

## **Site Plan Review Application**

Project Information								
Site Plan Name								
Site Plan No.		Plat Book – Page of Site Plan Location (if recorded)						
Owner / Applicant / Petitioner Name								
Address	City			State	Zip			
Phone	Email		I		1			
Contact Person	I							
Contact Address	City			State	Zip			
Contact Phone	Contact Email		I		<u> </u>			
Folio(s)	<u> </u>							
Project Address of Location								
side of North side / corner north stree	t name	en / and <i>street na</i>	me / side / corner	an/of	street name			
Application Status	Application Status							
Has this project been previously s	ubmitted?		🗌 Yes	🗆 No	Don't Know			
This is a resubmittal of:			Portion of	of Project	□ N/A			
What was the project number ass Urban Planning Division?	gned by the	roject No.		□ N/A	Don't Know			
Project Name				□ N/A	Don't Know			
Are the boundaries of the project to previously submitted project?			🗌 Yes	i 🗌 No	Don't Know			
Has the flexibility been allocated or is flexibility proposed to be allocated under the County Land Use Plan?					Don't Know			
If yes, consult Policy 13.01.10 of the Land Use Plan. A compatibility determination may be required.								



1 North University Drive, #102 • Plantation, FL 33324 • 954-357-6644 • Broward.org/planning • Zoning@Broward.org

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School Concurrency (Residential Plats, Replats, and Site Plan Submissions)								
Does this application contain any residential units? (if "No," skip the remaining questions).					🗌 Yes	🗌 No		
If the application is a replat, is the type, number, or bedroom restriction of the residential units changing?						🗌 No		
If the application is a replat, are there any new or additional units being added to the replat's note restriction?					🗌 Yes	🗆 No		
Is the application subject to an approved Declaration of Restrictive Covenants or Tri- Party Agreement entered with the Broward County School Board?						🗆 No		
Land Use and Zoning								
EXISTING			PROPOSED					
Land Use Plan Designations(s)			Land Use Plan Designation(s)					
Zoning District(s)			Zoning District(s)					
Existing Land Use								
A credit against impact fees may be given for the site's current or previous use. No credit will be granted for any demolition occurring more than three (3) years of Environmental Review of construction plans. To receive a credit, complete the following table. Note: If buildings have been demolished, which are not shown on the survey required with this application, attach an additional "as built" survey dated within three (3) years of this application. Other evidence may be accepted if it clearly documents the use, gross square footage and/or number and type of dwelling units, and a date of demolition.								
Are there any existing structures on the site?					🗌 No			
	Gross Building Sq. ft. * or Dwelling Units	Date Last Occupied	EXISITNG STRUCTURE(S)					
Land Use			Remain the Same?	Change Use?		en or <u>will</u> be nolished?		
			YES   NO	YES   NO	HAS	WILL   NO		
			YES   NO	YES   NO	HAS	WILL   NO		
			YES   NO	YES   NO	HAS	WILL   NO		
*Gross non-residential square footage includes permanent canopies and overhangs for gas stations, drive-thru facilities, and overhangs designed for outdoor tables at a restaurant. A building is defined by								

the definition in the Land Development Code.



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Proposed Use								
RESIDENTIAL USES		NON-RESIDENTIAL USES						
Land Use	No. of Units / Rooms	Land Use	Net Acreage or Gross Floor Area					
NOTARY PUBLIC: Owner / Agent Certification								
This is to certify that I am the owner/agent of the property described in this application and that all information supplied herein is true and correct to the best of my knowledge. By signing this application, owner/agent specifically agrees to allow access to described property at reasonable times by County personnel for the purpose of verification of information provided by owner/agent.								
Owner/Agent Signature		Date						
NOTARY PUBLIC STATE OF FLORIDA, COUNTY OF BROWARD The foregoing instrument was acknowledged before me by the Affiant by means ofphysical presence								
_			, 20, by					
Personally Known or Produced Identification. ID Type:								
(NOTARY SEAL)								
Signature of Notary Public – State of Florida Name of Notary Typed, Printed or Stamped								
For Office Use Only								
Application								
Application Date	Acceptance Date		Fee Paid					
Comments Due	Report Due		CC Meeting Date					
Adjacent City or Cities								
Received By		Date	Date					

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