



Planning, Zoning, and Code Compliance Department

CONDITIONAL USE APPLICATION

File # _____

Date of Pre-application meeting _____

Date Received _____

NOTE TO APPLICANT: A Pre-Application meeting with the Town's Planning, Zoning and Code Compliance Department Staff is required prior to filing an Application. Please call (305) 364-6100 for an appointment.

1. NAME OF APPLICANT _____
All property owners/lessees must participate as Applicant(s) or designate a representative to participate on their behalf.

- a. If Applicant is owner, give name exactly as recorded on deed.
- b. If Applicant is lessee, attach copy of valid lease of 1 year or more and Owner's Sworn-to-Consent form.
- c. If Applicant is corporation, partnership, limited partnership, or trustee, a separate Disclosure of Interest form must be completed.

Mailing Address _____

City _____ State _____ ZIP _____

Tel. # (during working hours) _____ Other _____

E-Mail: _____ Mobile #: _____

2. NAME OF PROPERTY OWNER _____

Mailing Address _____

City _____ State _____ ZIP _____

Tel. # (during working hours) _____ Other _____

3. CONTACT PERSON _____

Mailing Address _____

City _____ State _____ ZIP _____

Tel. # (during working hours) _____ Other _____

E-Mail: _____ Mobile #: _____



4. LEGAL DESCRIPTION OF THE PROPERTY COVERED BY THE APPLICATION

- a. If subdivided, provide lot, block, complete name of subdivision, plat book and page number.
- b. If metes and bounds description, provide complete description (including section, township, and range).
- c. Attach a separate typed sheet, if necessary. Please verify the accuracy of your legal description.

5. Address or location of property: _____

6. Size of property: _____ Square Feet / Acres

7. Date subject property acquired or leased _____ day of _____

Term of lease; _____ years/months.

8. Does property owner own contiguous property to the subject property? ___Yes ___No If yes, give complete legal description of entire contiguous property. (If lengthy, please type on a sheet labeled "Contiguous Property.")

9. Is there an option to purchase or lease the subject property or property contiguous thereto? Yes No

If yes, who are the potential purchasers or lessees? (Complete section of Disclosure of Interest form, also.)

10. Present zoning classification(s): _____ Present land use classification(s): _____

11. Describe the nature of the proposed use (i.e. types of activities, hours of operation, number of employees, any hazardous chemicals to be used, noise levels, techniques proposed to mitigate any potential negative impacts, etc. (attach additional sheets, if necessary).

12. Has a public hearing been held on this property within the last year and a half? Yes No

If yes, Applicant's name _____ Date of Hearing _____



Nature of Hearing _____

Decision of Hearing _____ Resolution # _____

13. Is this hearing being requested as a result of a violation notice? Yes No

If yes, give name to whom violation notice was served _____

Nature of violation _____

14. Are there any existing structures on the property? Yes No

If yes, briefly describe _____

15. Is there any existing use on the property? Yes No

If yes, what is the use and when was it established? Use _____

Established _____



OWNER OR TENANT AFFIDAVIT FOR INDIVIDUAL

STATE OF FLORIDA

Public Hearing No. _____

COUNTY OF MIAMI-DADE

Before me, the undersigned authority, personally appeared, hereinafter the Affiants, who being first duly sworn by me, on oath, depose and say:

- 1. Affiants are the fee owners of the property which is the subject of the proposed hearing.
2. The subject property is legally described as:
3. Affiants understand this affidavit is subject to the penalties of law for perjury and the possibility of voiding of any zoning granted at public hearing.
4. I, being first duly sworn, depose and say that I am the owner / tenant (circle one) of the property described and which is the subject matter of the proposed hearing; that all the answers to the questions in this application, and all sketch data and other supplementary matter attached to and made a part of the application are honest and true to the best of my knowledge and belief. I understand this application must be completed and accurate before a hearing can be advertised.

will represent me at the hearing.

Witnesses:

Affiant:

Signature

Affiant's Signature

Print Name

Print Name

Signature

Print Name

Sworn to and subscribed before me on the ___ day of ___, 20___. Affiant is personally known to me or has produced ___ as identification.

Notary (Stamp/Seal)

My Commission Expires: _____



OWNER OR TENANT AFFIDAVIT
FOR CORPORATION

STATE OF FLORIDA

Public Hearing No. _____

COUNTY OF MIAMI-DADE

Before me, the undersigned authority, personally appeared, hereinafter the Affiants, who being first duly sworn by me, on oath, depose and say:

1. Affiants are the fee owners of the property which is the subject of the proposed hearing.
2. The subject property is legally described as: _____

3. Affiants understand this affidavit is subject to the penalties of law for perjury and the possibility of voiding of any zoning granted at public hearing.
4. I, _____, as _____ (title) of _____ (name of corporate entity), being first duly sworn, depose and say that _____ (name of corporate entity) is the owner / tenant (**circle one**) of the property described and which is the subject matter of the proposed hearing; that all the answers to the questions in this application, and all sketch data and other supplementary matter attached to and made a part of the application are honest and true to the best of my knowledge and belief. I understand this application must be completed and accurate before a hearing can be advertised.

_____ will represent me at the hearing.

Witnesses:

Affiant:

Signature

Affiant's Signature

Print Name

Print Name

Signature

Print Name

Sworn to and subscribed before me on the ____ day of _____, 20___. Affiant is personally known to me or has produced _____ as identification.



Notary
(Stamp/Seal)

My Commission Expires: _____



OWNER AFFIDAVIT
FOR TRUSTEE

STATE OF _____

Public Hearing No. _____

COUNTY OF _____

Before me, the undersigned authority, personally appeared _____
_____, hereinafter the Affiant, who being duly sworn by me, on oath, deposes
and says:

1. Affiant is the Trustee of the Trust which owns the property which is the subject of the proposed hearing.
2. Affiant is legally authorized as Trustee to apply for the proposed hearing.
3. The subject property is legally described as: _____

4. Affiant understands this affidavit is subject to the penalties of law for perjury and the possibility of voiding of any zoning granted at public hearing.
5. I, _____, as _____ (title) of _____ (name of trust), being first duly sworn, depose and say that _____ (name of trust) is the owner of the property described and which is the subject matter of the proposed hearing; that all the answers to the questions in this application, and all sketch data and other supplementary matter attached to and made a part of the application are honest and true to the best of my knowledge and belief. I understand this application must be completed and accurate before a hearing can be advertised.

_____ will represent me at the hearing.

Witnesses:

Signature

Affiant's Signature

Print Name

Print Name

Signature

Print Name



Sworn to and subscribed before me on the ____ day of _____, 20 ____ . Affiant is personally known to
me or has produced _____ as identification.

Notary Public, State of _____

My Commission Expires:

Print Name



DISCLOSURE OF INTEREST*

If a CORPORATION owns or leases the subject property, list principal stockholders and percent of stock owned by each. [Note: Where principal officers or stockholders consist of other corporation(s), trust(s), partnership(s) or similar entities, further disclosure shall be made to identify the natural persons having the ultimate ownership interest.]

CORPORATION NAME: _____

| NAME AND ADDRESS: _____ | Percentage of Stock |
|-------------------------|---------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

If a TRUST or ESTATE owns or leases the subject property, list the trust beneficiaries and percent of interest held by each. [Note: Where beneficiaries are other than natural persons, further disclosure shall be made to identify the natural persons having the ultimate ownership interest.]

TRUST / ESTATE NAME: _____

| NAME AND ADDRESS: _____ | Percentage of Interest |
|-------------------------|------------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

If a PARTNERSHIP owns or leases the subject property, list the principals including general and limited partners. [Note: Where partner(s) consist of other partnership(s), corporation(s), trust(s), or similar entities, further disclosure shall be made to identify the natural persons having the ultimate ownership interests.]

PARTNERSHIP OR LIMITED PARTNERSHIP NAME: _____



NAME AND ADDRESS: _____

Percent of Ownership



If there is a CONTRACT FOR PURCHASE by a Corporation, Trust, or Partnership, list purchasers below, including principal officers, stockholders, beneficiaries, or partners. [Note: Where principal officers, stockholders, beneficiaries, or partners consist of other corporation, trusts, partnerships, or similar entities, further disclosure shall be made to identify natural persons having ultimate ownership interests.]

NAME OF PURCHASER: _____

| NAME, ADDRESS, AND OFFICE (if applicable): _____ | Percentage of Interest |
|--|------------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Date of Contract: _____

If any contingency clause or contract terms involve additional parties, list all individuals or officers if a corporation, partnership, or trust:

NOTICE: For changes of ownership or changes in purchase contracts after the date of the application, but prior to the date of final public hearing, a supplemental disclosure of interest is required.

Signature: _____
(Applicant)

Sworn to and subscribed before me this _____ day of _____. Affiant is personally known to me or has produced _____ as identification.

(Notary Public)



My commission expires _____

* Disclosure shall not be required of: (1) any entity, the equity interests in which are regularly traded on an established securities market in the United States or another country; or (2) pension funds or pension trusts or more than five thousand (5,000) ownership interests; or (3) any entity where ownership interests are held in a partnership, corporation, or trust consisting of more than five thousand (5,000) separate interests, including all interests at every level of ownership and where no one (1) person or entity holds more than a total of five percent (5%) of the ownership interest in the partnership, corporation, or trust. Entities whose ownership interests are held in a partnership, corporation, or trust consisting of more than five thousand (5,000) separate interests, including all interests at every level of ownership, shall only be required to disclose those ownership interests which exceed five percent (5%) of the ownership interests in the partnership, corporation, or trust.



ATTORNEY AFFIDAVIT

I, _____, of _____, (name of law firm) being first duly sworn, depose and say that I am a State of Florida Attorney at Law, and I am the Attorney for the Owner / Tenant (**circle one**) of the property described and which is the subject matter of the proposed application; that all the answers to the questions in this application, and all sketch data and other supplementary matter attached and made a part of this application are honest and true to the best of my knowledge and belief. I understand this application must be completed and accurate before a hearing can be advertised. I also acknowledge that I must fill out the Town's Consultant Disclosure Form and/or Lobbyist Registration Form prior to the Administrator's final decision.

Attorney's Signature

Print Name

Sworn to and subscribed before me on the ____ day of _____, 20___. Affiant is personally known to me or has produced _____ as identification.

Notary Public, State of _____

My Commission Expires:

Print Name