

MIAMI BEACH

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.

Application Information			
FILE NUMBER			
<input type="radio"/> Board of Adjustment <input type="checkbox"/> Variance from a provision of the Land Development Regulations <input type="checkbox"/> Appeal of an administrative decision		<input checked="" type="radio"/> Design Review Board <input checked="" type="checkbox"/> Design review approval <input type="checkbox"/> Variance	
<input type="radio"/> Planning Board <input type="checkbox"/> Conditional use permit <input type="checkbox"/> Lot split approval <input type="checkbox"/> Amendment to the Land Development Regulations or zoning map <input type="checkbox"/> Amendment to the Comprehensive Plan or future land use map		<input type="radio"/> Historic Preservation Board <input type="checkbox"/> Certificate of Appropriateness for design <input type="checkbox"/> Certificate of Appropriateness for demolition <input type="checkbox"/> Historic district/site designation <input type="checkbox"/> Variance	
<input type="checkbox"/> Other:			
Property Information – Please attach Legal Description as “Exhibit A”			
ADDRESS OF PROPERTY 4300 Alton Road			
FOLIO NUMBER(S) 02-3222-011-0360			
Property Owner Information			
PROPERTY OWNER NAME Mount Sinai Medical Center of Florida, Inc.			
ADDRESS c/o Akerman LLP, 98 SE 7 ST, STE 1100		CITY Miami	STATE FL
ZIP CODE 33131			
BUSINESS PHONE 305-982-5525	CELL PHONE	EMAIL ADDRESS wesley.hevia@akerman.com	
Applicant Information (if different than owner)			
APPLICANT NAME			
ADDRESS		CITY	STATE
ZIP CODE			
BUSINESS PHONE	CELL PHONE	EMAIL ADDRESS	
Summary of Request			
PROVIDE A BRIEF SCOPE OF REQUEST Approval of new garage at Mt. Sinai Medical Center Campus. See LOI for additional details.			

Project Information			
Is there an existing building(s) on the site?		<input checked="" type="checkbox"/> Yes	<input 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.		See Plans	SQ. FT.
Provide the gross floor area of the new construction (including required parking and all usable area). See Plans			SQ. FT.
Party responsible for project design			
NAME Netta Architects		<input type="checkbox"/> Architect <input type="checkbox"/> Contractor <input type="checkbox"/> Landscape Architect <input type="checkbox"/> Engineer <input type="checkbox"/> Tenant <input type="checkbox"/> Other _____	
ADDRESS One Park Place, 621 NW 53rd Street , Suite 350,		CITY Boca Raton	STATE FL ZIPCODE 33487
BUSINESS PHONE (561) 295-4500	CELL PHONE	EMAIL ADDRESS Nick Netta <nnetta@nettaarchitects.com>	
Authorized Representative(s) Information (if applicable)			
NAME Neisen Kasdin, Esq., Akerman LLP		<input checked="" type="checkbox"/> Attorney <input type="checkbox"/> Contact <input type="checkbox"/> Agent <input type="checkbox"/> Other _____	
ADDRESS 98 SE 7 ST, Suite 1100		CITY Miami	STATE FL ZIPCODE 33131
BUSINESS PHONE 305-374-5600	CELL PHONE	EMAIL ADDRESS neisen.kasdin@akerman.com	
NAME Wesley Hevia, Esq., Akerman LLP		<input checked="" type="checkbox"/> Attorney <input type="checkbox"/> Contact <input type="checkbox"/> Agent <input type="checkbox"/> Other _____	
ADDRESS 98 SE 7 ST, Suite 1100		CITY Miami	STATE FL ZIPCODE 33131
BUSINESS PHONE 305-982-5525	CELL PHONE	EMAIL ADDRESS wesley.hevia@akerman.com	
NAME		<input type="checkbox"/> Attorney <input type="checkbox"/> Contact <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".
- 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 forgoing 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

Alexander Mendez , EVP & CFO

PRINT NAME

DATE SIGNED

OWNER AFFIDAVIT FOR INDIVIDUAL OWNER

STATE OF _____

COUNTY OF _____

I, _____, 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.

SIGNATURE

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

ALTERNATE OWNER AFFIDAVIT FOR CORPORATION, PARTNERSHIP OR LIMITED LIABILITY COMPANY

STATE OF Florida

COUNTY OF Miami Dade

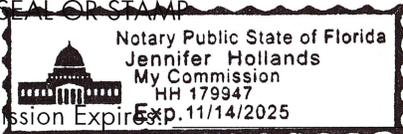
I, Alexander Mendez, being first duly sworn, depose and certify as follows: (1) I am the EVP & CFO (print title) of Mount Sinai Medical Center of Florida, Inc (print name of corporate entity). (2) I am authorized to file this application on behalf of such entity. (3) This application and all information 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.

am

SIGNATURE

Sworn to and subscribed before me this 25 day of January, 2021. The foregoing instrument was acknowledged before me by Alexander Mendez, who has produced _____ as identification and/or is personally known to me and who did/did not take an oath.

NOTARY SEAL OR STAMP



J. Hollands

NOTARY PUBLIC

My Commission Expires: _____

PRINT NAME

POWER OF ATTORNEY AFFIDAVIT

STATE OF Florida

COUNTY OF Miami Dade

I, Alexander Mendez, 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 Neisen Kasdin & Wes Hevia to be my representative before the Design Review 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.

Alexander Mendez, EVP & CFO

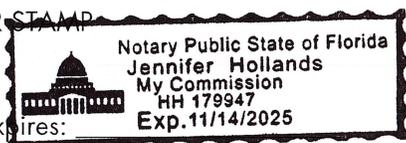
PRINT NAME (and Title, if applicable)

amf

SIGNATURE

Sworn to and subscribed before me this 25 day of January, 2022. The foregoing instrument was acknowledged before me by Alexander Mendez, who has produced _____ as identification and/or is personally known to me and who did/did not take an oath.

NOTARY SEAL OR STAMP



J Hollands

My Commission Expires:

NOTARY PUBLIC

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 if filed, but prior to the date of a final public hearing, the applicant shall file a supplemental disclosure of interest.

**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.

-----SEE ATTACHED EXHIBIT----- 

NAME OF CORPORATE ENTITY

NAME AND ADDRESS

% OF OWNERSHIP

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

NAME OF CORPORATE ENTITY

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.

TRUST NAME	
NAME AND ADDRESS	% INTEREST
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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
Neisen Kasdin, Esq., Akerman LLP	98 SE 7 ST, Suite 1100, Miami, FL 33131	305-374-5600
Wesley Hevia, Esq., Akerman LLP	98 SE 7 ST, Suite 1100, Miami, FL 33131	305-374-5600
_____	_____	_____

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

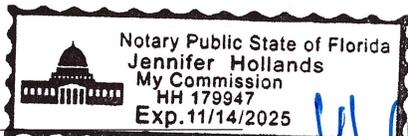
I, Alexander Mendez, being first duly sworn, depose and certify as follows: (1) I am the applicant or representative of the applicant. (2) This application and all information submitted in support of this application, including sketches, data, and other supplementary materials, are true and correct to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

aml

SIGNATURE

Sworn to and subscribed before me this 23 day of January, 2022. The foregoing instrument was acknowledged before me by Alexander Mendez, 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: _____

J. Hollands

NOTARY PUBLIC

PRINT NAME

EXHIBIT A

(Legal Description)

22-27 53 42
NAUTILUS SUB PB 8-95
LOT 41 & JOHNS & COLLINS ISLAND &
SUBMERGED LAND PER OR 1825-497 &
1825-494 ALL LESS 36 ST CAUSEWAY
R/W BLK 1
& LESS PORT COMM SELY COR OF LOT
40 BLK 1 TH N 86 DEG W 229.31FT
S 77 DEG W 144.75FT S51 DEG W
92.03FT S 52 DEG W 302.87FT FOR
POB TH S 48 DEG W 178.67FT S 48
DEG W 240.37FT S 46 DEG E 32.02FT
SELY AD 5.43FT N 87 DEG E
166.01FT N 87 DEG E 215.84FT
N 77 DEG E 31.38FT N 05 DEG W
326.92FT S52 DEG W 114.51FT TO POB
LOT SIZE 2315133 SQ FT

EXHIBIT B

(Disclosure of Interest)

Mount Sinai Medical Center of Florida, Inc. is:

- A Florida not for profit corporation;
- which is the parent and primary operating corporation;
- Has no members; and
- Is governed by its Executive Board of Trustees.