### Application Form

**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 Applicant
- Name
- Street address, City, ST, ZIP Code
- Primary phone number
- Email Address

#### Name of Property Owner
- Name
- Street address, City, ST, ZIP Code
- Primary phone number
- Email address

#### Name of Authorized Representative, if different from applicant
- Name
- Street address, City, ST, ZIP Code
- Primary phone number
- Email address

### PROJECT INFORMATION

<table>
<thead>
<tr>
<th>Project Name:</th>
<th>Estimated Construction Costs:</th>
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<tbody>
<tr>
<td>Project Address:</td>
<td>Folio Number:</td>
</tr>
<tr>
<td>Total Site (Parcel Area):</td>
<td>Total Number of:</td>
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### TYPE OF APPLICATIONS (Check the ones which apply to the request(s))

- [ ] **Rezoning**  
  FROM: _____________________ District  
  TO: _____________________ District  
  Size of subject property to be considered for rezoning ___________ (acres)

- [ ] **Conditional Use**

- [ ] **Redevelopment Area Modification**

- [ ] **Minor Development** (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) ___________

- [ ] **Major Development** (Ten or more residential units or more than 4,000 square feet of gross floor area)  
  Residential-Number of Units ___________  
  Commercial-Sq. Ft. ___________

- [ ] **Platting or Replatting** a Subdivision or portion thereof.  
  (Size of property ____________ acres).

- [ ] **Other:**

### 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/CONTRACTOR AFFIDAVIT: I 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.

State of Florida
County of Broward
By: ________________________________
(Owner/agent signature*)

The foregoing instrument was acknowledged sworn to and subscribed before me by means of □ Physical Presence □ Online Notarization this _____ day of _________, 20_______

By ________________________________
(Name of person acknowledging)

By ________________________________
(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).