

APPLICATION FOR ADMINISTRATIVE SITE PLAN REVIEW (RESIDENTIAL)

GENERAL INFORMATION

The following items must be submitted to the Zoning Administrative Review Section for review of proposed Multi-family, Townhouse, Zero Lot Line, RU-1M(a), RU-1M(b), Cluster and Hotel developments:

- 1 copy of application (attached)
- 1 set of plans (site, landscaping, floor plans, typical lot layout, elevation)
Provide CD of plans & application (see instruction for format)
- 1 set of plans not to exceed 8½" x 11" in size
- 1 copy of legal description
- Fee (See fee schedule attached)
- Survey

The Site Plan must contain a complete legend (Ask for the standardized legend for your type of development at the Zoning Hearings Counter). Landscape plans must be accompanied by a Landscape Legend and a signed Certificate of Compliance (See Attached).

The plan will be reviewed by the Department of Planning and Zoning, Public Works Department and DERM for compliance with zoning regulations and for compliance with site plan review criteria. Applicants will be notified of required revisions or corrections to the plan within 15 days from the date of submission. Revised plans, once received, will again be reviewed by all departments, and if approved will proceed to the Zoning Land Use Development Division Chief for further staff review and final review resulting in written approval or denial of the plan.

- FIRE RESCUE DEPARTMENT reviews and comments on applications. Call (786) 331-4540 to obtain information required for proper plans review by this department.
- AVIATION DEPARTMENT reviews and comments on applications located within certain areas of all airports located in Miami-Dade County. Additional fees will be assessed for applications exceeding certain height thresholds. Call (305) 876-0479 for information on height thresholds.

An appointment is required to submit the application when your site plan review application is complete and ready to submit. Please call the Zoning Administrative Review Section at (305) 375-2640 and schedule an appointment to submit the ASPR application.

APPLICATION FOR ADMINISTRATIVE SITE PLAN REVIEW
(Residential)

S _____ T _____ R _____

FOLIO NUMBER: _____

Received Stamp

(1) APPLICANT'S NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____ E-MAIL: _____

(2) PROPERTY OWNER'S NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____ E-MAIL: _____

(3) CONTACT PERSON NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____ E-MAIL: _____

(4) NAME OF PLAN: _____

NO. OF SHEETS: _____

PREPARED BY: _____

DATE OF PLAN: _____

NUMBER OF UNITS: _____

PROPOSED USE: _____

(5) DEVELOPMENT TYPE: _____

ADDRESS OR LOCATION OF PROPERTY: _____

(6) SIZE OF PROPERTY: _____

(7) LEGAL DESCRIPTION OF PROPERTY: _____

(8) ZONING DISTRICT: _____

Multi-Family Development Legend

Zoning District: _____

Gross Land Area _____ Acres

Net Land Area _____ Acres _____ Square Feet

Density Per Acre _____ Permitted _____ Proposed
 Units Proposed _____ Permitted _____ Proposed

Lot Coverage Prcntg. _____ Permitted _____ Proposed
 Lot Coverage Sq. Ft. _____ Permitted _____ Proposed

Open Space Prcntg. _____ Required _____ Provided
 Open Space Sq. Ft. _____ Required _____ Provided

Paved Area Prcntg. _____ Required _____ Provided
 Paved Area Sq. Ft. _____ Required _____ Provided

Building Height Ft. _____ Permitted _____ Proposed
 Number of Stories _____ Permitted _____ Proposed
 Floor Area Ratio _____ Permitted _____ Proposed

Building Type **Square Footage Per Building**
 "A" _____
 "B" _____
 "C" (as necessary) _____

Type of Unit **Number Units**
 1 Bedroom _____
 2 Bedroom _____
 3 Bedroom _____

Parking Spaces Per Unit Type
 1 Bedroom _____ x 1.5 Required _____ Provided _____
 2 Bedroom _____ x 1.75 Required _____ Provided _____
 3 Bedroom _____ x 2 Required _____ Provided _____

Total Parking Spaces Required _____

Townhouse Development Legend

Zoning District	_____				
Gross Land Area	_____	Acres			
Net Land Area	_____	Acres	_____	Square Feet	
Units Proposed	_____	Density	_____	Dwellings Per Acre	
Lot Coverage Sq. Ft.	_____	Permitted	_____	Proposed	
Open Space Sq. Ft.	_____	Required	_____	Provided	
Unencumbered Open Space Sq. Ft.	_____	Required	_____	Provided	
Building Height Ft.	_____	Permitted	_____	Proposed	
Number of Stories	_____	Permitted	_____	Proposed	
Townhouse Model		Number		Model Sq. Ft.	
" A "		_____		_____	
" B "		_____		_____	
" C " (As Neccesary)		_____		_____	
Lot Area Per Unit	_____	Required	_____	Provided	
Patio Area Per Unit	_____	Required	_____	Provided	
Parking Spaces	_____	Required	_____	Provided	
Setbacks:					
Front	_____	Required	_____	Provided	
Rear	_____	Required	_____	Provided	
Interior Side	_____	Required	_____	Provided	
Side Street	_____	Required	_____	Provided	

APPLICANT'S AFFIDAVIT

The Undersigned, first being duly sworn depose that all answers to the questions in this application, and all supplementary documents made a part of the application are honest and true to the best of (my)(our) knowledge and belief. (I)(We) understand this application must be complete and accurate before the application can be submitted and the hearing advertised.

OWNER OR TENANT AFFIDAVIT

(I)(WE), _____, being first duly sworn, depose and say that (I am)(we are) the owner tenant of the property described and which is the subject matter of the proposed hearing.

Signature Signature

Sworn to and subscribed to before me this ____ day of _____, _____. Notary Public: _____ Commission Expires: _____

CORPORATION AFFIDAVIT

(I)(WE), _____, being first duly sworn, depose and say that (I am)(we are) the President Vice-President Secretary Asst. Secretary of the aforesaid corporation, and as such, have been authorized by the corporation to file this application for public hearing; and that said corporation is the owner tenant of the property described herein and which is the subject matter of the proposed hearing.

Attest: _____ Authorized Signature _____ Office Held _____

(Corp. Seal)

Sworn to and subscribed to before me this ____ day of _____, _____. Notary Public: _____ Commission Expires: _____

PARTNERSHIP AFFIDAVIT

(I)(WE), _____, being first duly sworn, depose and say that (I am)(we are) partners of the hereinafter named partnership, and as such, have been authorized to file this application for a public hearing; and that said partnership is the owner tenant of the property described herein which is the subject matter of the proposed hearing.

(Name of Partnership)

By _____ % By _____ %
By _____ % By _____ %

Sworn to and subscribed to before me this ____ day of _____, _____. Notary Public: _____ Commission Expires: _____

ATTORNEY AFFIDAVIT

I, _____, being first duly sworn, depose and say that I am a State of Florida Attorney at Law, and I am the Attorney for the Owner of the property described and which is the subject matter of the proposed hearing.

Signature

Sworn to and subscribed to before me this ____ day of _____, _____. Notary Public: _____ Commission Expires: _____

**OWNERSHIP AFFIDAVIT
FOR
CORPORATION**

STATE OF _____

COUNTY OF _____

Before me, the undersigned authority, personally appeared _____
_____ hereinafter the Affiant(s), who being first duly
sworn by me, on oath, deposes and says:

1. Affiant is the president, vice-president or CEO of the Corporation, with the following address:

2. The Corporation owns the property which is the subject of the application.
3. The subject property is legally described as:

4. Affiant is legally authorized to file this application.
5. Affiant understands this affidavit is subject to the penalties of law for perjury and the possibility of voiding of any zoning approval granted.

Witnesses:

Signature

Affiant's signature

Print Name

Print Name

Signature

Print Name

Sworn to and subscribed before me on the ____ day of _____ 20 ____.

Affiant is personally known to me or has produced _____ as identification

Notary

(Stamp/Seal)

Commission Expires:

**OWNERSHIP AFFIDAVIT
FOR
INDIVIDUAL**

STATE OF _____

COUNTY OF _____

Before me, the undersigned authority, personally appeared _____, hereinafter the Affiant, who being first duly sworn by me, on oath, deposes and says:

1. Affiant is the fee owner of the property that is the subject of the application.
2. The subject property is legally described as:

3. Affiant understands this affidavit is subject to the penalties of law for perjury and the possibility of voiding of any zoning approval granted.

Witnesses:

Signature

Affiant's signature

Print Name

Print Name

Signature

Print Name

Sworn to and subscribed before me on the _____ day of _____, 20_____

Affiant is personally known to me or has produced _____ as identification.

Notary

(Stamp/Seal)

Commission Expires:

DISCLOSURE OF INTEREST*

If a CORPORATION owns or leases the subject property, list principal stockholders and percent of stock owned by each. [Note: Where principal officers or stockholders consist of other corporation(s), trust(s), partnership(s) or other similar entities, further disclosure shall be made to identify the natural persons having the ultimate ownership interest].

CORPORATION NAME: _____

<u>NAME AND ADDRESS</u>	<u>Percentage of Stock</u>
_____	_____
_____	_____
_____	_____
_____	_____

If a TRUST or ESTATE owns or leases the subject property, list the trust beneficiaries and the percent of interest held by each. [Note: Where beneficiaries are other than natural persons, further disclosure shall be made to identify the natural persons having the ultimate ownership interest].

TRUST/ESTATE NAME _____

<u>NAME AND ADDRESS</u>	<u>Percentage of Interest</u>
_____	_____
_____	_____
_____	_____
_____	_____

If a PARTNERSHIP owns or leases the subject property, list the principals including general and limited partners. [Note: Where the partner(s) consist of another partnership(s), corporation(s), trust(s) or other similar entities, further disclosure shall be made to identify the natural persons having the ultimate ownership interest].

PARTNERSHIP OR LIMITED PARTNERSHIP NAME: _____

<u>NAME AND ADDRESS</u>	<u>Percentage of Ownership</u>
_____	_____
_____	_____
_____	_____
_____	_____

If there is a CONTRACT FOR PURCHASE, by a Corporation, Trust or Partnership list purchasers below, including principal officers, stockholders, beneficiaries or partners. [Note: Where principal officers, stockholders, beneficiaries or partners consist of other corporations, trusts, partnerships or other similar

entities, further disclosure shall be made to identify natural persons having the ultimate ownership interests].

NAME OF PURCHASER: _____

NAME, ADDRESS AND OFFICE (if applicable)

Percentage of Interest

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Date of contract: _____

If any contingency clause or contract terms involve additional parties, list all individuals or officers, if a corporation, partnership or trust.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

NOTICE: For any changes of ownership or changes in purchase contracts after the date of the application, but prior to the date of final public hearing, a supplemental disclosure of interest is required.

The above is a full disclosure of all parties of interest in this application to the best of my knowledge and belief.

Signature: _____
(Applicant)

Sworn to and subscribed before me this _____ day of _____, 20_____. Affiant is personally know to me or has produced _____ as identification.

(Notary Public)

My commission expires: _____

Seal

*Disclosure shall not be required of: 1) any entity, the equity interests in which are regularly traded on an established securities market in the United States or another country; or 2) pension funds or pension trusts of more than five thousand (5,000) ownership interests; or 3) any entity where ownership interests are held in a partnership, corporation or trust consisting of more than five thousand (5,000) separate interests, including all interests at every level of ownership and where no one (1) person or entity holds more than a total of five per cent (5%) of the ownership interest in the partnership, corporation or trust. Entities whose ownership interests are held in a partnership, corporation, or trust consisting of more than five thousand (5,000) separate interests, including all interests at every level of ownership, shall only be required to disclose those ownership interest which exceed five (5) percent of the ownership interest in the partnership, corporation or trust.

INSTRUCTION SHEET FOR PREPARER OF LANDSCAPE/IRRIGATION PLAN

Attached is a copy of the landscaping compliance/certification letter required to be submitted for initial plan's review and certification for final inspection.

Professional Preparer: Please transfer entire copy on your letterhead, in the format provided, fill in the necessary information and submit as required.

Owner/Builder: Please complete the attached certification letter and submit as required.

Your attention and cooperation are appreciated.

OWNER'S STATEMENT OF LANDSCAPE COMPLIANCE

PROCESS NUMBER _____

I/We hereby certify that as owner/agent for owner of Lot _____, Block _____, Subdivision name _____, P.B. _____ Page _____, (or metes and bounds) legal description _____

Located at (address) _____, that the landscaping/irrigation plans being submitted comply with the requirements of Chapter 18A (Landscape Code) and that the species as shown are in compliance with those approved by Miami-Dade County and that none of the species were selected from the "prohibited species" list. Further, if an automatic sprinkler system is being provided, it too, complies with the requirements of the ordinance as to type of heads, spray system, location, etc.

I/We further certify that I/we am/are authorized under Chapter 481, Florida statutes to prepare and submit this landscaping/irrigation plan.

Owner's Signature _____

Agent's Signature/Title _____

Print Name _____

Print name of Corporation (Owner) _____

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, _____, by _____ of _____ a _____ corporation, on behalf of the corporation. He/She is personally known to me or has produced _____ as identification and did did not take an oath

Witness my signature and official seal this _____ day of _____, _____, in the County and State aforesaid, the date and year last aforesaid.

Notary Public _____

Print Name _____

My Commission Expires: _____

Seal

PROFESSIONAL PREPARER'S STATEMENT OF LANDSCAPING COMPLIANCE

PROCESS NUMBER _____

Legal description: Lot _____, Block _____, Subdivision _____

P.B. _____ Page _____, Development name _____

Located at (address) _____

I/We hereby certify that the landscaping/irrigation plan being submitted complies with the requirements of Ordinance 18A (Landscape code) as to species, height, trunk width and location at time of planting, and that the species as shown are in accordance with the accepted species approved by Miami-Dade County and that none of the species are from the "Prohibited Species" list.

I/We hereby certify as an arborist and/or landscape architect that there are/are no (circle one) specimen trees on the property.

Additionally automatic sprinkler system (if applicable) comply with requirement of said ordinance as to type of heads, spray system, location, etc.

I/We further certify that I/we am/are authorized under Chapter 481, Florida statutes to prepare and submit this landscaping/irrigation plan.

Seal: (If Corporation)

Professional Preparer's Signature

Print Name

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____,
_____, by _____ of _____

a _____ corporation, on behalf of the corporation. He/She is personally
known to me or has produced _____ as identification and did did not

take an oath

Witness my signature and official seal this _____ day of _____,
_____, in the County and State aforesaid, the date and year last aforesaid.

Notary Public

Print Name

My Commission Expires: _____

Seal

PROFESSIONAL PREPARER'S STATEMENT OF LANDSCAPING COMPLIANCE

PROCESS NUMBER _____

Legal description: Lot _____, Block, _____ Subdivision _____

P.B. _____ Page _____, Development name _____

Located at (address) _____

I/We certify that the landscaping plan being submitted complies with the requirements of Chapter 18A (Landscape Code) as to species, height, trunk width and location at time of planting, and that the species as shown are in accordance with the accepted species approved by Miami-Dade County and that none of the species were selected from the "Prohibited Species" list.

Additionally automatic sprinkler system (if applicable) shall comply with requirement of said ordinance as to type of heads, spray system, location, etc.

I/We further certify that I/we am/are authorized under Chapter 481, Florida statutes to prepare and submit this landscaping/irrigation plan.

Seal:

Professional Preparer's Signature

Print Name

STATE OF _____

COUNTY OF _____

I, an officer authorized to take acknowledgments, according to the law and duly qualified and so acting, do hereby certify that on this date appeared before me _____ to me known to be the person described in and who executed the foregoing instrument and he/she acknowledged to me the execution thereof to be his/her free act and deed for the uses and purposes therein mentioned;

Witness my signature and seal this _____ day of _____, _____, in the County and State aforesaid, the date and year last aforesaid.

Notary Public

Print Name

My Commission Expires _____

Seal

LANDSCAPE LEGEND (This information is required to be permanently affixed to the plan.)

Zoning District: _____ Net Lot Area: _____ acres _____ square feet

OPEN SPACE **REQUIRED** **PROVIDED**

- A. Square feet of open space required by Chapter 33, as indicated on site plan:
 Net lot area = _____ square feet x _____ % = _____ square feet _____
- B. Square feet of parking lot open space required by Chapter 18A, as indicated on site plan:
 The number of parking spaces _____ x 10 square feet per parking space = _____
- C. Total square feet of landscaped open space required by Chapter 33 = A + B = _____

LAWN AREA CALCULATION

- A. Total square feet of landscaped open space required by Chapter 33 = _____
- B. Maximum lawn area (St. Augustine sod) permitted = _____ % x _____ square feet = _____

TREES

- A. The number of trees required per net lot acre
 less the existing number of trees that meet minimum requirements (minus) _____
 = _____ trees x net lot acreage = _____
- B. 30% palm trees allowed (two palms = one tree) Palms provided = _____
- C. Percentage of native trees required = the number of trees provided x 30% = _____
- D. Street trees (max. average spacing of 35' o.c.): _____ linear feet along street , 35 = _____
 Palms as street trees (max. average spacing 25' o.c.): _____ linear feet along street , 25 = _____
- E. Street trees located directly beneath power lines (maximum average spacing of 25' o.c.):
 _____ linear feet along street , 25 = _____
- F. Total number of trees provided = _____

SHRUBS

- A. The total number of trees required x 10 = the number of shrubs required _____
- B. The number of shrubs required x 30% = the number of native shrubs required _____

IRRIGATION PLAN: Required by Chapter 33. Auto irrigation _____ or hose bib _____ provided.

TABLE containing information as indicated in sample:

SYMBOL USED ON PLAN			PLANT NAME		NATIVE SPECIES		CALIPER	HEIGHT		CANOPY DIAMETER	QUANTITY
Symbol	New	Existing	Scientific	Common	Yes	No	Installed	Installed	Estimated at maturity*	Estimated at maturity*	

* Required for trees located underneath or adjacent to powerlines and palms used at 1:1 ratio

ADDITIONAL INFORMATION MAY BE REQUIRED BY CHAPTER 18A.



Miami-Dade Fire Rescue Access Road Requirements



The requirements identified in this document are minimum standards.

The Authority Having Jurisdiction (AHJ), based on specific fire fighting and or Emergency Medical Service (EMS) needs, may require necessary modifications to these minimum standards on a case-by-case basis.

Fire department access roads must be provided for every community, facility, building, or portion of a building. Set-up sites, fire lanes, and slopes in a project must be able to accommodate a truck with dimensions as follows.

Overall length: 46 feet, 10 inches

Bumper to bumper: 32 feet

Wheelbase length: 256 inches

Requirements for changes of elevation on Fire Department access roads

- Angle of approach: 11 degrees max = (1: 5.14 ratio) = (19.4%)
- Brake-over angle: 7 degrees max = (1: 8.14 ratio) = (12.3%)
- Angle of departure: 8 degrees max = (1: 7.12 ratio) = (14%)
- Driving inclines 11 degrees max = (1: 5.14 ratio) = (19.4%)

Required dimensions for fire department access roads

- All pertinent dimensions of fire department access roads such as - drivable roadway width, turn radii, cul-de-sacs, and T or Y turnarounds must be identified on a site plan. All sidewalks and green space shall be identified separate from roadway dimensions.
- The minimum dimensions for fire department access roads shall be 20 feet unobstructed width (two-way traffic) and not less than 13 feet 6 inches of unobstructed vertical clearance NFPA 1 18.2.2.5.1. The AHJ will accept one-way traffic lanes to be a minimum of 15 feet unobstructed width.
- Dead end fire department access roads exceeding 150 feet shall be provided with approved provisions for the turning around of fire apparatus NFPA 1 18.2.2.5.4. An approved turn-around shall be by means described below.
 - A minimum 50 feet outside radius cul-de-sac of which must be a suitable surface as described in *Emergency vehicle support capability* and approved by the AHJ.
 - A T-Turn or Y-Turn with an extension of the "T or Y" to be a minimum of 46 feet from the edge of each side of the roadway (not the center of the roadway) which must be a suitable surface as described below and approved by the AHJ.

Building access

A fire department access road shall extend to within 50 feet of a single exterior door providing access to the interior of any and all buildings NFPA 1 18.2.2.2

Fire department access roads shall be provided such that any portion of the facility or any portion of an exterior wall of the first story of the building is located not more than 150 feet (450 feet if fully sprinklered) from a fire department access road as measured by an approved route around the exterior of the building or facility NFPA 1 18.2.2.3.1

Gated communities or properties

- Gates to communities or properties shall be a minimum 15 feet clear width if the approach to and/or departure from the gate is not within a turn radius. '
- Gates that are within a turn radius shall be a minimum 20 feet clear width
- Fire Department access to gated communities shall be by Knox Key Switch model 3502 ONLY or Knox padlock model 3753 on manual gates where permitted.

Emergency Vehicle Support Capability

Fire department access roads shall be designed and maintained to support a minimum of 32 tons and shall be provided with a surface suitable for all-weather driving capabilities NFPA 1 18 2.2.5.2

Aerial apparatus set-up sites

- Sites shall be provided at the corner of each building over three stories in height-and at the approximate center of buildings in excess of 125 feet in length for fire fighting operations.
- Sites shall be no closer than 10 feet and no further than 30 feet from any building. Each site shall be a minimum 21 feet wide and 36 feet long with a cross slope no greater than 5 percent.
- Sites shall comply with the requirements of the emergency vehicle support capabilities above and also capable of withstanding any point forces resulting from outriggers.

Fire hydrants, sprinkler systems, and other fire related devices

- Clearance from landscaping, parking, or other obstructions around fire hydrants and fire department connections to sprinkler systems shall be a minimum of seven and one-half feet in front of and to the sides of each appliance NFPA 1 18.3.4.1, 18, 3.4.2
- Any required fire sprinkler post indicator valve and/or fire department connection shall be located not less than 40 feet from the protected building
- The fire department connection shall be within 150 feet of the closest fire hydrant.

Should you desire to review your plans with the Miami Dade Fire Rescue Department prior to submittal of an application, please contact:

- Fire Water Engineering at **786-315-2773** to set up a consultation meeting.
- Consultation meeting has a fee of **\$190.00 (1st)** hour or portion thereof and **\$65.00** each additional hour or portion thereof.

Revised date:
February 28, 2006

**FEE SCHEDULE
ADMINISTRATIVE SITE PLAN REVIEW FOR
ALL RESIDENTIAL PROJECTS**

Z703	Basic Fee	\$ 1,467.75
Z705	Number of Units (\$356.25 per 15 units or portion thereof)	\$ _____
Z704	Size of Property (\$712.00 per 10 acres or portion thereof)	\$ _____
Z119	PUBLIC WORKS	\$ 250.00
Z120	FIRE	\$ 190.00
Z060	Web Document Fee	\$ 77.25
	Subtotal	\$ _____
SUR8	8% Surcharge	\$ _____
CN01	6% Concurrency Fee	\$ _____
Z109	DERM	\$ 250.00
	Total	\$ _____

REVISIONS:

First Revision at no charge

Z706	Revision (\$880.65 per subsequent revised plan)	\$ _____
SUR8	8% Surcharge	\$ _____
	Total	\$ _____

NOTE: 8% surcharge will be added to all fees except DERM and concurrency.