

MIAMI BEACH

PLANNING DEPARTMENT, 1700 CONVENTION CENTER DRIVE, 2ND FLOOR
MIAMI BEACH, FLORIDA 33139, WWW.MIAMIBEACHFL.GOV
305-673-7550

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.

☐ BOARD OF ADJUSTMENT

- ☐ VARIANCE FROM A PROVISION OF THE LAND DEVELOPMENT REGULATIONS
- ☐ APPEAL OF AN ADMINISTRATIVE DECISION

☒ DESIGN REVIEW BOARD

- ☒ DESIGN REVIEW APPROVAL
- ☐ VARIANCE RELATED TO PROJECT BEING CONSIDERED OR APPROVED BY DRB.

☐ HISTORIC PRESERVATION BOARD

- ☐ CERTIFICATE OF APPROPRIATENESS FOR DESIGN
- ☐ CERTIFICATE OF APPROPRIATENESS TO DEMOLISH A STRUCTURE
- ☐ HISTORIC DISTRICT / SITE DESIGNATION
- ☐ VARIANCE RELATED TO PROJECT BEING CONSIDERED OR APPROVED BY HPB.

☐ PLANNING BOARD

- ☐ CONDITIONAL USE PERMIT
- ☐ LOT SPLIT APPROVAL
- ☐ AMENDMENT TO THE LAND DEVELOPMENT REGULATIONS OR ZONING MAP
- ☐ AMENDMENT TO THE COMPREHENSIVE PLAN OR FUTURE LAND USE MAP

☐ FLOOD PLAIN MANAGEMENT BOARD

- ☐ FLOOD PLAIN WAIVER

☐ OTHER _____

SUBJECT PROPERTY ADDRESS: 4300 Alton Road, Miami Beach, FL 33140

LEGAL DESCRIPTION: PLEASE ATTACH LEGAL DESCRIPTION AS "EXHIBIT A"

FOLIO NUMBER (S) 02-3222-011-0360

1. APPLICANT: ☒ OWNER OF THE SUBJECT PROPERTY ☐ TENANT ☐ ARCHITECT ☐ LANDSCAPE ARCHITECT
 ☐ ENGINEER ☐ CONTRACTOR ☐ OTHER _____

NAME Mount Sinai Medical Center of Florida Inc.
ADDRESS 4300 Alton Road, Miami Beach, FL 33140
BUSINESS PHONE _____ CELL PHONE _____
E-MAIL ADDRESS _____

OWNER IF DIFFERENT THAN APPLICANT:

NAME _____
ADDRESS _____
BUSINESS PHONE _____ CELL PHONE _____
E-MAIL ADDRESS _____

2. AUTHORIZED REPRESENTATIVE(S):

☒ ATTORNEY:

NAME Neisen O. Kasdin, Wesley J. Hevia
ADDRESS 98 SE 7th Street, Suite 1100, Miami, FL 33131
BUSINESS PHONE 305-982-5525 CELL PHONE _____
E-MAIL ADDRESS wesley.hevia@akerman.com

☐ AGENT:

NAME _____
ADDRESS _____
BUSINESS PHONE _____ CELL PHONE _____
E-MAIL ADDRESS _____

☐ CONTACT:

NAME _____
ADDRESS _____
BUSINESS PHONE _____ CELL PHONE _____
E-MAIL ADDRESS _____

3. PARTY RESPONSIBLE FOR PROJECT DESIGN:

☐ ARCHITECT ☐ LANDSCAPE ARCHITECT ☐ ENGINEER ☐ CONTRACTOR ☐ OTHER: _____

NAME _____
ADDRESS _____
BUSINESS PHONE _____ CELL PHONE _____
E-MAIL ADDRESS _____

FILE NO. _____

4. SUMMARY OF APPLICATION – PROVIDE BRIEF SCOPE OF PROJECT:

Expansion of existing on-site generator building to allow for additional backup generator capacity during power outages.

- 4A. IS THERE AN EXISTING BUILDING(S) ON THE SITE ☒ YES ☐ NO
- 4B. DOES THE PROJECT INCLUDE INTERIOR OR EXTERIOR DEMOLITION ☒ YES ☐ NO
- 4C. PROVIDE THE TOTAL FLOOR AREA OF THE NEW BUILDING (IF APPLICABLE) see included plans SQ. FT.
- 4D. PROVIDE THE TOTAL GROSS FLOOR AREA OF THE NEW BUILDING (INCLUDING REQUIRED PARKING AND ALL USEABLE FLOOR SPACE). see included plans SQ. FT.

5. APPLICATION FEE (TO BE COMPLETED BY PLANNING STAFF) \$ _____

- 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 FEE. 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 A PROJECT 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, LANDSCAPE ARCHITECTS, ENGINEERS, 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.

FILE NO. _____

- IN ACCORDANCE WITH SEC.118-31. - DISCLOSURE REQUIREMENT. EACH PERSON OR ENTITY REQUESTING APPROVAL, RELIEF OR OTHER ACTION FROM THE PLANNING BOARD, DESIGN REVIEW BOARD, HISTORIC PRESERVATION BOARD (INCLUDING THE JOINT 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 SERVICES 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 FROM 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: _____

PRINT NAME: _____

Arnold M. Jaffee
SVP & General Counsel

FILE NO. _____

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 removing 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
 (Circle one)

STATE OF _____
 COUNTY OF _____

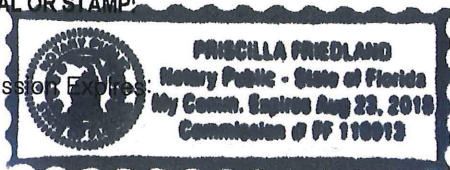
I, Arnold M. Tuffee, being duly sworn, depose and certify as follows: (1) I am the SVP + General Counsel (print title) of Mount Sinai Medical Center of Florida Inc. (print name of corporate entity). (2) I am authorized to file this application on behalf of such entity. (3) This application and all information 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 or tenant 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 the subject property for the sole purpose of posting a Notice of Public Hearing on the property, as required by law. (7) I am responsible for removing this notice after the date of the hearing.

SIGNATURE

Sworn to and subscribed before me this 27th day of April, 2018. The foregoing instrument was acknowledged before me by Arnold M. Tuffee, SVP + General Counsel of Mount Sinai Medical Center on behalf of such entity, 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:



NOTARY PUBLIC

PRINT NAME

FILE NO. _____

POWER OF ATTORNEY AFFIDAVITSTATE OF
COUNTY OF

I, Arnold M. Taffee, being duly sworn and deposed, 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 O. Kasdin & Wesley J. Hevia to be my representative before the Dev. Review Board. (3) I also hereby authorize the City of Miami Beach to enter the subject property for the sole purpose of posting a Notice of Public Hearing on the property, as required by law. (4) I am responsible for removing this notice after the date of the hearing.

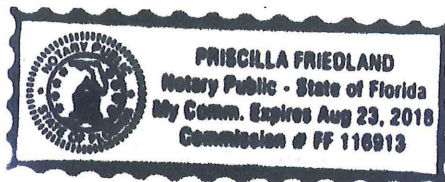
Arnold M. Taffee, SVP & General Counsel
PRINT NAME (and Title, if applicable)



SIGNATURE

Sworn to and subscribed before me this 27th day of April, 2018. The foregoing instrument was acknowledged before me by Arnold M. Taffee of Mount Sinai Medical Center 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



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 contract purchasers are corporations, partnerships, limited liability companies, trusts, 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. 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.

FILE NO. _____

CITY OF MIAMI BEACH
DEVELOPMENT REVIEW BOARD APPLICATION

DISCLOSURE OF INTEREST

1. 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 B"

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 ALL SUCH OWNERS, INCLUDING CORPORATE NAMES AND THE NAME, ADDRESS, AND PERCENTAGE OF OWNERSHIP OF EACH ADDITIONAL OWNER, ON A SEPARATE PAGE.

NOTE: Notarized signature required on page 9

FILE NO. _____

CITY OF MIAMI BEACH
DEVELOPMENT REVIEW BOARD APPLICATION
DISCLOSURE OF INTEREST

2. TRUSTEE

If the property that is the subject of this 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

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

NOTE: Notarized signature required on page 9

FILE NO. _____

3. 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 #
a.	<u>Neisen O. Kasdin</u>	<u>98 SE 7 ST, Ste. 1100, Miami, FL</u>	<u>305-374-5600</u>
b.	<u>Wesley J. Hevia</u>	<u>98 SE 7 ST, Ste. 1100, Miami, FL</u>	<u>305-374-5600</u>
c.	<u></u>	<u></u>	<u></u>

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

*Disclosure shall not be required of any entity, the equity interests in which are regularly traded on an established securities market in the United States or other country, or of any entity, the ownership interests of which are held in a limited partnership or other entity, consisting of more than 5,000 separate interests, where no one person or entity holds more than a total of 5% of the ownership interests in the entity.

APPLICANT HEREBY ACKNOWLEDGES AND AGREES THAT (1) ANY 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
COUNTY OF

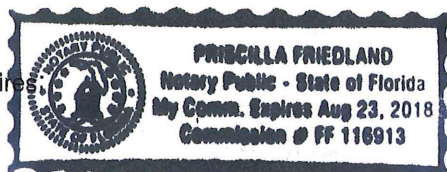
I, Arnold M. Jaffee, being first duly sworn, depose and certify as follows: (1) I am the applicant, or the representative of the applicant, (2) This application and all information submitted in support of this application, including disclosures, sketches, data, and other supplementary materials, are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



SIGNATURE

Sworn to and subscribed before me this 27th day of April, 20 18. 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.

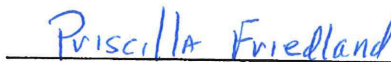
NOTARY SEAL OR STAMP



My Commission Expires



NOTARY PUBLIC



PRINT NAME

FILE NO. _____

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 DEGW114.51FT 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.

MBF
City Hall
1700 Convention Center Dr.
Miami Beach , FL 33139
305-673-7420
Welcome

002353-0107 Adrian V 04/12/2018 03:12PM

ENERGOV

hevia, wesley

DRB18-0269

2018 Item: 00109837

PL - New Application

Fees 2,500.00

2,500.00

Subtotal

2,500.00

Total

2,500.00

CHECK

2,500.00

Check Number 00900366

Change due

0.00

Paid by: hevia, wesley



Mount Sinai MEDICAL CENTER 1500 Mount Sinai Medical Center Miami Beach, FL 33139	DATE: 04/12/2018 TIME: 03:12 PM BY: ADRIAN V	AMOUNT: \$2,500.00 CHECK NUMBER: 00900366
PAY TWO THOUSAND FIVE HUNDRED AND 00/100 DOLLARS		
APPROVED BY: [Signature] DATE: 04/12/2018		

Thank you for your payment.

CUSTOMER COPY