

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.

Application Information			
FILE NUMBER DRB22-0845			
<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	ZIPCODE 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	ZIPCODE
BUSINESS PHONE	CELL PHONE	EMAIL ADDRESS	
Summary of Request			
PROVIDE A BRIEF SCOPE OF REQUEST Approval of new Mount Sinai Cancer Center. See LOI for additional details.			

Project Information			
Is there an existing building(s) on the site?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the project include interior or exterior demolition?		<input type="checkbox"/> Yes	<input checked="" 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 CannonDesign		<input checked="" 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 50 Fountain Plaza, Suite 200		CITY Buffalo	STATE NY ZIPCODE 14202
BUSINESS PHONE	CELL PHONE 314-405-0920	EMAIL ADDRESS smyers@cannondesign.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).

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.

SIGNATURE

Sworn to and subscribed before me this 25 day of May, 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



NOTARY PUBLIC

My Commission Expires: _____

PRINT NAME

POWER OF ATTORNEY AFFIDAVIT

STATE OF Florida

COUNTY OF Miami-Dade

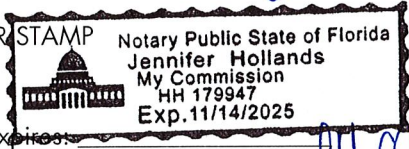
I, Alexander Mendez, being first duly sworn, depose and certify as follows: (1) I am the owner or representative of the owner of the real property that is the subject of this application. (2) I hereby authorize Neisen Kasdin & Wes Hevia to be my representative before the Design Review Board. (3) I also 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 May, 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



My Commission Expires _____

JHollands

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 is 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.

amf

SIGNATURE

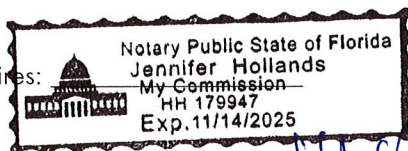
Sworn to and subscribed before me this 25 day of May, 2022. The foregoing instrument was acknowledged before me by Alexander Mendez, who has produced _____ as identification and/or is personally known to me and who did/did not take an oath.

NOTARY SEAL OR STAMP

Jennifer Hollands

NOTARY PUBLIC

My Commission Expires:



JHollands

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.