



City of Hialeah Gardens

Land Use Amendment Application

Comprehensive Plan Land Use Element

10001 N.W. 87th Avenue, Hialeah Gardens, FL 33016

Phone (305) 558-3862, (305) 558-4114, Fax (305) 698-7236

Date: _____

1. Authorized Applicants:

a. Owner(s) of record:

Name: _____

Address: _____

Telephone: Home _____ Business _____

E-mail _____ Fax _____

b. Representative(s) of owner(s) of record:

Name: _____

Address: _____

Telephone: (Home) _____ (Business) _____

E-mail _____ Fax _____

2. Description of requested change:

a. Legal description and location: _____

b. Area (sq. ft. and acreage) of the property: _____ sq. ft. _____ acres

c. Folio number(s): _____

d. Existing land use classification: _____

e. Proposed land use classification: _____

f. Description of subject area: _____

g. Justification for amendment: _____

3. Required supporting material:

The following information listed below is required to be submitted with this application. If necessary, attach additional sheets to application. All correspondence must be submitted in typewritten form.

- a. Certified survey less than (90) ninety days old. (28 copies at least three must be signed, sealed, and folded)
- b. Certified list of names and mailing address of the property owners, as reflected by the property records of Miami-Dade County, Florida, within 1500 feet in each direction of any parcel.
- c. Provide envelopes addressed to all property owners. Envelopes must be stamped for the purpose of certified mailing with receipt. (In the event additional mailings are required for any reason, the applicant shall pay to the City an additional sum of one hundred dollars (\$100) and provide stamped addressed envelopes to all property owners).
- d. A Miami Dade County plat map at a scale of 1" = 300' (less than one year old, 28 copies, folded)

- e. Trip generation study less than 30 days old.
 - f. Preliminary site plan-sketch conceptual plans shall be prepared at a scale of 1"= 40' (28 copies, folded) application for amendment to the comprehensive plan land use element (page 3).
 - g. Comprehensive land use plan (C.L.U.P.) analysis.
 - h. Concurrency impact statement.
 - i. Any other supplemental supporting information as determined by the Planning and Zoning Department _____
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4. Fees

Size of gross area (acres) fee: Check One:

- * Up to 2.5 \$ 2,500
- * 2.5 - 5.0\$ 3,000
- * 5.0 - 10.0\$ 4,000
- * 10.0 - 20.0..... \$ 5,000
- * 20.0 - 40.0.....\$ 6,000
- * 40.0 - 80.0.....\$ 7,000
- * 80.0 and over..... \$14,000
- * Transportation element.....\$ 1,500

- a. All costs of posting the property and preparing notice on the property shall be paid by the applicant as follow:

Fee (will not be reimbursed).....\$ 80.00

- 5. (I) (We) acknowledge that any corrections to submitted materials and/or supplemental requirements, if any, must be submitted within seven (7) days of original submittal date, or incomplete application will be returned to applicant.

- 6. (I)(We), _____
being fully sworn, depose and say that;

- * I am the owner of the property.
 - * I am the representative of the owner of the property. (Provide Power of Attorney)
 - * I am the lessee of the property. (Provide Power of Attorney)
 - * I am the representative of the lessee of the property. (Provide Power of Attorney)
- All of the above require proof of ownership and warranty deed, with the power of attorney form.

Signature and Title

Date

Sworn and subscribed before me this ____ day of _____, 20____

(Seal)

My commission expires:

For Department Use Only-Do Not Write Below

Date received: _____ Receipt No. _____ Check No. _____

Date: T.R.C. _____ Date: P & Z _____ Date: Council _____ (1st. Reading)

_____ (2nd. Reading)