

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:** \_\_\_\_\_

**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: _____
_____
<i>NOTE: Must also include notarized designation of quasi-judicial form.</i>

## **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. Local Publication Agency Fee form (All site specific applications)
- 8. Appropriate development fee.
- 9. Completed Public Hearing Sign Affidavit (due within 7 days of application submittal.)
- 10. Completed Public Notification Affidavit (due 7 days prior to the scheduled hearing date.)
- 11. 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 consultants, real estate research company, land surveyor, etc.) A map of the notified parties (jpg.file) all due 7 days prior to scheduled hearing.

**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 \_\_\_\_\_, 20\_\_, 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 EACH RIGHT-OF-WAY OF THE PROPERTY. THE SIGN MUST BE POSTED WITHIN SEVEN (7) DAYS OF THE APPLICATION SUBMITTAL.**

**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

## Public Notice Sign Affidavit

I, \_\_\_\_\_, do swear and  
affirm:

1. That I have posted a Notice of Public Hearing on the property on  
\_\_\_\_\_, 20 \_\_, for a hearing to be held before  
the City of  
Tamarac's City Commission, Planning Board, Board of Adjustment  
(circle one) on \_\_\_\_\_, 20 \_\_.

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 \_\_\_\_\_, 20 \_\_

,

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 \_\_\_\_\_, 20\_\_

.

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

## Public Notification Affidavit

I, \_\_\_\_\_, do swear and affirm:

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

\_\_\_\_\_, 20 \_\_, for a hearing to be held before

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

\_\_\_\_\_, 20\_\_.

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 Affidavit**

(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:**

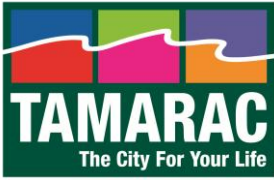
\_\_\_\_\_

**My Commission Expires:**

\_\_\_\_\_

**Type or print name of Notary:**

\_\_\_\_\_



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## APPLICATIONS FOR PUBLIC HEARING SCHEDULE

### 2012

SUBMITTAL DATE	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	Wednesday	Sunday	Wednesday	Wednesday	Wednesday
DEC 06	DEC 20	DEC 21	DEC 25	JAN 04	JAN 11	JAN 25
JAN 03	JAN 17	JAN 18	JAN 22	FEB 01	FEB 08	FEB 22
FEB 07	FEB 21	FEB 22	FEB 26	MAR 07	MAR 14	MAR 28
MAR 06	MAR 20	MAR 21	MAR 25	APR 04	APR 11	APR 25
APR 03	APR 17	APR 18	APR 22	MAY 02	MAY 09	MAY 23
MAY 08	MAY 22	MAY 23	MAY 27	JUN 06	JUN 13	JUN 27
JUN 05	JUN 19	JUN 20	JUN 24	JUL 04*	JUL 11	JUL 25
JUL 03	JUL 17	JUL 18	JUL 22	AUG 01	AUG 08	AUG 22
AUG 07	AUG 21	AUG 22	AUG 26	SEPT 05	SEPT 11(Tues.)	SEPT 25(Tues.)
SEPT 04	SEPT 18	SEPT 19	SEPT 23	OCT 03	OCT 10	OCT 24
OCT 09	OCT 23	OCT 24	OCT 28	NOV 07	NOV 14	NOV 28
NOV 06	NOV 20	NOV 21	NOV 25	DEC 05	DEC 12	DEC 26
DEC 04	DEC 18	DEC 19	DEC 23	JAN 02 '13	TBD	TBD

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

#### 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.