



City of Parkland Planning and Zoning Department

6600 University Drive
Parkland, FL 33067

Phone (954) 753-5040
Fax (954) 341-5161

STAFF USE ONLY
Intake Date: _____ By _____
Fee Paid: _____ Receipt # _____
Case #: _____
<input type="checkbox"/> Administrative review only (sec.22-204H.)
<input type="checkbox"/> Commission review only (sec. 22-199 J.2)
<input type="checkbox"/> Full review process (sec. 22-199 J.1)

SITE PLAN APPLICATION

INSTRUCTIONS TO APPLICANT:

1. Please complete all sections of this application. If not applicable, indicate with N/A
2. Provide required attachments as shown on the attached checklist.
3. Pay a filing fee in the amount of two thousand five hundred dollars (\$2,500.00) and one escrow in the amount of one thousand two hundred (\$1,200.00) for advertisement fees and one escrow in the amount of one thousand dollars (\$1,000.00) for professional fees. (Please note that each escrow must maintain a minimum balance of five hundred dollars \$500.00 at all times.) Since advertising and professional costs vary, the final amount will be reconciled upon receipt of invoices from the newspaper and professional contractors. **NOTE:** All cost recovery accounts must be current prior to any public hearing before the City Commission.

I. PROPERTY OWNER AND AGENT INFORMATION

Property Owner(s) of Record: _____

Address: _____ City: _____ ST: _____ ZIP: _____

Phone: _____ E-Mail Address: _____

Applicant (if other than owner): _____

Address: _____ City: _____ ST: _____ ZIP: _____

Phone: _____ E-Mail Address: _____

Agent: _____

Address: _____ City: _____ ST: _____ ZIP: _____

Phone: _____ E-Mail Address: _____

Consultants: If applicable to your request, please attach a separate list of all consultants that will provide information on this request. You should include the name, address, telephone number, and fax number as well as the type of professional service provided.

II. SITE PLAN REQUEST

The application is a request for: _____

III. PROPERTY LOCATION

A. Is the subject property located within one mile of another municipality? yes no

If 'yes' please specify: _____

B. Folio Number: If additional folios, list on a separate sheet and attach to the application.

C. Section: _____ Township: _____ Range: _____ Total Acreage of Subject Property: _____

D. Project Name: _____

E. Project Address:

F. General Location Description (proximity to closest major intersection in miles or fractions thereof): _____

IV. LAND USE AND ZONING INFORMATION

A. Zoning Designation: _____ Future Land Use Designation: _____

B. Proposed Zoning Designation (if applicable): _____

C. Proposed Future Land Use Designation (if applicable): _____

D. Existing Use(s) on Property: _____

E. Proposed Use(s): _____

V. PROJECT HISTORY

(List in sequence from first application to most recent – attach additional page if necessary):

Petition Number	Request	Action	Date	Resolution / Ordinance Number

OWNER ACKNOWLEDGEMENT

I/We: _____, do hereby swear/affirm that I/we am/are the owner(s) of the property referenced in this application.

I/We certify that the above statements and the statements or showings made in any paper or plans submitted herewith are true to the best of my/our knowledge and belief. Further, I/we understand that this application, attachments and fee become part of the official record of the Planning & Zoning Department of the City of Parkland and the fee is not refundable. I/We understand that any knowingly false information given by me/us will result in the denial, revocation or administrative withdrawal of the application or permit. I/We further acknowledge that additional information may be required by the City of Parkland in order to process this application.

I/We further consent to the City of Parkland to publish, copy or reproduce any copyrighted document for any third party submitted as part of this application.

I acknowledge that applications are reviewed on a full cost recovery basis, and that the professional services escrow must be current with sufficient funds to cover anticipated services prior to the application being advertised and heard by the City Commission. By signing this application I request that escrows for separate applications be combined, if applicable, and that any balance of professional services escrow be refunded within seven (7) months after the final public hearing for all related applications.

Signature(s) of Owner(s) _____

Print Name(s) _____

CONSENT STATEMENT
Owner to complete if using agent/representative

I/We, the aforementioned owner(s), do hereby give consent to _____ to act on my/our behalf to submit this application, all required material and documents, and attend and represent me/us at all meetings and public hearings pertaining to the request(s) and property I/we own described in the attached application. Furthermore, as owner(s) of the subject property, I/we hereby give consent to the party designated above to agree to all terms or conditions that may arise as part of the approval of this application for the proposed use.

NOTARY

Signature(s) of Owner(s) _____

Print Name(s) _____

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by _____ He/She is personally known to me or has produced _____ as identification and did/did not take an oath.

(Signature of Notary) My Commission Expires: _____

(Name – Must be typed, printed, or stamped)

(NOTARY'S SEAL OR STAMP)



CITY OF PARKLAND

Planning and Zoning Department

6600 University Drive, Parkland FL 33067 (954) 753-5040 Fax (954) 341-5161

SITE PLAN SUBMITTAL CHECKLIST
(ALL PLANS NO LARGER THAN 24" x 36" WITH SCALE NOT SMALLER THAN 100' TO AN INCH)

PLEASE CHECK		
YES	NO	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I. GENERAL

- a. *An original completed application and 7 copies signed by owner, agent and/or applicant. Agent's authorization or power of attorney must be attached if applicant is other than owner.*
- b. *Required application fees.*
- c. *One (1) copy of a warranty deed including legal description of the property.*
- d. *Copies of all Resolutions/Ordinances affecting the property*
- e. *Delineation, identification and sequence of proposed phases of development, if the project is to be platted and constructed in two or more phases.*
- f. *Report on status of all previous conditions of approval, show property compliance with all conditions of approval and/or applicable Code of Ordinance requirements.*
- g. *A notification radius map, list of all owners (in excel spreadsheet) within a 500 foot radius of boundary lines of the subject property from the most recent tax roll information as provided by the Broward Property Appraiser's Office and executed affidavit signed by person responsible for preparing these documents.*

PLEASE CHECK		
YES	NO	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

II. SURVEY

- a. *Eight (8) signed and sealed surveys (not more than a year old) including any and all easements of record (reference by OR Book and page, prepared by a surveyor registered in the State of Florida).*
- b. *Existing streets and roadway improvements (medians, landscaping, signage, driveways, etc. within 100 feet of project boundary).*
- c. *Existing utilities (including inverts of pipes, rim elevations, wells and septic tanks, etc.) within 100 feet of project site.*
- d. *Existing trees identified by caliper and species.*
- e. *The location of existing easements, watercourses, section lines, water and sewer lines, well and septic tank location, and other existing important physical features in and adjoining the project to within 100 feet.*
- f. *The location and dimensions of existing manmade features such as existing roads and structures with indication as to which are to be removed, renovated or altered.*
- g. *Identification of surrounding land use, zoning, and existing buildings within 100 feet of the site as well as the zoning of the petitioned site.*

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- o. *Proposed lighting of the premises and within 200 feet of all property lines.*

PLEASE CHECK		
YES	NO	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

V. LANDSCAPE PLANS

- a. *Eight (8) plans including all of the information below, signed, sealed and prepared by a Florida Licensed and Registered Professional.*
- b. *Location, size and specification of all proposed landscaping*
- c. *Clear sight distances.*
- c. *Irrigation.*
- d. *Provide survey reflecting existing natural features, such as topography trees and other vegetation including indication of significant native vegetation stands and those portions that will be preserved.*
- e. *Location of mechanical fixtures, fire hydrants, light poles, if applicable.*

PLEASE CHECK		
YES	NO	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VI. TRAFFIC ANALYSIS

- a. *Three (3) copies of a traffic impact analysis addressing at minimum: additional roadway needs, intersection improvements, traffic control devices, future right of way dedications, distribution and assignment of traffic.*

PLEASE CHECK		
YES	NO	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VII. ARCHITECTURAL

- a. *Eight (8) sets of plans including all of the information below, signed and sealed by a Florida Licensed and Registered Professional.*
- b. *Proposed building materials and colors.*
- c. *Front, side and rear elevations of all buildings showing concealment of all mechanical or accessory equipment located on the roof.*
- d. *All permanent ground or freestanding signs allowed per Article XXXIV, as amended from time to time, with lettering and sign dimensions and area.*
- e. *Preliminary building floor plans for all development other than a single family home development.*
- f. *Color and rendered elevations of the project which accurately depict the proposed development upon completion.*