

COMPREHENSIVE PLAN APPLICATION

HEARING BOARDS

444 SW 2nd Avenue, 7th Floor ♦ Miami, Florida 33130 ♦ Telephone 305-416-2030
www.miamigov.com/hearing_boards

Welcome to the City of Miami! This application is intended to serve as a guide in assisting you with our public hearing process. Please feel free to contact us, should you have any questions.

The deadline to file the complete application with supporting documents is the **last five working days of each month from 8:00 am until 3:00 pm, except on the fifth day, until 12:00 pm.** **The application submittal date is the date stamped by Hearing Boards' staff on this page.**

The responses to this application must be ***typed and signed in black ink***. All pertinent and accurate information/documentation; i.e., the plans, reports, exhibits, shall be presented at the time of filing, in addition to the paid receipt. The applicant is responsible for the accuracy of the information contained in the application and all supporting materials. Should you wish, you could bring the materials to our office for review before the deadline to ensure completeness.

You will be responsible, if needed, to bring an interpreter for the English language to any presentation before city boards, committees and the city commission. A valid power of attorney will be required if neither applicant or legal counsel representing the applicant execute the application or desire to make a presentation before city boards, committees and the city commission. All documents, reports, studies, exhibits (8½x11") or other materials submitted during this process will be kept as part of the record. Any documents offered to the Planning, Zoning and Appeals Board and the City Commission, which have not been provided fifteen (15) days before the meeting as part of the agenda materials will be entered into the record at the discretion of the aforementioned Board and Commission.

ORDINANCE NO. 11469, CODIFIED IN CHAPTER 2, ARTICLE VI OF THE CITY CODE STATES THAT ANY PERSON WHO RECEIVES COMPENSATION, REMUNERATION OR EXPENSES FOR CONDUCTING LOBBYING ACTIVITIES TO REGISTER AS A LOBBYIST WITH THE CITY CLERK, PRIOR TO ENGAGING IN LOBBYING ACTIVITIES BEFORE CITY STAFF, BOARDS, COMMITTEES AND THE CITY COMMISSION. A COPY OF SAID ORDINANCE IS AVAILABLE IN THE OFFICE OF THE CITY CLERK (MIAMI CITY HALL), LOCATED AT 3500 PAN AMERICAN DRIVE, MIAMI, FLORIDA, 33133.

Ordinance No. 12918 states that each person or entity requesting approval, relief or other action from the City Commission or any of its boards, authorities, agencies, councils or committees regarding any issue, shall disclose at the commencement (or continuance) of the public hearing(s) on the issue, any consideration provided or committed, directly or on its behalf, for an agreement to support or withhold objection to the requested approval, relief or action. The *Disclosure of Consideration Provided or Committed for Agreement to Support or Withhold Objection Affidavit* included in this package must be submitted with the application. The applicant must, at the commencement of any public hearing on the issue, if there is any disclosure to report, read the disclosure into the record. Also, the applicant must supplement the affidavit if there is any new information or additional information to disclose.

Copies of City Commission resolutions and ordinances can be obtained at our website through the "Legislative Hub", or for certified copies, contact the City Clerk's Office at 305-250-5360.

COMPREHENSIVE PLAN APPLICATION

Please refer to Section 62-31 of the Miami City Code for Comprehensive Plan information.

1. Applicant(s): _____
2. Subject property address(es) and folio number(s): _____
3. Present designation(s): _____
4. Future designation(s): _____
5. If the requested Land Use is approved, will a Rezoning be requested for consistency with the Zoning Atlas, per F.S. 163.3184(3)(e)? _____ If yes, please contact Planning at 305-416-1400.
6. Has the designation of this property been changed in the last year? If so, when? _____
7. Do you own any other property within 200 feet of the subject property? _____
If yes, has the property been granted a Land Use Change within the last year? _____
8. One (1) original, two (2) 11x17" copies and one (1) 8½x11 copy of the survey of the property prepared by a State of Florida registered land surveyor within six (6) months from the date of the application.
9. A clear and legible copy of the recorded warranty deed and tax forms of the most current year showing the present owner(s) and legal description of the property to match the legal description on the survey.
10. A clear and legible copy of the subject property address(es) and legal description(s) on a separate sheet, labeled as "Exhibit A", to match with the current survey's legal description.
11. At least two photographs showing the entire property showing land and improvements.
12. Copy of the lobbyist registration processed by the Office of the City Clerk, if applicable.
13. *Affidavit of Authority to Act* and the *Disclosure of Ownership* of all owner—and contract purchasers, if applicable—of the subject property.
14. For all corporations and partnerships indicated:
 - a) Articles of Incorporation;
 - b) Certificate from Tallahassee showing good standing, less than one (1) year old;
 - c) Corporate Resolution or a Power of Attorney signed by the secretary of the Corporation authorizing the person who signed the application to do so;
 - d) Non-profit organizations: A list of Board of Directors less than one (1) year old.
15. Certified list of owners of real estate within 500 feet of the subject property.
16. Original *Disclosure of Consideration Provided or Committed for Agreement to Support or Withhold Objection Affidavit*.
17. Original Public School *Concurrency Management System Entered Requirements* form.

COMPREHENSIVE PLAN APPLICATION

18. The subject property(ies) **cannot** have any open code enforcement/lien violations.
19. What is the acreage of the project/property site? _____
20. What is the purpose of this application/nature of proposed use? _____
21. Is the property within the boundaries of a historic site, historic district or archeological zone? Please contact the Planning Department on the 3rd Floor for information. _____
22. Is the property within the boundaries of an Environmental Preservation District? Please contact the Planning Department on the 3rd Floor for information. _____
23. Is the property within the Coastal High Hazard Area (CHHA)? Please contact the Planning Department on the 3rd Floor for information and further instructions. _____

24. Cost of processing according to Section 62-156 of the Miami City Code*:

Application to Amend the Comprehensive Neighborhood Plan to:

- | | |
|---|-------------|
| a. Conservation, Recreation, Residential Single Family, Residential Duplex | \$ 300.00 |
| b. Residential Medium Density Multifamily | \$ 450.00 |
| c. Residential High Density Multifamily, Office, Major Public Facilities, Transportation/Utilities | \$ 550.00 |
| d. Commercial/Restricted, Commercial/General and Industrial | \$ 650.00 |
| e. Central Business District (CBD) | \$ 1,200.00 |
| f. Surcharge for advertising each item | \$ 1,200.00 |
| Public hearing and public meeting mail notice fees, including cost of handling and mailing per notice | \$ 3.50 |

**Pursuant to Ordinance 12719, all planning and zoning fees in excess of \$25,000.00, shall be paid in the form of a certified check, cashier's check, or money order.*

Signature _____ Address _____
Name _____
Telephone _____ E-mail _____

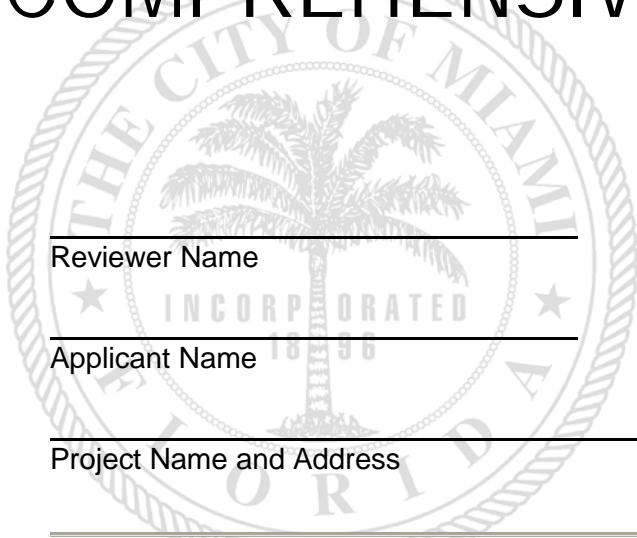
STATE OF FLORIDA -- COUNTY OF MIAMI-DADE

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 _____

COMPREHENSIVE PLAN CHECKLIST



Reviewer Name

Review Date

Applicant Name

Contact Information

Project Name and Address

- | | | | |
|------------------------------|-----------------------------|------------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | One original survey dated within six months of application, with building baseline established by the Department of Public Works |
| <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 | Current Zoning Referral |
| <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 | One (1) copy of Recorded Deed (legal description on Deed must match legal description on survey) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | "Exhibit A", legal description must match survey and Deed |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Current photos, two (2) minimum, showing the entire property |
| <hr/> | | | |
| <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 | 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 all contract purchasers |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Certificate of Status from Tallahassee dated within 1 year of application for Profit and Non-profit owners and contract purchasers |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Corporate Res. or Power of Atty. from all owners or Board of Directors |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Corp. Res. or Power of Atty. from all contract purchasers |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Non-profits: List of Board of Directors (owners) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Non-profits: List of Board of Directors (contract purchasers) |
| <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 | Public School Concurrency |
| <hr/> | | | |
| <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 | All property addresses subject to this request listed |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | All questions answered |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Paid receipt |

I, _____, **authorize any refund to be issued to** _____
 _____ (Name and Complete Address).

*If any information/documentation required above is missing, application is not accepted and all documents are returned to the applicant.

*If all required information/documentation is presented, date stamp and initial the application.