

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			
Board of Adjustment <input type="checkbox"/> Variance from a provision of the Land Development Regulations <input type="checkbox"/> Appeal of an administrative decision		Design Review Board <input type="checkbox"/> Design review approval <input type="checkbox"/> Variance	
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		Historic Preservation Board <input checked="" 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 431 WASHINGTON AVE, MIAMI BEACH, FL, 33139			
FOLIO NUMBER(S) 02-4203-003-0830			
Property Owner Information			
PROPERTY OWNER NAME OCEAN WASHINGTON ASSOCIATES, LTD.			
ADDRESS 230 5TH STREET	CITY MIAMI BEACH	STATE FL	ZIPCODE 33139
BUSINESS PHONE 305-674-0600	CELL PHONE	EMAIL ADDRESS	
Applicant Information (if different than owner)			
APPLICANT NAME FLB1 INC.			
ADDRESS 437 WASHINGTON AVENUE	CITY MIAMI BEACH	STATE FL	ZIPCODE 33139
BUSINESS PHONE 305-532-0700	CELL PHONE	EMAIL ADDRESS samuelefarago@gmail.com	
Summary of Request			
PROVIDE A BRIEF SCOPE OF REQUEST THIS IS AN APPLICATION FOR A CERTIFICATE OF APPROPRIATENESS FOR THE MODIFICATION OF AN EXISTING COMMERCIAL STOREFRONT WITHIN THE OCEAN BEACH HISTORIC DISTRICT. THE SCOPE OF WORK CONSISTS OF ADDING GLASS GARAGE DOORS TO BOTH STOREFRONTS ALONG 431 WASHINGTON AVE AND 437 WASHINGTON AVE (ALONG 5TH STREET) TO CREATE A COVERED OUTDOOR DINING EXPERIENCE TO PROTECT PATRONS FROM RAIN WATER.			

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.			SQ. FT.
Provide the gross floor area of the new construction (including required parking and all usable area).			SQ. FT.
Party responsible for project design			
NAME JSK ARCHITECTURAL GROUP		<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 137 GIRALDA AVENUE		CITY CORAL GABLES	STATE FL ZIPCODE 33134
BUSINESS PHONE 305-448-1986	CELL PHONE	EMAIL ADDRESS j.kuperman@jskarchitecturalgroup.com	
Authorized Representative(s) Information (if applicable)			
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	
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	
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: