

Development Services Department  
18605 NW 27<sup>th</sup> Ave  
Miami Gardens, Florida 33056  
Phone: (305) 622-8023  
Fax: (305) 626-4220  
www.miamigardens-fl.gov



**Office Use Only**

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

Process No. \_\_\_\_\_

## LANDSCAPE PLAN APPROVAL APPLICATION (Single Family Residence, Duplex, Townhouse)

**TYPE OF APPLICATION (check all that apply):**

- |   |  |
|---|--|
| <input type="checkbox"/> Residential (single family, duplex, townhouse) | <input type="checkbox"/> Landscape plan revision |
| <input type="checkbox"/> New home construction                          | <input type="checkbox"/> Pending building permit |
| <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: \_\_\_\_\_

**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**

<b>Required</b>	<b>Provided</b>	<b>Description</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>Application</b> – original application <u>completely</u> filled out and properly executed.
<input type="checkbox"/>	<input type="checkbox"/>	<b>Landscape plans</b> – one (1) sets of landscape plans showing the required information. Please see attached instructions and guidelines for information required.
<input type="checkbox"/>	<input type="checkbox"/>	<b>Landscape Plan Table</b> – one (1) copy of completed table required. Follow instructions and complete the table. Instructions and blank table are provided with the Instructions and Guidelines enclosed.
<input type="checkbox"/>	<input type="checkbox"/>	<b>Tree Removal/Relocation Permit</b> – 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"/>	<b>Applicant Affidavit</b> – fully executed. See enclosed.
<input type="checkbox"/>	<input type="checkbox"/>	<b>Fees:</b> See fee schedule below.

\*Survey may be required

**FEE SCHEDULE**

<b><u>Description</u></b>	<b><u>Fee</u></b>	<b><u>Applicable</u></b>
Landscape Plan review fee	\$126.00	\$126.00
Subtotal		<b>\$126.00</b>
Surcharge of 15%		\$18.90
Public Work review fee		\$80.00
<b>Grand Total</b>		<b>\$224.90</b>

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 foregoing 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:

**After the installation of all landscaping and irrigation and any tree removal or relocation.**

After the installation of all landscaping materials and irrigation and removal or relocation of any trees is complete a final inspection is required. A completed Certificate of Landscape Compliance form must be provided prior to or at time of final inspection, otherwise the final inspection cannot be passed. Complete the form and submit prior to the final inspection or have it available at the time of final inspection for the inspector.

**Approval of final inspection or issuance of certificate of occupancy.** The Administrative official or his designee shall inspect all landscaping and no certificate of occupancy or similar authorization will be issued unless the landscaping meets the requirements of the approved plans.

**Certification of landscape compliance required.** For a new single-family, townhouse, or duplex residence on its own lot or applicable existing development, the owner or owner's agent may certify in writing that landscape and irrigation improvements have been installed according to approved plan(s). A copy of the Certification of Landscape Compliance form is enclosed with this application, and is required to be completed prior to final inspection of the work.

**CONTACT INFORMATION AND RESOURCES:**

**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 (LDR) for specific regulations that may impact your application.

Miami-Dade County Landscape Manual:

<http://www.miamidade.gov/zoning/library/studies/landscape-manual-new-draft.pdf>

Miami –Dade County Tree Removal and Relocation permits: <http://www.miamidade.gov/permits/tree-removal.asp>

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

**LANDSCAPE PLAN TABLE**  
**Single family residences, duplex and townhouse units**  
**(Complete and submit this table with application)**

	Required	Provided	Species	Height, caliper and spacing
Shade trees				
Street trees				
Shrubs				
Sod, lawn cover Front yard area				
Other landscaping				
Tree removal and relocation				



**Office Use Only**

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

**OWNER'S CERTIFICATE OF LANDSCAPE COMPLIANCE FOR FINAL INSPECTION**  
**Single Family Residence, Duplex and Townhouse Units**

**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:**