

Community Development
7525 NW 88th Avenue
Tamarac, FL 33321
Telephone (954) 597-3530
Fax (954) 597-3540

FOR STAFF USE ONLY:

CASE #: _____
Master File #: _____
HTE Project #: _____
Date Received: _____
Received by: _____
Zoning district: _____
Land Use Classification: _____
Surrounding zoning:
North: _____
South: _____
East: _____
West: _____
Fee Collected: _____

CASE DEVELOPMENT APPLICATION

(Incomplete Applications will not be accepted.)

Type/Purpose of Development Request:

_____ Action Plan _____ Model Sales

Project Name: _____

Project Address (if applicable): _____

Project Location: _____

Parcel Size: _____ acres/sq. ft. **Folio No.** _____

Project Description: _____

(Identify existing and proposed land use classification and proposed density, if applicable.)

Agent/Contact: _____
Phone: _____ Fax: _____
Address: _____

E-Mail Address: _____
Property Owner's Name: _____
Phone: _____ Address: _____

NOTE: Must also include notarized designation of quasi-judicial form.

ACTION PLAN CHECKLIST

The following checklist is designed to assist applicants in preparing required materials for review. The applicant should check each item to ensure that it is included. If **all** items are not present the application will **not** be accepted. The following items are required as part of a complete application for large and small-scale land use amendments and reserve unit applications:

- 1. A completed City of Tamarac AP-Case Development Application.
- 2. Justification Letter must be provided in paragraph form and clearly describe the proposed action to be taken and why.
- 3. Proof of property ownership (i.e. deed, property appraiser, or contract to purchase).
- 4. Designation of quasi-judicial form. This form names that person who will represent the said application at required meetings and shows that the property owner, if other than the applicant, gives the applicant permission to do so.
- 5. One (1) original document signed by developer, property owner, etc. and eight (8) copies of document.
- 6. Appropriate development fee.

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

**DESIGNATION OF AGENT
FOR QUASI-JUDICIAL PROCEEDINGS**

DATE: _____

CASE NO.: _____

IN THE MATTER OF:

ANY PERSON APPEARING ON YOUR BEHALF, IN YOUR ABSENCE, MUST BE DESIGNATED AS YOUR AGENT ON THIS FORM OR SUCH PERSON WILL NOT BE ENTITLED TO SPEAK AT THE QUASI-JUDICIAL HEARING AND THE MATTER MAY BE DETERMINED WITHOUT THE BENEFIT OF THEIR TESTIMONY.

_____, **WILL ATTEND THE QUASI-JUDICIAL**
(insert name of Agent)

HEARING TO BE HELD IN MY ABSENCE. IN ADDITION,
_____ **HAS MY PERMISSION TO ACT AS MY AGENT IN**
ALL MATTERS RELATING TO ANY PROCEEDINGS RELATED TO
_____.

(Address of subject property)

THIS FORM MUST BE RETURNED PRIOR TO THE QUASI-JUDICIAL HEARING.

SIGNATURE OF OWNER:

**NAME/ADDRESS AND PHONE NO.
OF DESIGNATED AGENT:**

(Print Name of Owner)

(Print Name of Designated Agent)

Phone: _____ **Fax:** _____

STATE OF FLORIDA:

COUNTY OF BROWARD:

The foregoing instrument was acknowledged before me this _____ day of _____, 200__, by _____, owner of property, who is personally known to me or has produced identification (_____) and
(type of identification)

who (did/did not) take an oath.

Notary Public State of Florida

My Commission Expires:

_____ **(Type or print name of Notary)**

PUBLIC NOTICE SIGN REQUIREMENTS

- **EACH LETTER ON THE SIGN SHALL BE AT LEAST FOUR INCHES (4”) IN HEIGHT.**
- **THE SIGN MUST BE ATTACHED TO A POST WHICH IS IMPLANTED IN THE GROUND.**
- **THE FREE STANDING SIGN SHALL BE THREE FEET BY THREE FEET (3’ X 3’) IN SIZE AND POSTED CONSPICUOUSLY AT LEAST TWO FEET (2’) ABOVE GRADE ON THE PROPERTY, AT LEAST FIFTEEN (15) DAYS PRIOR TO THE PUBLIC HEARING.**

THE LANGUAGE TO BE INCLUDED ON THE SIGN SHALL READ AS FOLLOWS:

“A LAND DEVELOPMENT PERMIT IS BEING SOUGHT FROM THE CITY OF TAMARAC FOR THIS PROPERTY. PLEASE CALL THE COMMUNITY DEVELOPMENT DEPARTMENT AT (954) 597-3530 FOR FURTHER INFORMATION.”

AFFIDAVIT

I, _____, do swear and affirm:

1. That I have posted a Notice of Public Hearing on the property on _____, 200 __, for a hearing to be held before the City of Tamarac's City Commission, Planning Board, Board of Adjustment (circle one) on _____, 200 __ .

2. That the Notice was placed at the location set forth below:

3. That the location where the Notice was placed allowed the Notice to be readable from the adjoining roadway.

4. That I have revisited the property on _____, 200 __, and the Notice was still there and in readable condition.

SEAL

5. Further affiant sayeth not.

Affiant Signature

Sworn to and subscribed before me this ___ day of _____, 200__ .

My commission expires: _____

Notary Public

COMMUNITY DEVELOPMENT REVIEW FEE SCHEDULE
(Pursuant to Resolution No. R-2004-134)

Land Use Planning:

Large Scale	\$ 5,000
Small Scale	\$ 3,000
Reserve Units	\$ 500

Platting:

Plats	\$ 3,000
Delegation Request	\$ 1,500
Vacation of Easements/Rights-of-Way	\$ 1,000

Rezoning:

Rezoning	\$ 1,500
Special Exception	\$ 2,000

Sign Waiver:

\$ 200

Site Planning:

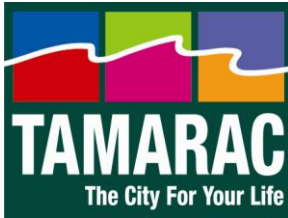
Site Plan (New)	\$ 3,000
Site Plan (Major)	\$ 3,000
Site Plan Revision (Minor)	\$ 1,250
Site Plan Revision (Administrative)	\$ 250
Site Plan Extension	\$ 1,000
Model Sales	\$ 1,000
Parking Waiver	\$ 2,500
Transportation Action Plan	\$ 1,000

Variance \$ 1,000

Renaming of Street \$ 200

Staff Research:

Research Hourly Rate	\$ 75
Zoning Verification	\$ 200



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SITE DEVELOPMENT PLAN APPROVAL SCHEDULE 2010

CUT OFF DATE New Submittals	CUT OFF DATE Revised Submittals	DEVELOPMENT REVIEW COMMITTEE MEETING OFFICE	AD SUBMITTAL TO CLERK'S	DIRECT MAIL PUBLIC NOTIFICATION	AD TO RUN IN SUN-SENTINEL	TENTATIVE PLANNING BOARD MEETING	PUBLIC NOTIFICATION	TENTATIVE CITY COMMISSION MEETING
Tuesday	Tuesday	Thursday	Tuesday	Wednesday	Sunday	Wednesday	Wednesday	Wednesday
NOV 03	NOV 10	NOV 19	DEC 22	DEC 23	DEC 27	JAN 06	JAN 13	JAN 27
NOV 17	NOV 24	DEC 03	DEC 22	DEC 23	DEC 27	JAN 06	JAN 13	JAN 27
DEC 01	DEC 08	DEC 17	DEC 22	DEC 23	DEC 27	JAN 06	JAN 13	JAN 27
DEC 21	DEC 29	JAN 07	JAN 19	JAN 20	JAN 24	FEB 03	FEB 10	FEB 24
JAN 05	JAN 12	JAN 21	FEB 16	FEB 17	FEB 21	MAR 03	MAR 10	MAR 24
JAN 19	JAN 26	FEB 04	FEB 16	FEB 17	FEB 21	MAR 03	MAR 10	MAR 24
FEB 02	FEB 09	FEB 18	MAR 23	MAR 24	MAR 28	APR 07	APR 14	APR 28
FEB 16	FEB 23	MAR 04	MAR 23	MAR 24	MAR 28	APR 07	APR 14	APR 28
MAR 02	MAR 09	MAR 18	MAR 23	MAR 24	MAR 28	APR 07	APR 14	APR 28
MAR 16	MAR 23	APR 01	APR 20	APR 21	APR 25	MAY 05	MAY 12	MAY 26
MAR 30	APR 06	APR 15	APR 20	APR 21	APR 25	MAY 05	MAY 12	MAY 26
APR 20	APR 27	MAY 06	MAY 18	MAY 19	MAY 23	JUN 02	JUN 09	JUN 23
MAY 04	MAY 11	MAY 20	JUN 22	JUN 23	JUN 27	JUL 07	JUL 14	JUL 28
MAY 18	MAY 25	JUN 03	JUN 22	JUN 23	JUN 27	JUL 07	JUL 14	JUL 28
JUN 01	JUN 08	JUN 17	JUN 22	JUN 23	JUN 27	JUL 07	JUL 14	JUL 28
JUN 15	JUN 22	JUL 01	JUL 20	JUL 21	JUL 25	AUG 04	AUG 11	AUG 25
JUN 28	JUN 06	JUL 15	JUL 20	JUL 21	JUL 25	AUG 04	AUG 11	AUG 25
JUL 20	JUL 27	AUG 05	AUG 17	AUG 18	AUG 22	SEPT 01	SEPT 08	SEPT 22
AUG 03	AUG 10	AUG 19	SEPT 21	SEPT 22	SEPT 26	OCT 06	OCT 13	OCT 27
AUG 17	AUG 24	SEPT 02	SEPT 21	SEPT 22	SEPT 26	OCT 06	OCT 13	OCT 27
AUG 31	SEPT 07	SEPT 16	SEPT 21	SEPT 22	SEPT 26	OCT 06	OCT 13	OCT 27
SEPT 21	SEPT 28	OCT 07	OCT 19	OCT 20	OCT 24	NOV 03	NOV 10	NOV 24
OCT 05	OCT 12	OCT 21	NOV 16	NOV 17	NOV 21	DEC 01	DEC 08	DEC 22
OCT 19	OCT 26	NOV 04	NOV 16	NOV 17	NOV 21	DEC 01	DEC 08	DEC 22
NOV 02	NOV 09	NOV 18	DEC 21	DEC 22	DEC 26	JAN 5 '11	JAN 2011	JAN 2011
NOV 09	NOV 16	DEC 02	DEC 21	DEC 22	DEC 26	JAN 5 '11	JAN 2011	JAN 2011
NOV 30	DEC 07	DEC 16	DEC 21	DEC 22	DEC 26	JAN 5 '11	JAN 2011	JAN 2011

THE CITY OF TAMARAC COMPLIES WITH THE PROVISIONS OF THE AMERICANS WITH DISABILITY ACT. IF YOU ARE A DISABLED PERSON REQUIRING ANY ACCOMMODATIONS OR ASSISTANCE, PLEASE NOTIFY THE CITY OF SUCH NEED AT LEAST 72 HOURS (3 DAYS) IN ADVANCE. ADDITIONALLY, IF YOU ARE HEARING OR SPEECH IMPAIRED AND NEED ASSISTANCE, YOU MAY CONTACT THE FLORIDA RELAY SERVICE AT EITHER OF THE FOLLOWING NUMBERS: 1-800-955-8770 OR 1-800-955-8771.

****Holiday -Tentative meeting dates to be cancelled**** (All submitted applications will be placed on the next meeting agenda)

APPLICANT MUST BE PRESENT FOR ITEMS TO BE HEARD.

THE CITY OF TAMARAC IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT DISCRIMINATE ON THE BASIS OF HANDICAPPED STATUS.