

Planning and Zoning Division
18605 NW 27th Ave
Miami Gardens, Florida 33056
Phone: (305) 622-8023
Fax: (305) 626- 4220
www.miamigardens-fl.gov



Office Use Only
Date Received: _____
Process No. _____

ZONING HEARING APPLICATION

PROPERTY 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: _____

APPLICANT /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:**

3. **ADDRESS OR LOCATION OF PROPERTY:** _____
(for location, provide general location i.e. NE corner of, etc.)

4. **CURRENT ZONING CLASSIFICATION:** _____

5. **LEGAL DESCRIPTION:** _____
(Provide complete legal description, i.e., lot, block, subdivision name, plat book & page number, or a metes and bounds description; if additional room is necessary please attach on separate sheet. NOTE: All legal descriptions must also be submitted as part of this application in an electronic MICROSOFT WORD format.)

6. **SIZE OF PROPERTY (in acres):** _____ (divide total sq. ft. by 43,560 for acreage)

7. **TOTAL BUILDING SQUARE FOOTAGE (total gross square footage):** _____

8. **IS CONTIGUOUS PROPERTY OWNED BY THE SUBJECT PROPERTY OWNER(S)?**
 no yes.
(If yes, please provide legal description on separate sheet)

9. **IS THERE AN OPTION** to purchase or lease the subject property or property contiguous thereto?
 no yes.
(If yes, identify potential purchaser or lessee and complete 'Disclosure of Interest' form)

10. **APPLICATION TYPE** (Check all that apply and describe nature of the request in space provided)

Rezoning from: to

Special Exception Use for: in the zoning district.

Variance/waiver of Section(s) of the Land Development Regulations:
(list specific sections from the Land Development Regulations)

Modification of previously approved Resolution/Plan/Declaration of Restrictions:
(list Resolutions numbers / plans / or Declarations O.R.B page)

Other (specify)

11. **Has there ever been a public hearing held on this property?** no yes.
(If yes, provide applicant's name, date, purpose and result of hearing, and resolution number for all):

12. **Is this Zoning Application a result of a warning or violation notice?** no yes
(If yes, please submit copy of violation notice)

OWNERSHIP AFFIDAVIT FOR INDIVIDUAL

STATE OF

COUNTY OF

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

1. Affiant is the fee owner of the property that is the subject of this request.
2. The subject property is legally described as:
3. 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.
4. The Affiant has authorized as the applicant/duly appointed agent to file this Zoning Hearing application and to receive all correspondence and represent the Affiant at the City Council meeting.

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

(Stamp/Seal)

Commission Expires:

OWNERSHIP AFFIDAVIT FOR CORPORATION

STATE OF

COUNTY OF

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

1. Affiant is the president, vice-president or CEO of the Corporation, or otherwise authorized to sign on behalf of the Corporation, doing business at the following address:

2. The Corporation owns the property which is the subject of this request.

3. The subject property is legally described as:

4. Affiant is legally authorized to file this application for zoning hearing or the Affiant has authorized _____ as the applicant/duly appointed agent to file this Zoning Hearing application and to receive all correspondence and represent the Affiant at the City Council meeting.

5. Affiant understands this affidavit is subject to the penalties of law for perjury and the possibility of voiding of any zoning action granted at public 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

(Stamp/Seal)

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 other similar entities, further disclosure shall be made to identify the natural persons having the ultimate ownership interest].

CORPORATION NAME:

<u>NAME AND ADDRESS</u>	<u>Percentage of Stock</u>
<input style="width: 95%; height: 100%;" type="text"/>	<input style="width: 95%; height: 100%;" type="text"/>
<input style="width: 95%; height: 100%;" type="text"/>	<input style="width: 95%; height: 100%;" type="text"/>
<input style="width: 95%; height: 100%;" type="text"/>	<input style="width: 95%; height: 100%;" type="text"/>
<input style="width: 95%; height: 100%;" type="text"/>	<input style="width: 95%; height: 100%;" type="text"/>

If a TRUST or ESTATE owns or leases the subject property, list the trust beneficiaries and the 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

<u>NAME AND ADDRESS</u>	<u>Percentage of Interest</u>
<input style="width: 95%; height: 100%;" type="text"/>	<input style="width: 95%; height: 100%;" type="text"/>
<input style="width: 95%; height: 100%;" type="text"/>	<input style="width: 95%; height: 100%;" type="text"/>
<input style="width: 95%; height: 100%;" type="text"/>	<input style="width: 95%; height: 100%;" type="text"/>
<input style="width: 95%; height: 100%;" type="text"/>	<input style="width: 95%; height: 100%;" type="text"/>

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

PARTNERSHIP OR LIMITED PARTNERSHIP NAME:

<u>NAME AND ADDRESS</u>	<u>Percentage of Ownership</u>
<input style="width: 95%; height: 100%;" type="text"/>	<input style="width: 95%; height: 100%;" type="text"/>
<input style="width: 95%; height: 100%;" type="text"/>	<input style="width: 95%; height: 100%;" type="text"/>

CONTRACT FOR PURCHASE

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 corporations, trusts, partnerships or other similar entities, further disclosure shall be made to identify natural persons having the 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 any 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.

The above is a full disclosure of all parties of interest in this application to the best of my knowledge and belief.

Signature: _____
(Applicant)

Sworn to and subscribed before me this ____ day of _____, _____. Affiant is personally know 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 of 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 per cent (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 interest which exceed five (5) percent of the ownership interest in the partnership, corporation or trust.

RESPONSIBILITIES OF THE APPLICANT

I AM AWARE THAT:

1. The City of Miami Gardens, Planning & Zoning Division, and other City Departments review and critique zoning hearing applications which may affect the scheduling and outcome of my hearing.
2. Applications are not considered sufficient until such time all fees have been paid. Fees are non-refundable unless a request to withdraw the application is received in writing to the Planning and Zoning Division five (5) days prior to any noticing or advertising of the application. Fees or portions thereof may not be refunded if the application has been advertised, noticed, site plan review has commenced, traffic/parking analysis review has commenced, or any other review.
3. The Florida Building code requirements may affect my ability to obtain a building permit even if my zoning application is approved. I am responsible for obtaining any required permits and inspections for all structures and additions proposed, or built without permits. And that a Certificate of Use (C.U.) must be obtained for the use of the property. Failure to obtain the required permits and/or C.U., Certificates of Completion (C.C.) or Certificate of Occupancy (C.O.) will result in enforcement action against any occupant and owner. Submittal of the Zoning Hearing application may not forestall enforcement action against the property. Property may be required to be platted prior to issuance or building permit; it is the sole responsibility of the owner to obtain the necessary platting determination and approvals as required for issuance of building permit.
4. The 3rd District Court of Appeal has ruled that zoning applications inconsistent with the Comprehensive Development Master Plan (CDMP) cannot be approved by a zoning board based upon considerations of fundamental fairness. Therefore, I acknowledge that if the hearing request is inconsistent with the CDMP and I decide to go forward then my hearing request can only be denied or deferred, but not approved.
5. Any Declaration of Restriction, Unity of Title or legal document to be proffered by the Applicant must be submitted to the City Attorney's Office, on City of Miami Gardens approved form, at least 15 days prior to the hearing date. The documents will be reviewed and the applicant will be notified if changes or corrections are necessary. Once the covenant is acceptable, the applicant is responsible to submit the executed covenant with a current 'Opinion of Title' within ten (10) days after the granting of the approval. The City Attorney can advise as to additional requirements applicable to foreign corporations. Documents submitted to City Attorney must carry a cover letter indicating subject matter, application number and hearing date.

(Applicant'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

(Stamp/Seal)

Commission Expires:

FEE SCHEDULE

Application fees are non-refundable

Eden Code		Fee	Fee
Variance/Waiver Public Hearing Requests			
Z983	Public Hearing-Variance/Waivers single family, duplex, townhouse lot – FLAT ONE FEE APPLIES and VIOLATION FEE IF APPLICABLE	\$1,600.00	
Z980	Public Hearing-Commercial/Industrial/Multi-Family/non-residential, other	\$3,302.45	
Z984	Public Hearing- Variance/Waiver as result of violation	\$1,900.00	
Sign Variance/Waiver Public Hearing Requests			
Z997	Public Hearing Variance/Waiver of Sign Regulations	\$1,800.00	
Z997(a)	Each additional sign	\$250.00	
Z998	If request is a result of a violation	\$2,600.00	
Special Exception Use Public Hearing Requests			
Z974	Special Exception Use (R districts)	\$3,598.40	
Z974 (a)	Special Exception Use (all other districts)	\$11,304.00	
Rezoning Public Hearing Requests			
Z104	To AU/R-1/R-2	\$2,420.80	
Z114	To R-15/R-25/R-50/OF	\$4,384.00	
Z124	To PD	\$8,056.47	
Z134	To NC/PCD	\$6,576.00	
Z144	To I-1/I-2/GP	\$6,576.00	
Administrative Requests			
Z975	Modification/Deletion or conditions of Resolution/Declaration of Restrictions	\$2,201.63	
Z500	Appeal of Administrative Interpretation Appeal of Substantial Compliance Determination	\$1,100.00	
Z202	Appeal of an Administrative Variance/Waiver	\$1,087.26	
Z100	All other requests for Resolution	\$1,728.00	
		SUBTOTAL	
		MIAMI GARDENS SURCHARGE 15%	
	Z888 -TRAFFIC PARKING/ STUDY		TBD
	Publication of Notice Deposit		\$2,000
		TOTAL FEES	

NOTE: Upon sufficiency review of the application, additional fees may apply; Applications are not considered complete until all fees have been paid. Applicant shall be responsible for public hearing notice in compliance with *Section 34-46 Applications to the Zoning Appeals Board*. Proof must be submitted to the City that courtesy notice has been mailed and notice has been posted on the premises.

SUBMITTAL CHECKLIST

If marked as required, the following items must be submitted with this application in **both hard copy and electronic form**:

Required	Provided	Description
		Letter of Intent - signed by the applicant, listing what is being requested, and reasons why applicant feels the request should be approved, detailing variances, zoning requests, explaining zoning hardship, etc.
		Application - <u>completely</u> filled out and properly executed.
		Boundary Survey – one (1) signed and sealed and PDF file version – (updated within a year of submittal). Must show all structures, rights-of-way, etc. and any municipal boundary, if any.
		Legal Description and Folios - must be accurate and submitted in MICROSOFT WORD format.
		Site Plan one (1 set) - (must show entire property, all dimensions measured to centerline of the streets, size and uses of existing and proposed buildings, spacing, setback distances, typical parking spaces, driveways, etc.
		Sign Plan one (1 set) - Sign Plan must show all dimensions and location on site plan with setbacks and dimensions
		Floor Plans one (1 set) (must identify all rooms and indicate dimensions of each).
		Building Elevations one (1 set) (drawing must show number of stories and height of top of roof).
		Landscape Plans one (1 set) (including Landscape Legend and Certificate acknowledging compliance with the Landscape Ordinance).
		Lake Excavation Plans (prepared & sealed by a Florida surveyor or engineer, showing perimeter dimensions, deep cut line, cross sections and slope descriptions).
		PDF files – of all plans, survey, studies, renderings
		Ownership affidavit(s) – only if other than the owner is representing this application.
		Disclosure of Interest - if the owner, applicant or contract purchaser is a corporation, partnership, trustee.
		Contract to Purchase - if there is a pending contract to purchase the subject property.
		Registration of Lobbyists – must register with the City Clerk’s office as lobbyists. Accordance to Ordinance No. 2004-02-18
		Engineer’s certification and/or compliance letter for existing structures.
		Architectural approval letter required from the homeowners’ or condominium association.
		School Concurrency Management – The City is committed to supporting the Miami Dade County School District’s programs to improve Miami Gardens’ schools. All residential projects shall fully comply with the District’s facility requirements including but not limited to the payment of education impact fees and of additional school facility mitigation fees.
		Transportation/parking Impacts – Applicants shall comply with the City’s traffic impact analysis methodologies and/or parking analysis methodology and provide a complete traffic/parking analysis report meeting the approval of the City’s traffic engineer. Applicants will be notified of the fees for such review(s) and shall be responsible for payment of those fees.
		School Checklist - required for all day care centers, charter schools, and private schools.
		Fees – Payable to “City of Miami Gardens”, credit cards and debit cards also accepted.

ALL PLANS MUST BE 24”X 36” (COLLATED, STAPLED AND FOLDED).

Please make all checks payable to “City of Miami Gardens”, credit cards and debit cards also accepted.

**CITY OF MIAMI GARDENS
LOBBYIST AUTHORIZATION FORM**

PRINCIPAL'S NAME:

PRINCIPAL'S CONTACT PERSON:

PRINCIPAL'S TRADE NAME:

MAILING ADDRESS:

TELEPHONE NUMBER:

NAME OF LOBBYIST(S):

LOBBYIST'S ADDRESS:

TELEPHONE NUMBER:

DATE EMPLOYED:

Is lobbyist employed for a specific issue Yes No

SPECIFIC ISSUE:

I swear under penalty of perjury that the information on this form is true and accurate.

PRINCIPAL'S SIGNATURE _____ DATE: _____

Violations may be determined by the Miami-Dade County Commission on Ethics and Public Trust. A finding by the Commission that a person has violated this Ordinance shall subject the person to those penalties set forth in Section 2-11.1 of the Metropolitan Dade Code. The penalties include admonition, public reprimand, and fines, as well as prohibitions from registering as a lobbyist or engaging in lobbying activities before the City.

AFFIDAVIT OF LOBBYIST REGISTRATION

A \$250.00 Registration Fee is due on or before October 1st of each year.

DATE REGISTERED

Lobbyist Name (print):
Last Name, First Name, Middle Initial

Business Name:
(if different from above)

Business Phone:

Email Address (optional)

Mailing Address:

Business Address (if different from above):

I do solemnly swear that all facts contained in this Registration report are true and correct, and that I have read and am familiar with the provisions of Miami-Dade County Code Section 2-11.1(s), and the LOBBYIST REGISTRATION, REPORTING, AND WITHDRAWAL requirements contained herein.

Signature of Lobbyist

Personally Known
 Produce ID _____
 Did take an oath, or
 Did not take an oath

Sworn to and subscribed before me this _____ day of _____, 20__.

Notary Public
My Commission Expires:

For City Clerk's Use only: PAID \$ _____ as Cash _____; Check _____ (Check # _____)
Date rec'd: _____, 200__.
Rec'd By: _____

LOBBYIST REGISTRATION FORM

“Lobbyist” means all persons, employed or retained, whether paid or not, by a principal who seeks to encourage the passage, defeat or modification of any ordinance, resolution, action or decision of any council member; any action, decision, recommendation of the city manager or any board or committee; or any action, decision or recommendation of any city personnel defined in any manner in this section, during the time period of the entire decision-making process on such action, decision or recommendation that foreseeable will be heard or reviewed by the city council, or a city board or committee. The term “lobbyist” specifically excludes the principal as well as any employee of the principal engaged in lobbying activities. City of Miami Gardens Ordinance No. 2007-09-115.

1. **Lobbyist Name (print):**
Last Name, First Name, Middle Initial

Business Name:
(if different from above)

Business Phone:

Email Address (optional)

Mailing Address:

Business Address (if different from above):

2. **Principal retained by: (list each person or entity that has retained you to lobby on this subject):**

Principal’s Address (If different from above)

a) If you represent a corporation, partnership, or trust, identify and provide the address for the Chief Officer, Partner, and/or beneficiary:

3. **Subject Matter (Must be specific & describe in detail)**

4. **Identify each individual (Mayor, Councilmember, Board, Committee, or City staff) to be lobbied:**

5. The subject matter listed in number 3 above is to be considered at the meeting of:
(Identify each entity)

- City Council _____ on _____ 20__
- City Staff _____ on _____ 20__
- City Board or Committee _____ on _____ 20__

6. State the extent of any business, financial, familial, professional or other relationship which exists with any individual identified in number 4 above.

On October 1 of each year, each lobbyist shall submit to the City Clerk a signed statement under oath, listing all lobbying expenditures in the City of Miami Gardens for the preceding calendar year. Each person who withdraws as a lobbyist must file a "Certificate of Withdrawal" with the City Clerk.

OATH: I do solemnly swear that I have read and am familiar with the provisions of City of Miami Gardens, Ordinance NO. 2004-18, including the LOBBYIST REGISTRATION, REPORTING, ANNUAL REGISTRATION, AND WITHDRAWAL requirements contained therein, and that all facts contained in this Lobbyist Registration report are true and correct.

Signature of Lobbyist

- Personally known
- Produced ID _____
- Did take an oath, or
- Did not take an oath

State of Florida, County of Miami-Dade
Sworn to and subscribed before me this _____ day of _____, 20__.

Notary Public or City Clerk
My Commission expires:

FOR CITY CLERK'S USE ONLY: Registration: Accepted Rejected Date: _____

If rejected, state reasons: _____

Fee Paid: Yes \$ _____ as Cash ; as Check (Check # _____)

No Not For Profit Organization (documentary proof attached)

Date Received: _____ Received By: _____