

Community Development  
 7525 NW 88<sup>th</sup> 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:** \_\_\_\_\_

**SP-CASE DEVELOPMENT APPLICATION**

(Incomplete Applications will not be accepted.)

**Type/Purpose of Development Request:**

\_\_\_\_\_ Administrative Minor Revised Site Plan    \_\_\_\_\_ Minor Revised Site Plan

**Project Name:** \_\_\_\_\_

**Project Address (if applicable):** \_\_\_\_\_

**Project Location:** \_\_\_\_\_

**Parcel Size:** \_\_\_\_\_ acres/sq. ft. **Folio No.** \_\_\_\_\_

**Project Description:** \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

(identify modifications being made to the site including # of units, sq. footage, 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.*

**NEW DEVELOPMENT SITE PLAN, MAJOR/MINOR REVISED SITE PLAN,  
ADMINISTRATIVE MINOR REVISED SITE PLAN, AND MODEL SALES  
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 new development, major or minor revised site plans, and model sales:

- 1. A completed City of Tamarac SP-Case Development Application.
- 2. Justification Letter should narrate the proposed project, including, but not limited to, scope of work, size, history or company background, benefits of development to city, economic analysis, possible tenants/companies, etc.
- 3. 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.
- 4. Proof of property ownership (i.e. deed, property appraiser, or contract to purchase).
- 5. One (1) copy of a signed and sealed "As-Built" survey dated within the past thirty (30) days.
- 6. Six (6) signed, sealed, and folded copies of a site plan (For site plan requirements refer to Article III. Site Plan Submission Section 10-46 through Section 10- 101.), landscape plan, architectural elevations, preliminary engineering, and lighting plan. For model sale requirements see Sec. 24-613.
- 7. 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)**

**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

# ENGINEERING PLAN REVIEW FEE SCHEDULE

Pursuant to Resolution No. R-2007-82

**Engineering Fees (to be paid upon each improvement submittal)**

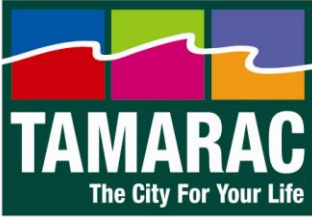
Development Review Committee (Site Plan Reviews).....\$300.00

Development Review Committee (Site Plan Revisions).....\$150.00

Development Review Committee (Plat Reviews).....\$300.00

Development Review Committee (Delegation Request Reviews).....\$150.00

Development Review Committee (Vacation of Easements/Right-of-Ways)..\$100.00



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**SITE DEVELOPMENT PLAN APPROVAL SCHEDULE**

**2010**

<b>CUT OFF New Submittals</b>	<b>CUT OFF Revised Submittals</b>	<b>DEVELOPMENT COMMITTEE MEETING</b>
<b>Tuesday</b>	<b>Tuesday</b>	<b>Thursday</b>
DEC 21'09	DEC 29'09	JAN 07
JAN 05	JAN 12	JAN 21
JAN 19	JAN 26	FEB 04
FEB 02	FEB 09	FEB 18
FEB 16	FEB 23	MAR 04
MAR 02	MAR 09	MAR 18
MAR 16	MAR 23	APR 01
MAR 30	APR 06	APR 15
APR 20	APR 27	MAY 06
MAY 04	MAY 11	MAY 20
MAY 18	MAY 25	JUN 03
JUN 01	JUN 08	JUN 17
JUN 15	JUN 22	JUL 01
JUN 28	JUL 06	JUL 15
JUL 20	JUL 27	AUG 05
AUG 03	AUG 10	AUG 19
AUG 17	AUG 24	SEPT 02
AUG 31	SEPT 07	SEPT 16
SEPT 21	SEPT 28	OCT 07
OCT 05	OCT 12	OCT 21
OCT 19	OCT 26	NOV 04
NOV 02	NOV 09	NOV 18
NOV 09	NOV 16	DEC 02
NOV 30	DEC 07	DEC 16

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.**