

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

FOR STAFF USE ONLY:

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

B-CASE DEVELOPMENT APPLICATION

(Incomplete Applications will not be accepted.)

Type/Purpose of Development Request:

_____ Sign Waiver _____ Variance

Project Name: _____

Project Address (if applicable): _____

Project Location: _____

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

Project Description: _____

(include all requested code deviations; e.g. reduction in required number of parking spaces, etc.)

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

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

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

SIGN WAIVER AND VARIANCE 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 sign waiver and variance:

- 1. A completed City of Tamarac B-Case Development Application.
- 2. Justification Letter
 - a) for Sign Waiver should illustrate that there is a case of undue and unnecessary hardship because of unique or unusual conditions pertaining to the building or parcel or property in question (Sec. 18-42).
 - b) for a Variance Sec. 24-71(a)(2) 1-6 must be addressed and proven.
- 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) copy of a signed and sealed "As-Built" survey dated within the past thirty (30) days.
- 6. Ten (10) copies of a site plan (signed and sealed) (for Sign Waivers please provide ten (10) copies of sign plans as well).
- 7. Completed Public Hearing Affidavit.
- 8. Completed Public Notification Affidavit.
- 9. Local Publication Agency fee Affidavit. (All site specific applications)
- 9. Appropriate review fee.
- 10. Completion of Public Notification process. (Submittal of an affidavit for property owners within a 400 foot radius of said property from a planning and zoning consultant, real estate research company, land surveyor, etc.) A map of the notified parties (jpg.file)

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.”

STATE OF FLORIDA
COUNTY OF BROWARD

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 Revision (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

STATE OF FLORIDA
COUNTY OF BROWARD

AFFIDAVIT

I, _____, do swear and affirm:

That I have mailed _____ to the adjacent property owners
within four hundred (400') feet of the _____ project on

_____, 200 __, for a hearing to be held before

the City of Tamarac's Planning Board and City Commission (circle one) on

_____, 200__.

SEAL

Further affiant sayeth not.

Affiant Signature

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

My commission expires: _____

Notary Public

Local Publication Agency Fee

(All site specific applications)

Recovery of cost of public notification fees in local publication advertisements:

(1)There is hereby imposed a fee for all site specific projects which will be processed through the Quasi-Judicial hearing process therefore requiring additional public notification in local publication. The fee(s) associated with these publications will be determined at a later date and the applicant will be notified of the associated fee(s) by invoice from our Financial Services Department, when deemed necessary by the Director of Community Development. Such fee shall be equal in amount to the actual costs, as determined by the by the City’s outside local publication agency.

THIS FORM MUST BE RETURNED AT THE TIME OF SUBMITTAL.

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

(Print Name of Designated Agent)

Phone: _____

Fax: _____

STATE OF FLORIDA:

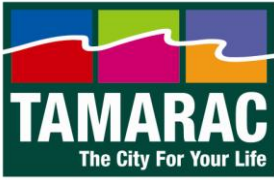
COUNTY OF BROWARD:

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____, property owner, who is personally known to me or who has produced identification (_____) (type of identification) and who (did/did not) take an oath.

Notary Public State of Florida:

My Commission Expires:

Type or print name of Notary:



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**APPLICATIONS FOR PUBLIC HEARING SCHEDULE
(No DRC)**

2010

SUBMITTAL DEADLINE	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
Monday	Tuesday	Wednesday	Wednesday	Wednesday	Wednesday	Wednesday
NOV 09	NOV 17	NOV 18	NOV 22	DEC 02	DEC 30	JAN 13
DEC 07	DEC 22	DEC 23	DEC 27	JAN 06	JAN 13	JAN 27
JAN 04	JAN 19	JAN 20	JAN 24	FEB 03	FEB 10	FEB 24
FEB 01	FEB 16	FEB 17	FEB 21	MAR 03	MAR 10	MAR 24
MAR 08	MAR 23	MAR 24	MAR 28	APR 07	APR 14	APR 28
APR 05	APR 20	APR 21	APR 25	MAY 05	MAY 12	MAY 26
MAY 03	MAY 18	MAY 19	MAY 23	JUN 02	JUN 09	JUN 23
JUN 07	JUN 22	JUN 23	JUN 27	JUL 07	JUL 14	JUL 28
JUN 28	JUL 20	JUL 21	JUL 25	AUG 04	AUG 11	AUG 25
AUG 02	AUG 17	AUG 18	AUG 22	SEPT 01	SEPT 08	SEPT 22
AUG 30	SEPT 21	SEPT 22	SEPT 26	OCT 06	OCT 13	OCT 27
OCT 04	OCT 19	OCT 20	OCT 24	NOV 03	NOV 10	NOV 24
NOV 01	NOV 16	NOV 17	NOV 21	DEC 01	DEC 08	DEC 22

Applications Include: Variances, Sign Waivers, Special Exceptions, etc.

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.

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.