

# MIAMIBEACH

## PLANNING DEPARTMENT

1700 Convention Center Drive, Miami Beach, Florida 33139; Tel: 305.673.7550; Web: www.miamibeachfl.gov/planning

### LAND USE BOARD HEARING APPLICATION

The following application is submitted for review and consideration of the project described herein by the land use board selected below. A separate application must be completed for each board reviewing the proposed project.

|                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                         |                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| <b>Application Information</b>                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                         |                          |
| FILE NUMBER<br><b>Drb19-0944</b>                                                                                                                                                                                                                                                                                                                               |  | Is the property the primary residence & homestead of the applicant/property owner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>(if "Yes," provide office of the property appraiser summary report)                                                                                                                           |                          |
| <b>Board of Adjustment</b><br><input type="checkbox"/> Variance from a provision of the Land Development Regulations<br><input type="checkbox"/> Appeal of an administrative decision<br><input type="checkbox"/> Modification of existing Board Order                                                                                                         |  | <b>Design Review Board</b><br><input checked="" type="checkbox"/> Design review approval<br><input type="checkbox"/> Variance<br><input type="checkbox"/> Modification of existing Board Order                                                                                                                                                          |                          |
| <b>Planning Board</b><br><input type="checkbox"/> Conditional Use Permit<br><input type="checkbox"/> Lot Split<br><input type="checkbox"/> Amendment to the Land Development Regulations or Zoning Map<br><input type="checkbox"/> Amendment to the Comprehensive Plan or Future Land Use Map<br><input type="checkbox"/> Modification of existing Board Order |  | <b>Historic Preservation Board</b><br><input type="checkbox"/> Certificate of Appropriateness for design<br><input type="checkbox"/> Certificate of Appropriateness for demolition<br><input type="checkbox"/> Historic District/Site Designation<br><input type="checkbox"/> Variance<br><input type="checkbox"/> Modification of existing Board Order |                          |
| <input type="checkbox"/> Other:                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                         |                          |
| <b>Property Information - Please attach Legal Description as "Exhibit A"</b>                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                         |                          |
| ADDRESS OF PROPERTY<br><b>445 E Dildo Dr, Miami Beach, FL 33139</b>                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                         |                          |
| FOLIO NUMBER(S)<br><b>02-3232-011-0560</b>                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                         |                          |
| <b>Property Owner Information</b>                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                         |                          |
| PROPERTY OWNER NAME<br><b>Shahram Nass</b>                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                         |                          |
| ADDRESS<br><b>2711 S Ocean Dr #2104</b>                                                                                                                                                                                                                                                                                                                        |  | CITY<br><b>Hollywood</b>                                                                                                                                                                                                                                                                                                                                | STATE<br><b>FL</b>       |
| BUSINESS PHONE                                                                                                                                                                                                                                                                                                                                                 |  | CELL PHONE<br><b>416.533.5888</b>                                                                                                                                                                                                                                                                                                                       | ZIP CODE<br><b>33019</b> |
| EMAIL ADDRESS<br><b>simon@condostorecanada.com</b>                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                         |                          |
| <b>Applicant Information (if different than owner)</b>                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                         |                          |
| APPLICANT NAME<br><b>Alexis Coqui Leonart</b>                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                         |                          |
| ADDRESS<br><b>2937 SW 27 AVE. Suite 101</b>                                                                                                                                                                                                                                                                                                                    |  | CITY<br><b>Miami</b>                                                                                                                                                                                                                                                                                                                                    | STATE<br><b>FL</b>       |
| BUSINESS PHONE<br><b>786.703.3525</b>                                                                                                                                                                                                                                                                                                                          |  | CELL PHONE<br><b>305.979.4113</b>                                                                                                                                                                                                                                                                                                                       | ZIP CODE<br><b>33133</b> |
| EMAIL ADDRESS<br><b>ac@architecture.com / dt@doarchitecture.com</b>                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                         |                          |
| <b>Summary of Request</b>                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                         |                          |
| PROVIDE A BRIEF SCOPE OF REQUEST<br><b>Demo. &amp; Construction of a new 2 story residence</b>                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                         |                          |

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|                                                                                                        |  |                                                                                                                                                                                                                                    |                  |
|--------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|
| <b>Project Information</b>                                                                             |  |                                                                                                                                                                                                                                    |                  |
| Is there an existing building(s) on the site?                                                          |  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                |                  |
| If previous answer is "Yes", is the building architecturally significant per sec. 142-108?             |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                |                  |
| Does the project include interior or exterior demolition?                                              |  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                |                  |
| Provide the total floor area of the new construction.                                                  |  | 5,250 SQ. FT.                                                                                                                                                                                                                      |                  |
| Provide the gross floor area of the new construction (including required parking and all usable area). |  | 5,250 SQ. FT.                                                                                                                                                                                                                      |                  |
| <b>Party responsible for project design</b>                                                            |  |                                                                                                                                                                                                                                    |                  |
| NAME<br>Doo Architecture                                                                               |  | <input checked="" type="checkbox"/> Architect <input type="checkbox"/> Contractor <input type="checkbox"/> Landscape Architect<br><input type="checkbox"/> Engineer <input type="checkbox"/> Tenant <input type="checkbox"/> Other |                  |
| ADDRESS<br>2937 SW 27th Ave                                                                            |  | CITY<br>Miami                                                                                                                                                                                                                      | STATE<br>FL      |
| BUSINESS PHONE<br>(786) 703-3525                                                                       |  | CELL PHONE                                                                                                                                                                                                                         | ZIPCODE<br>33133 |
|                                                                                                        |  | EMAIL ADDRESS<br>Hello@dooarchitecture.com                                                                                                                                                                                         |                  |
| <b>Authorized Representative(s) Information (if applicable)</b>                                        |  |                                                                                                                                                                                                                                    |                  |
| NAME<br>Alexis Coqui Leonard                                                                           |  | <input type="checkbox"/> Attorney <input checked="" type="checkbox"/> Contact<br><input type="checkbox"/> Agent <input type="checkbox"/> Other                                                                                     |                  |
| ADDRESS<br>2937 SW 27th Ave Suite 101                                                                  |  | CITY<br>Miami                                                                                                                                                                                                                      | STATE<br>FL      |
| BUSINESS PHONE<br>786. 703. 3525                                                                       |  | CELL PHONE<br>305. 979. 4113                                                                                                                                                                                                       | ZIPCODE<br>33133 |
|                                                                                                        |  | EMAIL ADDRESS                                                                                                                                                                                                                      |                  |
| NAME                                                                                                   |  | <input type="checkbox"/> Attorney <input type="checkbox"/> Contact<br><input type="checkbox"/> Agent <input type="checkbox"/> Other                                                                                                |                  |
| ADDRESS                                                                                                |  | CITY                                                                                                                                                                                                                               | STATE            |
| BUSINESS PHONE                                                                                         |  | CELL PHONE                                                                                                                                                                                                                         | ZIPCODE          |
|                                                                                                        |  | EMAIL ADDRESS                                                                                                                                                                                                                      |                  |
| NAME                                                                                                   |  | <input type="checkbox"/> Attorney <input type="checkbox"/> Contact<br><input type="checkbox"/> Agent <input type="checkbox"/> Other                                                                                                |                  |
| ADDRESS                                                                                                |  | CITY                                                                                                                                                                                                                               | STATE            |
| BUSINESS PHONE                                                                                         |  | CELL PHONE                                                                                                                                                                                                                         | ZIPCODE          |
|                                                                                                        |  | EMAIL ADDRESS                                                                                                                                                                                                                      |                  |

**Please note the following information:**

- A separate disclosure of interest form must be submitted with this application if the applicant or owner is a corporation, partnership, limited partnership or trustee.
- All applicable affidavits must be completed and the property owner must complete and sign the "Power of Attorney" portion of the affidavit if they will not be present at the hearing, or if other persons are speaking on their behalf.
- To request this material in alternate format, sign language interpreter (five-day notice is required), information on access for persons with disabilities, and accommodation to review any document or participate in any City sponsored proceedings, call 305.604.2489 and select (1) for English or (2) for Spanish, then option 6; TTY users may call via 711 (Florida Relay Service).

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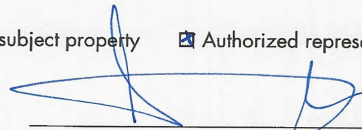


**Please read the following and acknowledge below:**

- Applications for any board hearing(s) will not be accepted without payment of the required fees. All checks are to be made payable to the "City of Miami Beach".
- All disclosures must be submitted in CMB Application format and be consistent with CMB Code Sub-part A Section 2-482(c):
  - (c) If the lobbyist represents a corporation, partnership or trust, the chief officer, partner or beneficiary shall also be identified. Without limiting the foregoing, the lobbyist shall also identify all persons holding, directly or indirectly, a five percent or more ownership interest in such corporation, partnership, or trust.
- Public records notice – All documentation submitted for this application is considered a public record subject to Chapter 119 of the Florida Statutes and shall be disclosed upon request.
- In accordance with the requirements of Section 2-482 of the code of the City of Miami Beach, any individual or group that will be compensated to speak or refrain from speaking in favor or against an application being presented before any of the City's land use boards, shall fully disclose, prior to the public hearing, that they have been, or will be compensated. Such parties include: architects, engineers, landscape architects, contractors, or other persons responsible for project design, as well as authorized representatives attorneys or agents and contact persons who are representing or appearing on behalf of a third party; such individuals must register with the City Clerk prior to the hearing.
- In accordance with Section 118-31. – Disclosure Requirement. Each person or entity requesting approval, relief or other action from the Planning Board, Design Review Board, Historic Preservation Board or the Board of Adjustment shall disclose, at the commencement (or continuance) of the public hearing(s), any consideration provided or committed, directly or on its behalf, for an agreement to support or withhold objection to the requested approval, relief or action, excluding from this requirement consideration for legal or design professional service rendered or to be rendered. The disclosure shall: (I) be in writing, (II) indicate to whom the consideration has been provided or committed, (III) generally describe the nature of the consideration, and (IV) be read into the record by the requesting person or entity prior to submission to the secretary/clerk of the respective board. Upon determination by the applicable board that the foregoing disclosure requirement was not timely satisfied by the person or entity requesting approval, relief or other action as provided above, then (I) the application or order, as applicable, shall immediately be deemed null and void without further force or effect, and (II) no application form said person or entity for the subject property shall be reviewed or considered by the applicable board(s) until expiration of a period of one year after the nullification of the application or order. It shall be unlawful to employ any device, scheme or artifice to circumvent the disclosure requirements of this section and such circumvention shall be deemed a violation of the disclosure requirements of this section.
- When the applicable board reaches a decision a final order will be issued stating the board's decision and any conditions imposed therein. The final order will be recorded with the Miami-Dade Clerk of Courts. The original board order shall remain on file with the City of Miami Beach Planning Department. Under no circumstances will a building permit be issued by the City of Miami Beach without a copy of the recorded final order being included and made a part of the plans submitted for a building permit.

The aforementioned is acknowledged by:

☐ Owner of the subject property    ☒ Authorized representative


**SIGNATURE**

Alexis Coqui Leonaut

**PRINT NAME**

08/02/19

**DATE SIGNED**

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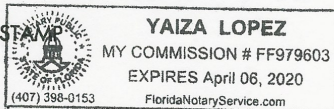


**OWNER AFFIDAVIT FOR INDIVIDUAL OWNER**STATE OF FloridaCOUNTY OF Diami - Dade

I, SHAHRAM MASS, being first duly sworn, depose and certify as follows: (1) I am the owner of the property that is the subject of this application. (2) This application and all information submitted in support of this application, including sketches, data, and other supplementary materials, are true and correct to the best of my knowledge and belief. (3) I acknowledge and agree that, before this application may be publicly noticed and heard by a land development board, the application must be complete and all information submitted in support thereof must be accurate. (4) I also hereby authorize the City of Miami Beach to enter my property for the sole purpose of posting a Notice of Public Hearing on my property, as required by law. (5) I am responsible for remove this notice after the date of the hearing.

Sworn to and subscribed before me this 02 day of August, 2019. The foregoing instrument was acknowledged before me by Shahram Mass, who has produced \_\_\_\_\_ as identification and/or is personally known to me and who did/did not take an oath.

NOTARY SEAL OR STAMP



My Commission Expires:

04/06/20**SIGNATURE****NOTARY PUBLIC****PRINT NAME****ALTERNATE OWNER AFFIDAVIT FOR CORPORATION, PARTNERSHIP OR LIMITED LIABILITY COMPANY**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_, being first duly sworn, depose and certify as follows: (1) I am the \_\_\_\_\_ (print title) of \_\_\_\_\_ (print name of corporate entity). (2) I am authorized to file this application on behalf of such entity. (3) This application and all information submitted in support of this application, including sketches, data, and other supplementary materials, are true and correct to the best of my knowledge and belief. (4) The corporate entity named herein is the owner of the property that is the subject of this application. (5) I acknowledge and agree that, before this application may be publicly noticed and heard by a land development board, the application must be complete and all information submitted in support thereof must be accurate. (6) I also hereby authorize the City of Miami Beach to enter my property for the sole purpose of posting a Notice of Public Hearing on my property, as required by law. (7) I am responsible for remove this notice after the date of the hearing.

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. The foregoing instrument was acknowledged before me by \_\_\_\_\_, who has produced \_\_\_\_\_ as identification and/or is personally known to me and who did/did not take an oath.

NOTARY SEAL OR STAMP

**NOTARY PUBLIC**

My Commission Expires: \_\_\_\_\_

**PRINT NAME**

*We are committed to providing excellent public service and safety to all who live, work, and play in our vibrant, tropical, historic community.*



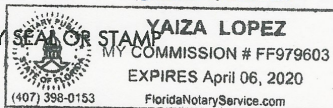
**POWER OF ATTORNEY AFFIDAVIT**STATE OF FloridaCOUNTY OF Miami-Dade

I, SHAHRAM MASS, being first duly sworn, depose and certify as follows: (1) I am the owner or representative of the owner of the real property that is the subject of this application. (2) I hereby authorize Alexis Coqui Leonart to be my representative before the Land Use Board. (3) I also hereby authorize the City of Miami Beach to enter my property for the sole purpose of posting a Notice of Public Hearing on my property, as required by law. (4) I am responsible for remove this notice after the date of the hearing.

SHAHRAM MASS**PRINT NAME (and Title, if applicable)****SIGNATURE**

Sworn to and subscribed before me this 02 day of August, 2019. The foregoing instrument was acknowledged before me by Shahram Mass, who has produced \_\_\_\_\_ as identification and/or is personally known to me and who did/did not take an oath.

NOTARY SEAL OR STAMP



My Commission Expires:

04/06/20**NOTARY PUBLIC**Yaiza Lopez**PRINT NAME****CONTRACT FOR PURCHASE**

If the applicant is not the owner of the property, but the applicant is a party to a contract to purchase the property, whether or not such contract is contingent on this application, the applicant shall list the names of the contract purchasers below, including any and all principal officers, stockholders, beneficiaries or partners. If any of the contact purchasers are corporations, partnerships, limited liability companies, trusts, or other corporate entities, the applicant shall further disclose the identity of the individuals(s) (natural persons) having the ultimate ownership interest in the entity. If any contingency clause or contract terms involve additional individuals, corporations, partnerships, limited liability companies, trusts, or other corporate entities, list all individuals and/or corporate entities.

**NAME****DATE OF CONTRACT**

NAME, ADDRESS AND OFFICE

% OF STOCK

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

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

In the event of any changes of ownership or changes in contracts for purchase, subsequent to the date that this application is filed, but prior to the date of a final public hearing, the applicant shall file a supplemental disclosure of interest.

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**DISCLOSURE OF INTEREST**  
**CORPORATION, PARTNERSHIP OR LIMITED LIABILITY COMPANY**

If the property that is the subject of the application is owned or leased by a corporation, partnership or limited liability company, list ALL of the owners, shareholders, partners, managers and/or members, and the percentage of ownership held by each. If the owners consist of one or more corporations, partnerships, trusts, partnerships or other corporate entities, the applicant shall further disclose the identity of the individual(s) (natural persons) having the ultimate ownership interest in the entity.

| <b>NAME OF CORPORATE ENTITY</b> |                |
|---------------------------------|----------------|
| NAME AND ADDRESS                | % OF OWNERSHIP |
| _____                           | _____          |
| _____                           | _____          |
| _____                           | _____          |
| _____                           | _____          |
| _____                           | _____          |
| _____                           | _____          |
| _____                           | _____          |

| <b>NAME OF CORPORATE ENTITY</b> |                |
|---------------------------------|----------------|
| NAME AND ADDRESS                | % OF OWNERSHIP |
| _____                           | _____          |
| _____                           | _____          |
| _____                           | _____          |
| _____                           | _____          |
| _____                           | _____          |
| _____                           | _____          |
| _____                           | _____          |

If there are additional corporate owners, list such owners, including corporate name and the name, address and percentage of ownership of each additional owner, on a separate page.



**DISCLOSURE OF INTEREST**  
**TRUSTEE**

If the property that is the subject of the application is owned or leased by a trust, list any and all trustees and beneficiaries of the trust, and the percentage of interest held by each. If the owners consist of one or more corporations, partnerships, trusts, partnerships or other corporate entities, the applicant shall further disclose the identity of the individual(s) (natural persons) having the ultimate ownership interest in the entity.

| <b>TRUST NAME</b>       |                   |
|-------------------------|-------------------|
| <b>NAME AND ADDRESS</b> | <b>% INTEREST</b> |
|                         |                   |
|                         |                   |
|                         |                   |
|                         |                   |
|                         |                   |
|                         |                   |
|                         |                   |

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**COMPENSATED LOBBYIST**

Pursuant to Section 2-482 of the Miami Beach City Code, all lobbyists shall, before engaging in any lobbying activities, register with the City Clerk. Please list below any and all persons or entities retained by the applicant to lobby City staff or any of the City's land development boards in support of this application.

| NAME  | ADDRESS | PHONE |
|-------|---------|-------|
| _____ | _____   | _____ |
| _____ | _____   | _____ |
| _____ | _____   | _____ |

Additional names can be placed on a separate page attached to this application.

**APPLICANT HEREBY ACKNOWLEDGES AND AGREES THAT (1) AN APPROVAL GRANTED BY A LAND DEVELOPMENT BOARD OF THE CITY SHALL BE SUBJECT TO ANY AND ALL CONDITIONS IMPOSED BY SUCH BOARD AND BY ANY OTHER BOARD HAVING JURISDICTION, AND (2) APPLICANT'S PROJECT SHALL COMPLY WITH THE CODE OF THE CITY OF MIAMI BEACH AND ALL OTHER APPLICABLE CITY, STATE AND FEDERAL LAWS.**

**APPLICANT AFFIDAVIT**

STATE OF Florida

COUNTY OF Miami Dade

I, Alexis Coqui Leonart, being first duly sworn, depose and certify as follows: (1) I am the applicant or representative of the applicant. (2) This application and all information submitted in support of this application, including sketches, data, and other supplementary materials, are true and correct to the best of my knowledge and belief.

[Signature]  
SIGNATURE

Sworn to and subscribed before me this 02 day of August, 2019. The foregoing instrument was acknowledged before me by Alexis Coqui Leonart, who has produced \_\_\_\_\_ as identification and/or is personally known to me and who did/did not take an oath.

NOTARY SEAL OR STAMP  
 **YAIZA LOPEZ**  
 MY COMMISSION # FF979603  
 EXPIRES April 06, 2020  
 (407) 398-0153 FloridaNotaryService.com

My Commission Expires:

04/06/20

[Signature]  
NOTARY PUBLIC  
Yaiza Lopez  
 PRINT NAME