

# 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** *(Check the ones which apply to the request(s))*

<input type="checkbox"/> <b>Rezoning</b> FROM: _____ District TO: _____ District Size of subject property to be considered for rezoning _____ (acres)	<input type="checkbox"/> <input type="checkbox"/>	<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"/>	<input type="checkbox"/> <b>Zoning Code/ Text Change</b>
<input type="checkbox"/> <b>Redevelopment Area Modification</b>	<input type="checkbox"/>	<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"/>	<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"/>	<input type="checkbox"/> <b>Other:</b>

**BRIEF DESCRIPTION OF REQUEST**


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### NOTICE TO OWNERS

In addition to the requirements of this permit, there may be additional deed restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as state agencies or federal agencies. The City recommends, although does not require, that the owner secure any required approvals from his/her/their Condominium or Homeowners' Association prior to submitting this building permit application.

The owner acknowledges that approval of a Planning and Zoning application or issuance of a building permit by the City is based solely upon the City of Hallandale Beach Zoning and Land Development Code, Florida Building Code and other applicable local, county, state and federal laws, and does not independently satisfy any applicable Homeowner/Condominium Association approval requirements that may exist between the Owner and the Association; and that the City does not enforce any nongovernmental deed restrictions or Homeowner/Condominium restrictions upon this property.

### 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

**OWNER AFFIDAVIT:** I certify that all the foregoing information is accurate.

State of Florida  
County of Broward

The foregoing instrument was acknowledged sworn to and subscribed By: \_\_\_\_\_  
(Print owner/agent name)

\_\_\_\_\_  
(Print Joint owner name)

\_\_\_\_\_  
(Signature of owner/agent \*)

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

before me by means of  **Physical Presence**  **Online Notarization** this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

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

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).*