



Resilient Environment Department

URBAN PLANNING DIVISION

1 N. University Drive, Box 102 · Plantation, FL 33324 · T: 954-357-6666 F: 954-357-6521 · Broward.org/Planning

Application Number _____

Platting & Development Application

Project Information				
Plat Name				
Plat Number		Plat/Agreement Book - Page (if recorded)		
Owner(s)/Petitioner(s) Name				
Address		City	State	Zip
Phone	Email			
Agent for Owner/Petitioner		Contact Person		
Address		City	State	Zip
Phone	Email			
BCPA Folio Number(s)				
General Location				
_____ side of _____ at/between/and _____ and/of _____ <i>north side/corner north street name street name / side/corner street name</i>				

Type of Application
<p>Please check the applicable application for the request. Each application type has a checklist indicating the documentation requirements for the pre-application meeting and formal submittal. This application should be submitted to the Urban Planning Division- Platting Section for review and acceptance.</p> <ul style="list-style-type: none"><input type="checkbox"/> New Plat<input type="checkbox"/> Plat Note Amendment<input type="checkbox"/> Tri-Party Agreement – Building Permit Prior to Plat Recording<input type="checkbox"/> Lien Release / Standard Agreements<input type="checkbox"/> Vacation<ul style="list-style-type: none"><input type="checkbox"/> Vacating Plats, or any Portion Thereof (BCCO 5-205)<input type="checkbox"/> Abandoning Streets, Alleyways, Roads or Other Places Used for Travel (BCAC 27.68)<input type="checkbox"/> Releasing Public Easements and Private Platted Easements or Interests (BCAC 27.69)

Application Information			
Has this project been previously submitted?		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Don't Know
This is a resubmittal of:		<input type="checkbox"/> Entire Project	<input type="checkbox"/> Portion of Project <input type="checkbox"/> N/A
What was the project number assigned by the Urban Planning Division?	Project Number <input type="checkbox"/> N/A <input type="checkbox"/> Don't Know		
Project Name		<input type="checkbox"/> N/A <input type="checkbox"/> Don't Know	
Are the boundaries of the project exactly the same as the previously submitted project?		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Don't Know
Is this an Affordable Housing project?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide the Housing Finance Division Certification Number:	
Is this a Live Local Act project?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide correspondence from the municipality that this project meets the Live Local Act requirements pursuant to Section 125.01055, F.S.	

Replat Information (for new plats only)	
Is this plat a replat of a plat approved and/or recorded after March 20, 1979? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
If YES, please answer the following questions.	
Project Name of underlying approved and/or recorded plat	Project Number
Is the underlying plat all or partially residential? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
If YES, please answer the following questions.	
Number and type of units approved in the underlying plat.	
Number and type of units proposed to be deleted by this replat.	
Difference between the total number of units being deleted from the underlying plat and the number of units proposed in this replat.	

School Concurrency (for residential applications only)	
Does this application contain any residential units?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If the application is a replat, is the type, number, or bedroom restriction of the residential units changing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If the application is a replat, are there any new or additional residential units being added to the replat's note restriction?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Is this application subject to an approved Declaration of Restrictive Covenants or Tri-Party Agreement entered into with the Broward County School Board?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Has this project been issued a School Board Impact Fee Waiver?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Land Use	
EXISTING	PROPOSED
Land Use Plan Designation(s)	Land Use Plan Designation(s)

Existing Use					
A credit against impact fees may be given for the site's current or previous use.					
Are there any existing structures on the site? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Land Use Type	Gross Building square foot or Dwelling Units	Date Last Occupied	EXISTING STUCTURE(S)		
			Remain the Same?	Change Use?	<u>Has</u> been or <u>will</u> be Demolished?
			YES NO	YES NO	HAS WILL NO
			YES NO	YES NO	HAS WILL NO
			YES NO	YES NO	HAS WILL NO
			YES NO	YES NO	HAS WILL NO
<u>Gross non-residential square footage</u> includes the area of each floor level, measured from principal outside faces of exterior walls, including, but not limited to, corridors, mezzanines, floor surfaces with clear standing head room regardless of their use, areas totaling more than one hundred (100) square feet which are not enclosed but roofed.					

Proposed Use			
RESIDENTIAL USE		NON-RESIDENTIAL USE	
Land Use Type	Number of Dwelling Units or Rooms for Hotel use	Land Use Type	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 means of ☐ physical presence | ☐ online notarization, this _____ day of _____, 20_____, who ☐ 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)

For Office Use Only

Application Type

Application Submittal Date

Acceptance Date

Fee

Comments Due

Report Due

CC Meeting Date

Adjacent Municipality

☐ Plat ☐ Survey ☐ Narrative ☐ Title Work ☐ Agent Affidavit
☐ Municipal Approval ☐ Pre-Application Conference Receipt

☐ Other:

Distribute To

☐ Full Review

☐ Administrative Review

Accepted By