

Development Services Department
1515 NW 167th Street, Bldg.5, Suite 200
Miami Gardens, Florida 33169
Phone: (305) 622-8023
Fax: (305) 622- 8857
www.miamigardens-fl.gov



Office Use Only

Date Received: _____

Process No. _____

LANDSCAPE PLAN APPROVAL APPLICATION (Commercial, Industrial, Multiple Family Residential, Other Nonresidential)

TYPE OF APPLICATION (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> New Construction | <input type="checkbox"/> Landscape plan revision |
| <input type="checkbox"/> Redevelopment/Renovation | <input type="checkbox"/> Pending building permit |
| <input type="checkbox"/> Compliance with Land Development Regulations | <input type="checkbox"/> Existing tree removal/relocation required |

APPLICANT INFORMATION:

APPLICANT'S MAILING ADDRESS, TELEPHONE NUMBER:

Name of Applicant: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone#: _____ E-mail: _____

OWNER INFORMATION:

OWNER'S NAME, MAILING ADDRESS, TELEPHONE NUMBER:

Owner's Name (Provide name of ALL owners): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone#: _____ E-mail: _____

DULY APPOINTED AGENT INFORMATION:

CONTACT PERSON, MAILING ADDRESS, TELEPHONE NUMBER:

Contact Name: _____ Company: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone#: _____ E-mail: _____

PROJECT INFORMATION:

1. PROJECT NAME: _____

2. LIST FOLIO NUMBER OF ALL PARCELS:

ADDRESS OR LOCATION OF PROPERTY:

(for location, provide general location i.e. NE corner of, etc.)

SUBMITTAL CHECKLIST

<u>Required</u>	<u>Provided</u>	<u>Description</u>
<input type="checkbox"/>	<input type="checkbox"/>	Application – original application <u>completely</u> filled out and properly executed.
<input type="checkbox"/>	<input type="checkbox"/>	Landscape plans – two (2) sets of landscape plans showing the required information. Please see attached instructions and guidelines for information required.
<input type="checkbox"/>	<input type="checkbox"/>	Landscape Plan Table – two (2) copies of completed table required. Follow required information contained in code, excerpts attached.
<input type="checkbox"/>	<input type="checkbox"/>	Tree Removal/Relocation Permit – required ONLY if there are any trees to be removed or relocated requiring a permit. This is a separate application. See Instructions and Guidelines enclosed for details.
<input type="checkbox"/>	<input type="checkbox"/>	PDF files - of all drawings and submission
<input type="checkbox"/>	<input type="checkbox"/>	Applicant Affidavit – fully executed. See enclosed.
<input type="checkbox"/>	<input type="checkbox"/>	Fees: See fee schedule below.

FEE SCHEDULE

<u>Description</u>	<u>Fee</u>	<u>Applicable</u>
ZLSP04 - Landscape Plan review fee	\$3413.00	\$3413.00
ZLSP06 - Landscape Plan Revision	\$384.00	\$0
80% Discount until April 2012	80% discount	\$-2730.40
Subtotal		\$ 682.60
Surcharge of 15%	15%	\$102.40
Grand Total		<u>\$ 785.00</u>

NOTE: Please make all checks payable to 'City of Miami Gardens' / Cash, Credit or Debit accepted

APPLICANT AFFIDAVIT

PROPERTY OWNER

(I)(WE), being first duly sworn, depose and say that (I am) (we are) the owner, duly authorized to sign on behalf of the property owner, of the property herein described and which is the subject matter of the proposed application. (I)(WE) certify that all the forgoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

And,

(I) (WE) hereby authorize _____, as the contractor , applicant or contact person to submit and obtain the necessary permit(s).

Property Owner Signature: _____ Print Name: _____

Sworn to and subscribed before me on the _____ day of _____, 20____.

Personally known to me Produced Identification Type of Identification _____

Notary

(Stamp/Seal)

Commission Expires:

GENERAL REQUIREMENTS FOR FILING THIS APPLICATION

Applicants should refer to all applicable regulations prior to filing an application and should include all necessary information for compliance with the City's landscape regulations.

Code requirements. In addition to the application requirements provided herein, see additional provisions in **Article XIV, MINIMUM LANDSCAPE AND BUFFERING REQUIREMENTS, FENCES, WALLS, HEDGES, of the City's Land Development Regulations** for specific regulations that may impact your application. The City's Land Development Regulations is available on the City of Miami Garden's website www.miamigardens-fl.gov

Landscape manual reference. The City has an Interim Landscape Manual which is based on the Miami-Dade County Landscape Manual and is available at the Planning and Zoning Department. Applicants should reference the City's landscape manual, which provides an illustrative and descriptive interpretation of the standards and suggested guide for landscaping and irrigation in accordance with the City's standards and requirements. All plant material and installation requirements shall be consistent with the landscape manual. When street, shade, palm, trees, and hedging, sods and other vegetation are referenced they shall be installed and shall be consistent species as with those species listed in the landscape manual, unless otherwise specified.

Questions and inquiries. For questions and inquiries contact the Planning and Zoning Department at 305-622-8023.

Contact information and Resources:

Article XIV, MINIMUM LANDSCAPE AND BUFFERING REQUIREMENTS, FENCES, WALLS, HEDGES, of the City's Land Development Regulations (LDRs) www.miamigardens-fl.gov

City of Miami Gardens Landscape Manual www.miamigardens-fl.gov

City of Miami Gardens Planning and Zoning Department – Landscape Plan Approval 305-622-8023 www.miamigardens-fl.gov

City of Miami Gardens Building and Code Compliance Department – Final inspections, Irrigation permit information 305-622-8027, www.miamigardens-fl.gov

Miami –Dade County Department of Environmental Resources Management (DERM), Tree Resources Section 305-372-6600 www.miamidade.gov



Office Use Only

Date Received: _____

OWNER'S CERTIFICATE OF LANDSCAPE COMPLIANCE FOR FINAL INSPECTION

Commercial, Industrial, Multiple Family Residential and Nonresidential Development

PROCESS NUMBER _____

I/We hereby certify that as owner/agent for owner of Lot _____, Block _____, Subdivision name _____, P.B. _____ Page _____, (or metes and bounds) legal description _____

Located at (address) _____, that the landscaping and irrigation system (if applicable) have been installed in compliance with the approved plans and that all requirements of **Article XIV, MINIMUM LANDSCAPE AND BUFFERING REQUIREMENTS, FENCES, WALLS, HEDGES, of the City's of Miami Gardens Land Development Regulations** have been met.

I/We further certify that I/we am/are authorized under Chapter 481, Florida statutes to provide such certification.

Owner Signature

Agent's Signature

Print Name

Print Name

STATE OF _____

COUNTY OF _____

I, an officer authorized to take acknowledgments, according to the law and duly qualified and so acting, do hereby certify that on this date appeared before me _____, to me known to be the person described in and who executed the foregoing instrument and he/she acknowledged to me the execution thereof to be his/her free act and deed for the uses and purposes therein mentioned; Witness my signature and official seal this _____ day of _____, 201____, in the County and State aforesaid, the date and year last aforesaid.

Notary Public

Print Name

My Commission Expires: