



## Planning, Zoning, and Code Compliance Department

### SITE PLAN APPLICATION

File # \_\_\_\_\_

Date of Pre-application meeting \_\_\_\_\_

Date Received \_\_\_\_\_

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

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5. Address or location of property: \_\_\_\_\_

6. Size of property: \_\_\_\_\_ × \_\_\_\_\_ 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? If so, give complete legal description of entire contiguous property. (If lengthy, please type on a sheet labeled "Contiguous Property.")

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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.)

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10. Present zoning classification(s): \_\_\_\_\_ Present land use classification(s): \_\_\_\_\_

11. Is site plan approval being requested as a result of a violation notice?  Yes  No

If yes, give name to whom violation notice was served \_\_\_\_\_

Nature of violation \_\_\_\_\_

12. Please describe proposed improvements in detail (include additional sheets if necessary):

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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

OWNER AFFIDAVIT

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:

\_\_\_\_\_

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