

# CITY OF HALLANDALE BEACH

## Planning & Zoning Division Application Form



NO APPLICATIONS ARE AUTOMATICALLY SCHEDULED FOR **ANY** MEETINGS. APPLICATIONS MUST BE DETERMINED TO BE COMPLETE BY STAFF BEFORE ANY PROCESSING OCCURS.

	Date of Application
Name of <b>Applicant</b>	Primary phone number
Street address, City, ST, ZIP Code	Email Address
Name of <b>Property Owner</b>	Primary phone number
Street address, City, ST, ZIP Code	Email address
Name of <b>Authorized Representative</b> , if different from applicant	Primary phone number
Street address, City, ST, ZIP Code	Email address

PROJECT INFORMATION				
Project Name:	Estimated Construction Costs:			
Project Address:	Folio Number:			
Total Site (Parcel Area):	<b>Total Number of :</b>	Res. Unit(s)	Hotel Key(s)	Non-Residential (sq.ft)
TYPE OF APPLICATIONS <i>(Check the ones which apply to the request(s))</i>				
<input type="checkbox"/> <b>Rezoning</b> FROM: _____ District TO: _____ District Size of subject property to be considered for rezoning _____ (acres)	<input type="checkbox"/> <b>Comprehensive Plan Amendment</b> _____ <input type="checkbox"/> <b>Land Use Plan Map Amendment</b> _____			
<input type="checkbox"/> <b>Conditional Use</b>	<input type="checkbox"/> <b>Zoning Code/ Text Change</b>			
<input type="checkbox"/> <b>Redevelopment Area Modification</b>	<input type="checkbox"/> <b>Variance (Type) :</b>			
<input type="checkbox"/> <b>Minor Development</b> (Less than ten (10) residential units or less than 4,000 sq. ft. gross floor area) Residential-Number of Units _____ Commercial-Sq. Ft. _____ Number of Bedroom(s) _____	<input type="checkbox"/> <b>Major Development</b> (Ten or more residential units or more than 4,000 square feet of gross floor area) Residential-Number of Units _____ Commercial-Sq. Ft. _____			
<input type="checkbox"/> <b>Platting or Replatting</b> a Subdivision or portion thereof. (Size of property _____ acres).	<input type="checkbox"/> <b>Other:</b>			
BRIEF DESCRIPTION OF REQUEST				

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### AUTHORIZED REPRESENTATIVE

I/we are fully aware of the request being made to the City of Hallandale Beach. If I/we are unable to be present, I/we hereby authorize \_\_\_\_\_  
(individual/firm) to represent me/us in all matters related to this application. I/we hereby acknowledge

State of Florida  
County of Broward  
The foregoing instrument was acknowledged

By: \_\_\_\_\_  
(owner/agent signature\*)

Before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

By \_\_\_\_\_  
(Name of person acknowledging)

\_\_\_\_\_  
(Joint owner signature)

Notary \_\_\_\_\_  
(Signature of Notary Public – State of Florida)

Personally know \_\_\_\_\_ or Produced identification \_\_\_\_\_

Type of identification produced: \_\_\_\_\_ or Driver's License \_\_\_\_\_

\*If joint ownership, both parties must sign. If partnership, corporation or association, authorized officer must sign on behalf of the group. A notarized letter of authorization from the owner of record must accompany the application, if an authorized agent signs for the owner(s).

*\*The application for a development review shall become null and void if left inactive for a period of 6 months (180 days).*