

## HEARING BOARDS

### SPECIAL APPEARANCE CHECKLIST

\_\_\_\_\_  
Reviewer Name

\_\_\_\_\_  
Review Date

\_\_\_\_\_  
Applicant Name and Contact Info

\_\_\_\_\_  
Location/Project Name

- |                              |                             |                              |   |
|------------------------------|-----------------------------|------------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Letter of Intent indicating reason(s) for appearance                        |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | All other pertinent documents related to the item                           |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | All applicable addresses listed   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | One original survey dated within six months                                 |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Two (2) 11x17" and one (1) 8½x11" copies of the survey                      |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | One original plan signed by all departments (HB, PW, Z & P)                 |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Two (2) 11x17" and one (1) 8½x11" copies of the original plan               |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Zoning Write-up   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Code Enforcement violation(s)   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Proof of Lobbyist Registration  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Current Photos  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Recorded Warranty Deed/Tax Records  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | "Exhibit A" to match with survey  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Affidavit of Authority to Act   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Disclosure of Ownership of all owners                                       |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Disclosure of Agreement to Support or Withhold Objection                    |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Certified list of adjacent owners within 500 feet                           |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Certificate from Tallahassee of all owners dated within 1 year              |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Corporate Resolution or Power of Attorney of all owners                     |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Non-profits: List of Board of Directors of all owners                       |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Disclosure of Ownership of all contract purchasers                          |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Certificate from Tallahassee of all contract purchasers dated within 1 year |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Corporate Reso or Power of Attorney of all contract purchasers              |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Non-profits: List of Board of Directors of all contract purchasers          |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Paid receipt (CC: \$2,000 x \$3.50 x property owners w/in 500')             |

\*If pertinent information above is missing, all documents must be returned to applicant.

\*If all pertinent information is presented, date stamp and initial the application.

**AFFIDAVIT OF AUTHORITY TO ACT**

Before me this day, the undersigned personally appeared \_\_\_\_\_  
\_\_\_\_\_, who being by me first deposes and says:

1. That he/she is the owner or the legal representative of the owner, submitting the public hearing application as required by the Code of the City of Miami, Florida, affecting the real property located in the City of Miami, as listed on the foregoing pages.
2. That all owners who he/she represents, if any, have given his/her full and complete permission for him/her to act in his/her behalf for the change or modification of a classification or regulation of zoning as set out in the foregoing petition,  including **or**  not including responses to day to day staff inquires.
3. That the foregoing and following pages are part of this affidavit and contain the current names, mailing addresses, telephone numbers and legal descriptions of the real property of which he/she is the owner or legal representative.
4. That the facts, as represented in the application and documents submitted in conjunction with this affidavit, are true and correct.

Further Affiant sayeth not.

\_\_\_\_\_  
Applicant(s) Name

\_\_\_\_\_  
Applicant(s) Signature

STATE OF FLORIDA -- COUNTY OF MIAMI-DADE

The foregoing was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_  
20\_\_\_\_\_, by \_\_\_\_\_  
who is a(n) **individual/partner/agent/corporation** of \_\_\_\_\_  
a(n) **individual/partnership/corporation**. He/She is personally known to me or who  
has produced \_\_\_\_\_ as identification and who did (did not) take an oath.

(Stamp)

\_\_\_\_\_  
Signature

**DISCLOSURE OF OWNERSHIP**

1. List the owner(s) of the subject property **and** percentage of ownership. **Note:** The Miami City Code requires disclosure of all parties having a financial interest, either direct or indirect, with respect to a presentation, request or petition. Accordingly, disclosure of shareholders of corporations, beneficiaries of trusts, and/or any other interested parties, together with their address(es) and proportionate interest are required. Please supply additional lists, if necessary.

Owner's Name(es) \_\_\_\_\_

Percentage of Ownership \_\_\_\_\_

Subject Property Address(es) \_\_\_\_\_

\_\_\_\_\_

2. List all street address(es) and legal description(s) of any property located within 500 feet of the subject property owned by any and all parties listed in question #1 above. Please supply additional lists, if necessary.

Street Address(es):

Legal Description(s):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Owner(s) or Attorney Name

\_\_\_\_\_  
Owner(s) or Attorney Signature

STATE OF FLORIDA -- COUNTY OF MIAMI-DADE

The foregoing was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_  
20\_\_\_\_\_, by \_\_\_\_\_

who is a(n) **individual/partner/agent/corporation** of \_\_\_\_\_  
a(n) **individual/partnership/corporation**. He/She is personally known to me or who  
has produced \_\_\_\_\_ as identification and who did (did not) take an oath.

(Stamp)

\_\_\_\_\_  
Signature

## PREPARING LIST OF PROPERTY OWNERS WITHIN 500 FEET

You will **only** be responsible for providing the documents as instructed below in order to meet the filing criteria. You will **not** need to obtain signatures from any of your neighbors before, during, or after the public hearing process.

Below is the format required for preparing the ownership list of real estate properties within 500 feet of the subject property. This information must reflect the most current records on file in the Miami-Dade County Tax Assessor's Office. If you have any questions, please call us at **305-416-2030**.

- **Should you wish, you may obtain this information from a real estate consultant found in the yellow pages of your phone book.**

1. COVER LETTER – You may use the format shown on the following page. The letter is to be signed by the person who composed the list.
2. MAP – A map of the property showing the radius—from the outside boundary of the site—indicating all properties within a 500-foot radius.
3. OWNERSHIP LIST – The list should include the owners' name(s), mailing address, property street address(es) and legal descriptions, **including individual unit owners of condominiums**. This list *must* be provided in the format shown below.

### OWNERSHIP LIST

Legal Description:

SUBDIVISION NAME (Plat Book/Page)  
Block #, Lot #,  
Street Address

Mailing Label:

Owner's Name(s) and  
Mailing Address  
City, State Zip Code

Example:

A.L. KNOWLTON'S MAP OF MIAMI (B-41)  
Block 1, Lot 2  
345 SW 6<sup>th</sup> Street

JOHN SMITH  
123 SW 4<sup>th</sup> Street  
Miami, Florida 33156

4. MAILING LABELS – **Three (3) sets** showing *only* the name and mailing address of all property owner(s) listed in the ownership list, as in the example above, using one space per name. Be sure to observe the margins of each space. Please avoid duplication of labels where the same owner name with the same property address appears more than once.

\_\_\_\_\_

Date

CITY OF MIAMI  
HEARING BOARDS  
P O BOX 330708  
MIAMI, FL 33233-0708

Re: Property Owner's List Within 500 Feet of:

\_\_\_\_\_

Street Address(es)

**Total number of labels without repetition:** \_\_\_\_\_.

I certify that the attached ownership list, map and mailing labels are a complete and accurate representation of the real estate property and property owners within a 500-foot radius of the subject property listed above. This information reflects the most current records on file in the Miami-Dade County Tax Assessor's Office.

Sincerely,

\_\_\_\_\_

Signature

\_\_\_\_\_

Name or Company Name

\_\_\_\_\_

Address

\_\_\_\_\_

Telephone

\_\_\_\_\_

E-mail