

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:

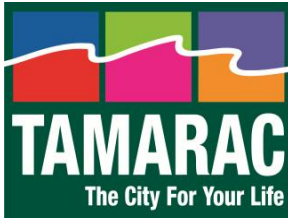
Site Plan (New)	\$ 3,000
Site Plan (Major)	\$ 3,000
Site Plan Revision (Minor)	\$ 1,250
Site Plan Revision (Administrative)	\$ 250
Site Plan Extension	\$ 1,000
Model Sales	\$ 1,000
Parking Waiver	\$ 2,500
Transportation Action Plan	\$ 1,000

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 2012

CUT OFF DATE New Submittals	CUT OFF DATE Revised Submittals	DEVELOPMENT REVIEW COMMITTEE MEETING	AD SUBMITTAL TO CLERK'S OFFICE	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 29	DEC 06	DEC 15	DEC 20	DEC 21	DEC 25	JAN 04	JAN 11	JAN 25
DEC 20	DEC 27	JAN 05	JAN 17	JAN 18	JAN 22	FEB 01	FEB 08	FEB 22
JAN 03	JAN 10	JAN 19	FEB 21	FEB 22	FEB 26	MAR 07	MAR 14	MAR 28
JAN 17	JAN 24	FEB 02	FEB 21	FEB 22	FEB 26	MAR 07	MAR 14	MAR 28
JAN 31	FEB 07	FEB 16	FEB 21	FEB 22	FEB 26	MAR 07	MAR 14	MAR 28
FEB 14	FEB 21	MAR 01	MAR 20	MAR 21	MAR 25	APR 04	APR 11	APR 25
FEB 28	MAR 06	MAR 15	MAR 20	MAR 21	MAR 25	APR 04	APR 11	APR 25
MAR 13	MAR 20	APR 05	APR 17	APR 18	APR 22	MAY 02	MAY 09	MAY 23
APR 03	APR 10	APR 19	MAY 22	MAY 23	MAY 27	JUN 06	JUN 13	JUN 27
APR 17	APR 24	MAY 03	MAY 22	MAY 23	MAY 27	JUN 06	JUN 13	JUN 27
MAY 01	MAY 08	MAY 17	MAY 22	MAY 23	MAY 27	JUN 06	JUN 13	JUN 27
MAY 22	MAY 29	JUN 07	JUN 19	JUN 20	JUN 24	JUL 04*	JUL 11	JUL 25
JUN 05	JUN 12	JUN 21	JUL 17	JUL 18	JUL 22	AUG 01	AUG 08	AUG 22
JUN 19	JUN 26	JUL 05	JUL 17	JUL 18	JUL 22	AUG 01	AUG 08	AUG 22
JUL 03	JUL 10	JUL 19	AUG 21	AUG 22	AUG 26	SEPT 05	SEPT 11	SEPT 25
JUL 17	JUL 24	AUG 02	AUG 21	AUG 22	AUG 26	SEPT 05	SEPT 11	SEPT 25
JUL 31	AUG 07	AUG 16	AUG 21	AUG 22	AUG 26	SEPT 05	SEPT 11	SEPT 25
AUG 21	AUG 28	SEPT 06	SEPT 18	SEPT 19	SEPT 23	OCT 03	OCT 10	OCT 24
SEPT 04	SEPT 11	SEPT 20	OCT 23	OCT 24	OCT 28	NOV 07	NOV 14	NOV 28
SEPT 18	SEPT 25	OCT 04	OCT 23	OCT 24	OCT 28	NOV 07	NOV 14	NOV 28
OCT 02	OCT 09	OCT 18	OCT 23	OCT 24	OCT 28	NOV 07	NOV 14	NOV 28
OCT 16	OCT 23	NOV 01	NOV 20	NOV 21	NOV 25	DEC 05	DEC 12	DEC 26
OCT 30	NOV 06	NOV 15	NOV 20	NOV 21	NOV 25	DEC 05	DEC 12	DEC 26
NOV 20	NOV 27	DEC 06	DEC 18	DEC 19	DEC 23	JAN 02 '13	TBD	TBD
DEC 04	DEC 11	DEC 20	JAN 22'13	JAN 23'13	JAN 27'13	FEB 06 '13	TBD	TBD

APPLICANT MUST BE PRESENT FOR ITEMS TO BE HEARD.

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)

All meetings are subject to change or cancellation

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