

SPECIAL APPEARANCE 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.

Applications given to customers do not constitute action from the City of Miami without plans review and written comments from the Office of Zoning.

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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

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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

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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 one individual from the condominium association** within the notification area. 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 6th Street

JOHN SMITH
123 SW 4th Street
Miami, Florida 33156

4. MAILING LABELS – **Six (6) 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.

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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

SPECIAL APPEARANCE 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 | 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 | 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 | Letter of Intent & other pertinent documents |
| <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.