



Resilient Environment Department  
**URBAN PLANNING DIVISION**

1 N. University Drive, Box 102 • Plantation, FL 33324 • 954-357-5657 • Broward.org/Planning

## Flexibility Review Application Instructions

Pursuant to Broward County Land Use Plan [Policy 2.10.1](#), the Board of County Commissioners is required to make a determination that the allocation of flexibility is compatible with adjacent land uses and that impacts on public school facilities have been adequately considered prior to approving the allocation of flexibility.

### Please complete this application and submit with the following:

- a. Current survey, site plan. Location map and legal description indicating gross and net acreage.
- b. Appropriate fee amount – see schedule below. Please make checks payable to *Broward County Board of County Commissioners*. Checks must be drawn from a bank within the State of Florida.
- c. Copy of local government’s official action allocating flexibility to the site.

### Compatibility and School Impacts Fee Schedule

Per Section 40-46 of the Broward County Administrative Code, the Compatibility and School Impact Review of Allocation Flexibility and Reserve Units Application Fee is automatically increased every year at the beginning of the new fiscal year (October 1).

<b>FY20</b> 10/1/19 – 9/30/20	<b>FY21</b> 10/1/20 – 9/30/21	<b>FY22</b> 10/1/21 – 9/30/22	<b>FY23</b> 10/1/22 – 9/30/23	<b>FY24</b> 10/1/23 – 9/30/24	<b>FY25</b> 10/1/24 – 9/30/25
<b>\$3,300</b>	<b>\$3,500</b>	<b>\$3,600</b>	<b>\$3,800</b>	<b>\$4,000</b>	<b>\$4,200</b>

*Note: fee increases are based on percentages and rounded to the nearest \$100*



**All information and case files concerning this application are matters of public record and will be available for inspection at our offices upon request.**



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## Application for Flexibility Review

<b>Property Owner Information</b>				
Last Name	First Name	Middle Initial	Suffix	
Address		City		State
Phone	Mobile Phone		FAX	
Email				
<b>Authorized Agent Information</b>				
Last Name	First Name	Middle Initial	Suffix	
Company Name			Title or Position	
Address		City		State
Phone	Mobile Phone		FAX	
Email				
<b>Petitioner Information <i>(if different from owner)</i></b>				
Last Name	First Name	Middle Initial	Suffix	
Company Name			Title or Position	
Address		City		State
Phone	Mobile Phone		FAX	
Email				
<b>General Location of Property</b>				
<b>Property Legal Description and Folio Numbers</b>				

In which jurisdiction is this flexibility being applied? \_\_\_\_\_

Contact person at that jurisdiction:

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

Phone: \_\_\_\_\_

What type of Flexibility are you applying for? *(please check one)*

- 5% Residential to Commercial/Commerce
- 20% Industrial to Commercial
- 20% Commercial/Commerce to Residential
- Employment Center to Commercial
- Residential Flexibility Units
- Reserve Units

What is the number of flex/reserve units or flex acreage that will be utilized with this project?

\_\_\_\_\_

This Flexibility Review Application is being filed in conjunction with: *(please check one)*

- Rezoning Application
- Plat Application
- Delegation Request (Plate Note Amendment)
- Local Land Use Plan Amendment
- Site Plan Application
- Conditional Use/Special Permit Application
- Other: \_\_\_\_\_

Case number *(if any)* to the above referenced application: \_\_\_\_\_

When is the above referenced application expected to be approved/adopted? \_\_\_\_\_

Current/Proposed *(if any)* Local Land Use Plan Designation: \_\_\_\_\_ / \_\_\_\_\_

Current/Proposed *(if any)* Broward County Land Use Plan Designation: \_\_\_\_\_ / \_\_\_\_\_

Current Zoning Designation: \_\_\_\_\_

Proposed *(if any)* Zoning Designation: \_\_\_\_\_

## Owner Certification

This is to certify that I ("Affiant") am the owner of the property described on the attached survey and I have authorized the filing of this request. I understand that I or my representative must attend the hearing to present the case.

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Print Name

### NOTARY PUBLIC

#### STATE OF FLORIDA COUNTY OF BROWARD

The foregoing instrument was acknowledged before me by the Affiant by means of

physical presence |  online notarization, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_,  
by \_\_\_\_\_.

He/she  is personally known to me |  has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Name of Notary Typed, Printed or Stamped

\_\_\_\_\_  
Signature of Notary Public – State of Florida

\_\_\_\_\_  
Notary Seal (or Title or Rank)

\_\_\_\_\_  
Serial Number (if applicable)