



# City of Hialeah Gardens

Planning & Zoning Department

Application for Division of Land - Waiver of Plat

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

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

Municipality: HIALEAH GARDENS Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. Rge. \_\_\_\_\_ E.

1. Owner's Name: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZipCode \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax No. ( ) \_\_\_\_\_

2. Surveyor's Name: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZipCode \_\_\_\_\_

Email Address \_\_\_\_\_ Fax No. ( ) \_\_\_\_\_

3. Legal Description of Cutout Parcel(s)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Legal Description of Parent Tract Folio No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

5. Street boundaries: \_\_\_\_\_

6. Present Zoning: \_\_\_\_\_

7. Single Family Res. (\_\_\_\_\_ Units)

8. Required supporting information:

- a. Proof of ownership
- b. 7 copies of the plat. (After TRC, please provide 7 additional copies)
- c. Agreement for all improvements within the public right of way and the right of way deed recorded at Dade County Circuit Court.
- d. Opinion of title

**NOTE: List all plat restrictions zoning conditions or any other declaration, restriction, condition etc. that might affect this division of land. A copy of the application should be included with each package that is submitted.**

I HEREBY CERTIFY that I am the owner of the parcel(s) described in Item 3 and that the information contained in this application is true and correct to the best of my knowledge and belief. Attached is a copy of the recorded deed showing my acquisition of this land. Also, I agree to furnish additional items as may be necessary such as abstract or opinion of title to determine accurate ownership information.

Furthermore, I am aware that the use of the public water supply and/or public sewer system may be required for this development.

STATE OF FLORIDA)

SS: Signature of Owner: \_\_\_\_\_

COUNTY OF MIAMI-DADE)

(Print name and Title here): \_\_\_\_\_

BEFORE ME, personally appeared \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ A.D. And ( he/she ) acknowledged to and before me that ( he/she ) executed the same for the purposed therein. Personally known \_\_\_\_\_ or produced \_\_\_\_\_ as identification and who did (not) take an oath.

WITNESS my hand and seal in the County and State last aforesaid this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ A.D.

Signature of Notary Public: \_\_\_\_\_

(Print, Type name here: \_\_\_\_\_)

(NOTARY SEAL)

\_\_\_\_\_  
(Commission Expires)

\_\_\_\_\_  
(Commission Number)

Note: The reverse side of this sheet may be used for a statement of additional items you may wish considered.

All copies should include the following information:

City of Hialeah Gardens- Waiver of plat approval

\_\_\_\_\_  
Yioset De La Cruz  
Mayor

\_\_\_\_\_  
Mirtha Gonzalez  
Chief Zoning Official

IMPORTANT NOTICE TO APPLICANT: Make check for the Processing Fee payable to: CITY OF HIALEAH GARDENS

**FOR OFFICIAL USE ONLY:**

Processing Fee \$ 700.00

(Number of Sites \_\_\_\_\_)

Date Received: \_\_\_\_\_ T.R.C. Agenda Date: \_\_\_\_\_