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			erty the primary residence & homestead of the			
DRB23-0910	applicant/property owner? 🛛 Yes 🗏 No					
(it "Yes," provide office of the property appraiser summary repor						
	d of Adjustment		Design Review Board			
	n of the Land Development Re	egulations	Design review app	proval		
Appeal of an administrat						
Modification of existing E			Modification of existing Board Order Historic Preservation Board			
Conditional Use Permit	anning Board					
□ Lot Split			 Certificate of Appropriateness for design Certificate of Appropriateness for demolition 			
	Development Regulations or Z	oning Map	□ Historic District/Site Designation			
	rehensive Plan or Future Land					
□ Modification of existing E		F	□ Modification of ex	isting Board (Order	
Other:				<u> </u>		
Property Information -	Please attach Legal Des	cription as	"Exhibit A"	.,	te Y - Strattered	
ADDRESS OF PROPERTY			<u></u>			
1790 Purdy Avenue	, Miami Beach, FL 3	3139				
FOLIO NUMBER(S)						
0232330120390						
Property Owner Inform	ation	1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 -			A Sector Ma	
PROPERTY OWNER NAME						
City of Miami Beach						
ADDRESS CITY				STATE	ZIPCODE	
1700 Convention Center Drive Miami		Miami E		FL	33139	
BUSINESS PHONE	CELL PHONE	EMAIL AD	DRESS			
305-673-7071		cipdeptcmb@gmail.com				
Applicant Information (if different than owner)					
APPLICANT NAME						
City of Miami Beach						
ADDRESS CITY				STATE	ZIPCODE	
1700 Convention Center Drive - CIP Mia		Miami E	Beach	FL	33139	
BUSINESS PHONE	CELL PHONE	EMAIL AD				
305-673-7071 colettesatchell@miamibeachfl.gov			mibeachfl.gov			
Summary of Request						
PROVIDE A BRIEF SCOPE OF REQUEST						
Project proposes to der	molish an existing buildi	ng current	ly occupied by the	City's Polic	e Marine Patrol	
	Division, to build a new three-story Marine Patrol facility that will house both Police and Fire.					

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

BUSINESS PHONE CELL PHONE EMAIL ADDRESS 305-673-7071 avidmartinez@miamibeachfl.gov NAME Attorney Contact Colette Satchell agent Other ADDRESS CITY STATE ZIPCODE 1700 Convention Center Drive - CIP Miami Beach FL 33139 BUSINESS PHONE CELL PHONE EMAIL ADDRESS colettesatchell@miamibeachfl.gov 305-673-7071 786-526-4447 EMAIL ADDRESS colettesatchell@miamibeachfl.gov NAME Attorney Contact Attorney Contact Addregate Attorney Contact Attorney Contact	Project Information					
Dess the project include interior or exterior demolition? Image: Yes Image: No Provide the total floor area of the new construction. Appro. 6,213 SQ. FT. Provide the gross floor area of the new construction (including required parking and all usable area). 9,650 SQ. FT. Party responsible for project design Image: NAME Image: Architect Image:	Is there an existing building			🖬 Yes	🗆 No	
Provide the total floor area of the new construction. Appro. 6,213 SQ. FT. Provide the gross floor area of the new construction (including required parking and all usable area). 9,650 SQ. FT. Party responsible for project design NAME Architect Contractor Landscape Architect Other Other Other Other Other STATE ZIPCODE STATE STATE ZIPCODE STATE STATE STATE STATE STATE STATE STATE Solore445-3765 Business PHONE CELL PHONE EMAIL ADDRESS Isolera@mcharty.com Authorized Representative(s) Information (if applicable) NAME Attorney Contact Agent Other		significant per s	sec. 142-108?	🗆 Yes	No No	
Provide the gross floor area of the new construction (including required parking and all usable area). 9,650 SQ. FT. Party responsible for project design NAME NAME ADDRESS CITY STATE CITY NAME CELL PHONE CELL PHONE CITY STATE CITY NAME CITY STATE CITY NAME CITY STATE CITY ST					Yes	
Party responsible for project design NAME						
NAME Image: Architect in Contractor in Contract in Content in Content in Contract in Contract in Contract in			ding required p	parking and all u	sable area). 9,65	0 SQ. FT.
MC Harry & Associates, Inc. Engineer Tenant Other						
ADDRESS CITY STATE ZIPCODE 2780 SW DOUGLAS ROAD - SUITE 302 MIAMI FL 33133 BUSINESS PHONE CELL PHONE EMAIL ADDRESS 33133 305-445-3765 Isolera@mcharry.com Authorized Representative(s) Information (if applicable) Isolera@mcharry.com NAME I Attorney Contact Image: Agent Other			The second se			hitect
2780 SW DOUGLAS ROAD - SUITE 302 MIAMI FL 33133 BUSINESS PHONE CELL PHONE EMAIL ADDRESS Isolera@mcharry.com 305-445-3765 Isolera@mcharry.com Authorized Representative(s) Information (if applicable) Isolera@mcharry.com NAME Isolera@mcharry.com Isolera@mcharry.com Isolera@mcharry.com NAME Isolera@mcharry.com Isolera@mcharry.com ADDRESS CITY STATE ZIPCODE 1700 Convention Center Drive - CIP Miami Beach FL 33139 BUSINESS PHONE CELL PHONE EMAIL ADDRESS Contact ADDRESS Isolera@miamibeachfl.gov STATE ZIPCODE NAME Isolera@miamibeachfl.gov STATE ZIPCODE BUSINESS PHONE CELL PHONE EMAIL ADDRESS STATE STATE 305-673-7071 786-526-4447 Colettesatchell@miamibeachfl.gov		lates, Inc.		Tenant		
BUSINESS PHONE 305-445-3765 CELL PHONE EMAIL ADDRESS Isolera@mcharry.com Authorized Representative(s) Information (if applicable) Isolera@mcharry.com NAME □ Attorney © Contact David Martinez, PE □ Attorney © Contact ADDRESS CITY STATE ZIPCODE 1700 Convention Center Drive - CIP Miami Beach FL 33139 BUSINESS PHONE CELL PHONE EMAIL ADDRESS davidmartinez@miamibeachfl.gov NAME □ Attorney © Contact Image: Contact Image: Contact ADDRESS CITY STATE ZIPCODE 33139 BUSINESS PHONE CELL PHONE EMAIL ADDRESS davidmartinez@miamibeachfl.gov Image: Contact Image: Contact Image: Contact Image: Contact Image: Contact Image: CITY STATE ZIPCODE NAME □ Attorney © Contact Image: CITY STATE ZIPCODE Image: CITY STATE ZIPCODE Image: CITY STATE ZIPCODE Image: CITY STATE ZIPCODE Image: CITY Image: CITY Image: CITY Image: CITY Image: CITY Image: CITY						
305-445-3765 Isolera@mcharry.com Authorized Representative(s) Information (if applicable) NAME Attorney Contact David Martinez, PE Agent Other		S ROAD - SUITE 302	MIAMI		FL	33133
Authorized Representative(s) Information (if applicable) NAME		CELL PHONE	EMAIL ADDRI	ESS		
NAME I Attorney Contact David Martinez, PE I Agent Other	305-445-3765		Isolera@	mcharry.co	m	
David Martinez, PE Image: Agent image: Other	Authorized Representative(s) Information (if applicable)					
ADDRESS CITY STATE ZIPCODE 1700 Convention Center Drive - CIP Miami Beach FL 33139 BUSINESS PHONE CELL PHONE EMAIL ADDRESS davidmartinez@miamibeachfl.gov 305-673-7071 Cell PHONE EMAIL ADDRESS davidmartinez@miamibeachfl.gov NAME I Attorney Contact I Agent Other			☐ Attorney	Contact		
1700 Convention Center Drive - CIP Miami Beach FL 33139 BUSINESS PHONE CELL PHONE EMAIL ADDRESS davidmartinez@miamibeachfl.gov 305-673-7071 □ Attorney □ Contact	David Martinez, PE			□ Other		
BUSINESS PHONE CELL PHONE EMAIL ADDRESS 305-673-7071 avidmartinez@miamibeachfl.gov NAME Attorney Contact Colette Satchell agent Other ADDRESS CITY STATE ZIPCODE 1700 Convention Center Drive - CIP Miami Beach FL 33139 BUSINESS PHONE CELL PHONE EMAIL ADDRESS colettesatchell@miamibeachfl.gov 305-673-7071 786-526-4447 EMAIL ADDRESS colettesatchell@miamibeachfl.gov NAME Attorney Contact Attorney Contact Agent Other	ADDRESS					
305-673-7071 davidmartinez@miamibeachfl.gov NAME	1700 Convention Center Drive - CIP		Miami Be	ach	FL	33139
NAME Image: Attorney image: Contract Colette Satchell Image: Attorney image: Contract ADDRESS Image: CITY ADDRESS CITY 1700 Convention Center Drive - CIP Miami Beach BUSINESS PHONE CELL PHONE 305-673-7071 786-526-4447 NAME Image: Contract Kelya Rodriguez Image: Contract		CELL PHONE	EMAIL ADDRI	ESS		
Colette Satchell	305-673-7071		davidmar	tinez@mia	mibeachfl.go	DV V
ADDRESS CITY STATE ZIPCODE 1700 Convention Center Drive - CIP Miami Beach FL 33139 BUSINESS PHONE CELL PHONE EMAIL ADDRESS colettesatchell@miamibeachfl.gov 305-673-7071 786-526-4447 Image: Contact Image: Contact NAME Image: Contact Image: Contact Image: Contact Kelya Rodriguez Image: Contact Image: Contact Image: Contact	NAME		□ Attorney	Contact		
1700 Convention Center Drive - CIP Miami Beach FL 33139 BUSINESS PHONE CELL PHONE EMAIL ADDRESS 305-673-7071 786-526-4447 colettesatchell@miamibeachfl.gov NAME I Attorney Contact Kelya Rodriguez I Agent Other	Colette Satchell		Agent	□ Other		
BUSINESS PHONE CELL PHONE EMAIL ADDRESS 305-673-7071 786-526-4447 colettesatchell@miamibeachfl.gov NAME □ Attorney ■ Contact □ Agent □ Other	ADDRESS		CITY		STATE	ZIPCODE
305-673-7071 786-526-4447 colettesatchell@miamibeachfl.gov NAME □ Attorney ■ Contact □ Agent □ Other	1700 Convention Center Drive - CIP		Miami Be	ach	FL	33139
NAME In Attorney Im Contact Kelya Rodriguez Im Agent Im Other	BUSINESS PHONE	CELL PHONE	EMAIL ADDR	ESS		
Kelya Rodriguez □ Agent □ Other	305-673-7071	786-526-4447	colettesa	tchell@mia	mibeachfl.go	vc
	NAME		□ Attorney	Contact		
	Kelya Rodriguez		□ Agent	□ Other		
	ADDRESS		CITY		STATE	ZIPCODE
1700 Convention Center Drive - CIP Miami Beach FL 33139	1700 Convention Center Drive - CIP		Miami Be	ach	FL	33139
BUSINESS PHONE CELL PHONE EMAIL ADDRESS	BUSINESS PHONE	CELL PHONE	EMAIL ADDRESS			
305-673-7071 305-413-0501 KelyaRodriguez@miamibeachfl.gov	305-673-7071	305-413-0501	KelyaRoo	driguez@m	iamibeachfl.	gov

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 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.
- 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

ar SIGNATURE Eric Carpenter, P.E. 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, widentification and/or is personally known to me and who did/did not take an	who has produced as
Identification and/or is personally known to the and who ald/ald hor lake and	odin.
NOTARY SEAL OR STAMP	
	NOTARY PUBLIC
My Commission Expires:	
	PRINT NAME
ALTERNATE OWNER AFFIDAVIT FOR CORPORATION, PARTNERS	SHIP OR LIMITED LIABILITY COMPANY
COUNTY OF MIAMI-DADE	
I, <u>Eric Carpenter, P.E.</u> , being first duly sworn, dep <u>Deputy City Manager</u> (print title) of <u>City of Miami Beach</u> authorized to file this application on behalf of such entity. (3) This application of application, including sketches, data, and other supplementary materials, are and belief. (4) The corporate entity named herein is the owner of the proper acknowledge and agree that, before this application may be publicly noticed application must be complete and all information submitted in support thereof the City of Miami Beach to enter my property for the sole purpose of posting of required by law. (7) I am responsible for remove this notice after the date of the	(print name of corporate entity). (2) 1 am and all information submitted in support of this e true and correct to the best of my knowledge rty that is the subject of this application. (5) 1 d and heard by a land development board, the if must be accurate. (6) I also hereby authorize a Notice of Public Hearing on my property, as he hearing.
Sworn to and subscribed before me this 10 day of Jennery acknowledged before me by CHC Corpenser, w identification and/or is personally known to me and who did/did not take and	, 20_222. The foregoing instrument was who has produced as
NOTARY SEAL OR STAMP	NOTARY PUBLIC
My Commission Expires: 1/24/25 Bonded through National Notary Assn.	Marie Christing Begur DDINT 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 FLORIDA

COUNTY OF MIAMI-DADE

Eric Carpenter, P.E., 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 MC Harry Associates, Inc 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.

Eric Carpenter, P.E., Deputy City M	anager G	rue automate
PRINT NAME (and Title, if applicable)		SIGNATURE
Sworn to and subscribed before methis _/O acknowledged before me by identification and/or is personally known to me an	day of January, , who day of January, , who	2023. The foregoing instrument was has produced as
NOTARY SEAL OR STAMP	1	M Chr Jay NOFARY PUBLIC
My Commission Expires: 1/29/23	MARIA CHRISTINA-BAGU Notary Public - State of Fl Commission # GG 2947 My Comm. Expires Jan 24, Bonded through National Notary	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 CONTRA	
	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.

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

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

Eric Carpenter, P.E. 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.

Price Carpento

SIGNATURE

Sworn to and subscribed before me this acknowledged before me by identification and/or is personally known to me	O day of <u>Januar</u> , 20 <u>23</u> . The foregoing instrument was <u>Carperter</u> , who has produced as
identification and/or is personally known to me	
NOTARY SEAL OR STAMP	/MULTIZ
1 1	NOTARY PUBLIC
My Commission Expires: <u>12423</u>	Marro Christine Dagen
/ / -	PRINT NAME
	MARIA CHRISTINA BAGUER Notary Public - State of Florida Commission # GG 294734 My Comm. Expires Jan 24, 2023 Bonded through National Notary Assn.

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