

MIAMI BEACH

PLANNING DEPARTMENT

City of Miami Beach, 1700 Convention Center Drive, Miami Beach, Florida 33139

File No: _____
Date: _____
MCR No: _____
Amount: _____
Zoning Classification _____
(For Staff Use Only)

STANDARD APPLICATION FORM DEVELOPMENT REVIEW BOARD HEARING

1. The below listed applicant wishes to appear before the following City Development Review Board for a scheduled public hearing: NOTE: This application form must be completed separately for each applicable Board hearing a matter.

- ☐ BOARD OF ADJUSTMENT ☒ HISTORIC PRESERVATION BOARD
☐ DESIGN REVIEW BOARD ☐ PLANNING BOARD
☐ FLOOD PLAIN MANAGEMENT BOARD

NOTE: Applications to the Board of Adjustment will not be heard until such time as the Design Review Board, Historic Preservation Board and/or the Planning Board have rendered decisions on the subject project.

2. THIS REQUEST IS FOR:

- a. ☐ A VARIANCE TO A PROVISION(S) OF THE LAND DEVELOPMENT REGULATIONS (ZONING) OF THE CODE
b. ☐ AN APPEAL FROM AN ADMINISTRATIVE DECISION
c. ☐ DESIGN REVIEW APPROVAL
d. ☒ A CERTIFICATE OF APPROPRIATENESS FOR DESIGN
e. ☐ A CERTIFICATE OF APPROPRIATENESS TO DEMOLISH A STRUCTURE
f. ☐ A CONDITIONAL USE PERMIT
g. ☐ A LOT SPLIT APPROVAL
h. ☐ AN HISTORIC DISTRICT/SITE DESIGNATION
i. ☐ AN AMENDMENT TO THE LAND DEVELOPMENT REGULATIONS OR ZONING MAP
j. ☐ AN AMENDMENT TO THE COMPREHENSIVE PLAN OR FUTURE LAND USE MAP
k. ☐ TO REHAB, TO ADD TO AND / OR EXPAND A SINGLE FAMILY HOME
l. ☐ OTHER: _____

3. NAME & ADDRESS OF PROPERTY: Node ID:MBCC01/200 16th Street,Miami Beach,FL 33139

LEGAL DESCRIPTION: PROPOSED CROWN CASTLE DAS UTILITY POLE WITH INTEGRATED STREET LIGHT LOCATED AT LATITUDE NORTH 25°47'20.739", LONGITUDE WEST 80°07'49.431"

X = 942302.710 Y = 529981.516

4. NAME OF APPLICANT Crown Castle NG East Inc.

Note: If applicant is a corporation, partnership, limited partnership or trustee, a separate Disclosure of Interest Form (Pages 6-7) must be completed as part of this application.

8555 NW 64th Street, Miami, FL 33166

ADDRESS OF APPLICANT CITY STATE ZIP

BUSINESS PHONE # (786)899-5911 CELL PHONE # (561) 310-9261

E-mail address: melissap.anderson@crowncastle.com

5. NAME OF PROPERTY OWNER (IF DIFFERENT FROM #4, OTHERWISE, WRITE "SAME") Not Applicable
City of Miami Beach right of way

If the owner of the property is not the applicant and will not be present at the hearing, the Owner/Power of Attorney Affidavit (Page 4) must be filled out and signed by the property owner. In addition, if the property owner is a corporation, partnership, limited partnership or trustee, a separate Disclosure of Interest Form (Pages 6 - 7) must be completed.

ADDRESS OF PROPERTY OWNER _____ CITY _____ STATE _____ ZIP _____
BUSINESS PHONE # _____ CELL PHONE # _____
E-mail address: _____

6. NAME OF ARCHITECT, LANDSCAPE ARCHITECT, ENGINEER, CONTRACTOR OR OTHER PERSON RESPONSIBLE FOR PROJECT DESIGN
Richard Heisenbottle 2199 Ponce de Leon Blvd, suite 400 Coral Gables, FL 33134
NAME (please circle one of the above) ADDRESS CITY STATE ZIP
BUSINESS PHONE # (305)446-7799 ext. 21 CELL PHONE # (786)218-6722
E-mail address: richard@rjha.net

7. NAME OF AUTHORIZED REPRESENTATIVE(S), ATTORNEY(S), OR AGENT(S) AND/OR CONTACT PERSON:

a. Melissa Anderson 855 NW 64th Street Miami, FL 33166
NAME ADDRESS CITY STATE ZIP
BUSINESS PHONE # (786)899-5911 CELL PHONE # (561)310-9261
E-mail address: melissap.anderson@crowncastle.com

b. Wayne Waldron 855 NW 64th Street Miami, FL 33166
NAME ADDRESS CITY STATE ZIP
BUSINESS PHONE # (561)544-4975 CELL PHONE # (205)837-3430
E-mail address: wayne.waldron@crowncastle.com

c. _____
NAME ADDRESS CITY STATE ZIP
BUSINESS PHONE # (786)899-5918 CELL PHONE # (610)952-4412
E-mail address: _____

NOTE: ALL ARCHITECTS, LANDSCAPE ARCHITECTS, ENGINEERS, CONTRACTORS OR OTHER PERSONS RESPONSIBLE FOR PROJECT DESIGN, AS WELL AS AUTHORIZED REPRESENTATIVE(S), ATTORNEY(S), OR AGENT(S) AND/OR CONTACT PERSONS, WHO ARE REPRESENTING OR APPEARING ON BEHALF OF A THIRD PARTY, UNLESS SOLELY APPEARING AS AN EXPERT WITNESS, ARE REQUIRED TO REGISTER AS A LOBBYIST WITH THE CLERK, PRIOR TO THE SUBMISSION OF AN APPLICATION.

8. SUMMARY OF PROPOSAL: Crown Castle seeks to replace an existing street light
with one Distributed Antenna System (DAS) node with integrated street light
in the public right of way in the City of Miami Beach in order to improve
the capacity and coverage of cellular devices within the City.

9. IS THERE AN EXISTING BUILDING(S) ON THE SITE? YES () NO (X)

10. WILL ALL OR ANY PORTION OF THE BUILDING(S) INTERIOR AND/OR EXTERIOR, BE DEMOLISHED? [] YES (X) NO

11. TOTAL FLOOR AREA (FAR) OF NEW BUILDING (if applicable): N / A SQ. FT.

12. TOTAL GROSS FLOOR AREA OF NEW BUILDING (including required parking and all usable floor space) N / A SQ. FT.

13. TOTAL FEE: (to be completed by staff) \$ 860.00

PLEASE NOTE THE FOLLOWING:

- *Applications for any Board hearing(s) will not be accepted without payment of the required fee. All checks are to be made payable to: "City of Miami Beach."*
- *Public records notice: all documentation, application forms, maps, drawings, photographs, letters and exhibits will become a part of the public record maintained by the City of Miami Beach Planning Department and shall under Florida Statute, be disclosed upon proper request to any person or entity.*
- *In accordance with the requirements of Section 2-482 of the Code of the City of Miami Beach, any individual or group (Lobbyist) that has been, or will be, compensated to either speak in favor or against a project being presented before any of the City's Development Review Boards, shall be fully disclosed prior to the public hearing. All such individuals and/or groups must register with the City Clerk prior to the hearing.*
- *In accordance with Section 118-31 of the Code of the City of Miami Beach, all applicants shall, prior to the public hearing, fully disclose 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 (exclusive of all legal or professional design services). Such disclosure shall:*
 1. *Be in writing.*
 2. *Indicate to whom the consideration has been provided or committed.*
 3. *Generally describe the nature of the consideration.*
 4. *Be read into the record by the requesting person or entity prior to submission to the secretary/clerk of the respective board.*

In the event the applicable development review board determines that the foregoing disclosure requirement was not timely satisfied by the person or entity requesting approval, relief or other action as provided above, then the application or order, as applicable, shall immediately be deemed null and void without further force or effect, and 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 Boards reach a decision, a Final Order will be issued stating the Board's decision and any conditions imposed therein. The Final Order must be recorded in the Office of the Recorder of Miami-Dade County; the original shall remain on file with the board clerk/secretary. Under no circumstances will a building permit be issued by the City of Miami Beach without a copy of the recorded Final Order being tendered along with the construction plans.*

To request this material in accessible format, sign language interpreters, information on access for persons with disabilities, and/or any accommodation to review any document or participate in any city-sponsored proceeding, please contact 305-604-2489 (voice) or 305-673-7218 (TTY) five days in advance to initiate your request. TTY users may also call 711 (Florida Relay Service).

PLEASE COMPLETE ONE OR MORE OF THE FOLLOWING THREE AFFIDAVITS, AS APPLICABLE. NOTE: THE PROPERTY OWNER MUST FILL OUT AND SIGN THE "POWER OF ATTORNEY" PORTION IF THEY WILL NOT BE PRESENT AT THE HEARING, OR IS HAVING OTHER PERSONS SPEAK ON THEIR BEHALF.

OWNER AFFIDAVIT FOR INDIVIDUAL OWNER

STATE OF _____
COUNTY OF _____

I, _____, being first duly sworn, depose and say that I am the owner of the property described and which is the subject matter of the proposed hearing; that all the answers to the questions in this application and all sketches data and other supplementary matter attached to and made a part of the application are true and correct to the best of my knowledge and belief. I understand this application must be completed and accurate before a hearing can be advertised. 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 and I take the responsibility of removing this notice after the date of hearing.

PRINT NAME

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

PRINT NAME

My Commission Expires:

**ALTERNATE OWNER AFFIDAVIT FOR
CORPORATION or PARTNERSHIP**

(Circle one)

STATE OF Florida
COUNTY OF Palm Beach

I, Wanda Melton Government Relations Manager being duly sworn, depose and say that I am the _____ of Crown Castle and as such, have been authorized by such entity to file this application that all answers to the questions in the application and all sketches, data and other supplementary matter attached to and made a part of the application are true and correct to the best of our knowledge and belief; that the corporation is the owner/tenant of the property described herein and is the subject matter of the proposed hearing. We understand this application must be completed and accurate before a hearing can be advertised. 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 and I take the responsibility of removing this notice after the date of hearing.

Wanda Melton
PRINT NAME

Wanda Melton
SIGNATURE

Sworn to and subscribed before me this 27 day of July, 2016. The foregoing instrument was acknowledged before me by Wanda Melton Manager of Crown Castle 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:



NOTARY PUBLIC

PRINT NAME

My Commission Expires:

POWER OF ATTORNEY AFFIDAVIT

STATE OF Florida
COUNTY OF Palm Beach

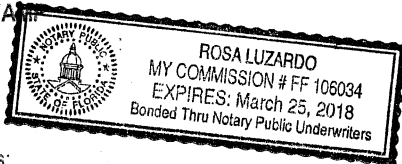
I, Wanda Melton, being duly sworn and depose say that I am the owner or representative of the owner of the described real property and that I am aware of the nature and effect of the request for placement of DAS relative to the subject property, which request is hereby made by me OR I am hereby authorizing Maria Larvajal & Richard Heisenbottle to be my representative before the HPB & DRB Board. 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 and I take the responsibility of removing this notice after the date of hearing.

Wanda Melton
PRINT NAME (and Title, if applicable)

Wanda Melton
SIGNATURE

Sworn to and subscribed before me this 27 day of Jul, 2016. The foregoing instrument was acknowledged before me by Wanda Melton of order case who has produced _____ as identification and/or is personally known to me and who did/did not take an oath.

NOTARY SEAL OR STATEMENT



Rosa Luzardo
NOTARY PUBLIC
PRINT NAME

My Commission Expires:

CONTRACT FOR PURCHASE

If there is a CONTRACT FOR PURCHASE, whether contingent on this application or not, and whether the purchaser is a corporation, trustee or partnership, list the names of the contract purchasers below, including the principal officers, stockholders, beneficiaries or partners. Where the principal officers, stockholders, beneficiaries or partners consist of another corporation, trust, partnership or other similar entity, further disclosure shall be required which discloses 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 or trusts, list all individuals and/or complete the appropriate disclosure clause above.*

NAME
NAME, ADDRESS, AND OFFICE

DATE OF CONTRACT
% OF STOCK

For any changes of ownership or changes in contracts for purchase subsequent to the date of the application, but prior to the dates of final public hearing, a supplemental disclosure of interest shall be filed.

**CITY OF MIAMI BEACH
DEVELOPMENT REVIEW BOARD APPLICATION**

DISCLOSURE OF INTEREST

1. CORPORATION

If the property which is the subject of the application is owned or leased by a CORPORATION, list ALL of the stockholders, and the percentage of stock owned by each. Where the stockholders consist of another corporation(s), trustee(s), partnership(s) or other similar entity, further disclosure shall be required which discloses the identity of the individual(s) (natural persons) having the ultimate ownership interest in the entity.*

Crown Castle NG East LLC
CORPORATION NAME

NAME AND ADDRESS

% OF STOCK

EKA Crown Castle NG East Inc.
Crown Castle NG Networks Inc.
Crown Castle Solutions Corp.
Crown Castle Operating Company
Crown Castle International Corp.

owns 100% of NG East LLC
owns 100% of NG Networks Inc.
owns 100% of Solutions Corp
owns 100% of Operating Company &
is publicly traded

CORPORATION NAME

NAME AND ADDRESS

% OF STOCK

IF THERE ARE ADDITIONAL CORPORATIONS, LIST OTHERS, INCLUDING CORP. NAME(S) AND EACH INDIVIDUAL STOCKHOLDER'S NAME, ADDRESS, OFFICE AND PERCENTAGE OF STOCK, ON A SEPARATE PAGE.

NOTE: Notarized signature required on page 8

4. COMPENSATED LOBBYIST:

The City of Miami Beach Code sub-section 118-31 requires the disclosure of any individual or group which has been, or will be, compensated to either speak in favor of or against a project being presented before any of the City's Development Review Boards, or not to speak at all. Please list below all persons or entities encompassed by this section.

NAME	ADDRESS	PHONE #
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____

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

* Disclosure shall not be required of any entity, the equity interest 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 and where no one person or entity holds more than a total of 5% of the ownership interests in the limited partnership or other entity.

APPLICANT HEREBY ACKNOWLEDGES THAT ANY APPROVAL GRANTED BY THE BOARD SO APPLIED TO, SHALL BE SUBJECT TO ANY AND ALL CONDITIONS IMPOSED BY SUCH BOARD AND BY ANY OTHER BOARD HAVING JURISDICTION, AND THAT THE PROJECT MUST ALSO COMPLY WITH THE CODE OF THE CITY OF MIAMI BEACH AND ALL OTHER APPLICABLE LAW.

APPLICANT AFFIDAVIT

STATE OF Florida
COUNTY OF Palm Beach

I, Wanda Melton, (list name of corporation and office designation as applicable) being first duly sworn, depose and say that I am the applicant, or the representative of the applicant, for the subject matter of the proposed hearing; that all the answers to the questions in this application and all sketches, data and other supplementary matter attached to and made a part of the application and the disclosure information listed on this application is a full disclosure of all parties of interest in this application are true and correct to the best of my knowledge and belief.

Wanda Melton
SIGNATURE

Sworn to and subscribed before me this 27 day of July, 2016. The foregoing instrument was acknowledged before me by Wanda Melton, 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:

[Signature]
NOTARY PUBLIC
R. LUZARDO
PRINT NAME