

# MIAMIBEACH

## PLANNING DEPARTMENT

1700 Convention Center Drive, Miami Beach, Florida 33139; Tel: 305.673.7550; Web: [www.miamibeachfl.gov/planning](http://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>PB19-0327                                                                                                                                                                                                                                                                                                                                                  |            | 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 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 checked="" 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>N/A                                                                                                                                                                                                                                                                                                                                                |            |                                                                                                                                                                                                                                                                                                                                                         |                                   |
| FOLIO NUMBER(S)                                                                                                                                                                                                                                                                                                                                                           |            |                                                                                                                                                                                                                                                                                                                                                         |                                   |
| <b>Property Owner Information</b>                                                                                                                                                                                                                                                                                                                                         |            |                                                                                                                                                                                                                                                                                                                                                         |                                   |
| PROPERTY OWNER NAME<br>N/A                                                                                                                                                                                                                                                                                                                                                |            |                                                                                                                                                                                                                                                                                                                                                         |                                   |
| ADDRESS                                                                                                                                                                                                                                                                                                                                                                   |            | CITY                                                                                                                                                                                                                                                                                                                                                    | STATE      ZIPCODE                |
| BUSINESS PHONE                                                                                                                                                                                                                                                                                                                                                            | CELL PHONE | EMAIL ADDRESS                                                                                                                                                                                                                                                                                                                                           |                                   |
| <b>Applicant Information (if different than owner)</b>                                                                                                                                                                                                                                                                                                                    |            |                                                                                                                                                                                                                                                                                                                                                         |                                   |
| APPLICANT NAME<br>City of Miami Beach                                                                                                                                                                                                                                                                                                                                     |            |                                                                                                                                                                                                                                                                                                                                                         |                                   |
| ADDRESS<br>1700 Convention Center Drive                                                                                                                                                                                                                                                                                                                                   |            | CITY<br>Miami Beach                                                                                                                                                                                                                                                                                                                                     | STATE<br>FL      ZIPCODE<br>33139 |
| BUSINESS PHONE<br>3056737550                                                                                                                                                                                                                                                                                                                                              | CELL PHONE | EMAIL ADDRESS<br>N/A                                                                                                                                                                                                                                                                                                                                    |                                   |
| <b>Summary of Request</b>                                                                                                                                                                                                                                                                                                                                                 |            |                                                                                                                                                                                                                                                                                                                                                         |                                   |
| PROVIDE A BRIEF SCOPE OF REQUEST<br>SEE AFFIDAVIT                                                                                                                                                                                                                                                                                                                         |            |                                                                                                                                                                                                                                                                                                                                                         |                                   |

|                                                                                                        |            |                                                                                                                                                                                                                               |                             |
|--------------------------------------------------------------------------------------------------------|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| <b>Project Information</b>                                                                             |            |                                                                                                                                                                                                                               |                             |
| Is there an existing building(s) on the site?                                                          |            | <input 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 type="checkbox"/> No |
| Does the project include interior or exterior demolition?                                              |            | <input type="checkbox"/> Yes                                                                                                                                                                                                  | <input type="checkbox"/> No |
| Provide the total floor area of the new construction.                                                  |            |                                                                                                                                                                                                                               | SQ. FT.                     |
| Provide the gross floor area of the new construction (including required parking and all usable area). |            |                                                                                                                                                                                                                               | SQ. FT.                     |
| <b>Party responsible for project design</b>                                                            |            |                                                                                                                                                                                                                               |                             |
| NAME                                                                                                   |            | <input 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                                                                                                |            | CITY                                                                                                                                                                                                                          | STATE      ZIPCODE          |
| BUSINESS PHONE                                                                                         | CELL PHONE | EMAIL ADDRESS                                                                                                                                                                                                                 |                             |
| <b>Authorized Representative(s) Information (if applicable)</b>                                        |            |                                                                                                                                                                                                                               |                             |
| NAME                                                                                                   |            | <input type="checkbox"/> Attorney <input type="checkbox"/> Contact<br><input type="checkbox"/> Agent <input type="checkbox"/> Other _____                                                                                     |                             |
| ADDRESS                                                                                                |            | CITY                                                                                                                                                                                                                          | STATE      ZIPCODE          |
| BUSINESS PHONE                                                                                         | CELL PHONE | EMAIL ADDRESS                                                                                                                                                                                                                 |                             |
| NAME                                                                                                   |            | <input type="checkbox"/> Attorney <input type="checkbox"/> Contact<br><input type="checkbox"/> Agent <input type="checkbox"/> Other _____                                                                                     |                             |
| ADDRESS                                                                                                |            | CITY                                                                                                                                                                                                                          | STATE      ZIPCODE          |
| BUSINESS PHONE                                                                                         | CELL PHONE | EMAIL ADDRESS                                                                                                                                                                                                                 |                             |
| NAME                                                                                                   |            | <input type="checkbox"/> Attorney <input type="checkbox"/> Contact<br><input type="checkbox"/> Agent <input type="checkbox"/> Other _____                                                                                     |                             |
| ADDRESS                                                                                                |            | CITY                                                                                                                                                                                                                          | STATE      ZIPCODE          |
| BUSINESS PHONE                                                                                         | CELL PHONE | 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).

**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

On File

**SIGNATURE**

Thomas R. Mooney

**PRINT NAME**

10/09/2019

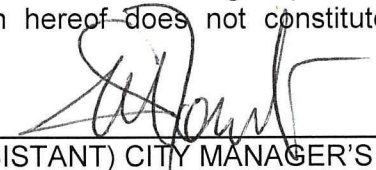
**DATE SIGNED**

**AFFIDAVIT**

I, Susanne Torriente, being duly sworn, depose and say that I am the (Assistant) City Manager of the City of Miami Beach and as such, have been authorized by the City, to file the following application for a Planning Board public hearing:

**PB 19-0327. Definition for Personal Service Establishment. AN ORDINANCE** OF THE MAYOR AND CITY COMMISSION OF THE CITY OF MIAMI BEACH, FLORIDA, AMENDING THE CODE OF THE CITY OF MIAMI BEACH, SUBPART B, ENTITLED "LAND DEVELOPMENT REGULATIONS," BY AMENDING CHAPTER 114, ENTITLED "GENERAL PROVISIONS," SECTION 114-1, ENTITLED "DEFINITIONS", BY DELETING THE DEFINITIONS FOR 'ADULT CONGREGATE LIVING FACILITY' AND 'ADULT CONGREGATE LIVING FACILITY UNIT' AND BY CREATING A DEFINITION FOR 'PERSONAL SERVICE ESTABLISHMENT'; PROVIDING FOR REPEALER, SEVERABILITY, CODIFICATION AND AN EFFECTIVE DATE.

This instrument is executed pursuant to the requirements of the Planning Department and attests to the accuracy of the above statement. Execution hereof does not constitute approval or disapproval of the application which it addresses.

  
(ASSISTANT) CITY MANAGER'S SIGNATURE

STATE OF FLORIDA )

) SS

COUNTY OF MIAMI-DADE)

Sworn to and subscribed before me this 7<sup>th</sup> day of November, 2019. The foregoing instrument was acknowledged before me by Susanne Torriente, who is personally known to me and who did/did not take an oath.

My commission expires:

  
NOTARY PUBLIC  
STATE OF FLORIDA  
(type, print or stamp name)

