{ft}</u> E
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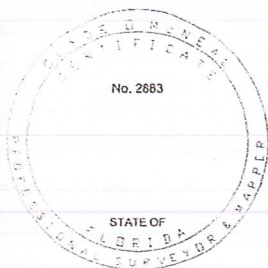
% Front Yard Lot Coverage (E/A)x100	<u>41.5%</u>
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BOUNDARY SURVEY

LB #6135

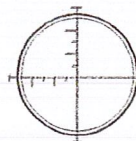


SURVEYORS CERTIFICATE

I HEREBY CERTIFY THAT THIS BOUNDARY SURVEY IS A TRUE AND CORRECT REPRESENTATION OF A SURVEY PREPARED UNDER MY DIRECTION. NOT VALID WITHOUT AN AUTHENTICATED ELECTRONIC SIGNATURE AND AUTHENTICATED ELECTRONIC SEAL, OR A RAISED EMBOSSED SEAL AND SIGNATURE.

Clyde O. McNeal

Digitally signed by Clyde O. McNeal
DN: CN = Clyde O. McNeal, C = US
Date: 2009.03.11 13:58:09 -0400



TARGET
SURVEYING, INC.

SERVING MOST FLORIDA COUNTIES

5601 CORPORATE WAY SUITE 210
WEST PALM BEACH, FL 33407
PHONE (561) 640-4800
FACSIMILE (561) 640-0576
STATEWIDE PHONE (800) 226-4807
STATEWIDE FACSIMILE (800) 741-0576

(SIGNED)

CLYDE O. McNEAL, PROFESSIONAL SURVEYOR AND MAPPER #2683

