

GENERAL APPLICATION

APPLICATION DATE: _____

2600 Hollywood Blvd

Room 315

Hollywood, FL 33022

Tel: (954) 921-3471

Email: Development@Hollywoodfl.org

SUBMISSION REQUIREMENTS:

- One set of digitally signed & sealed plans (i.e. Architect or Engineer)
- One electronic **combined** PDF submission (max. 25mb)
- Completed Application Checklist
- Application fee (per review)

NOTE:

- This application must be **completed in full** and submitted with all documents to be placed on a Board or Committee's agenda.
- The applicant is responsible for obtaining the appropriate checklist for each type of application.
- Applicant(s) or their authorized legal agent **must** be present at all Board or Committee meetings.

[CLICK HERE FOR FORMS, CHECKLISTS, & MEETING DATES](#)

APPLICATION TYPE (CHECK ONE):

- Technical Advisory Committee
 City Commission

- Variance/Special Exception Requested
 Administrative Approvals
 Historic Preservation Board
 Planning and Development Board

PROPERTY INFORMATION

Location Address: 3501 Johnson Street (specific project fronts Hospital Drive)

Lot(s): _____ Block(s): 46-48,pts 82-85 Subdivision: Hwd Hills 6-22

Folio Number(s): 5142 07 02 1000

HD

Zoning Classification: HD Land Use Classification: Community Facility

Existing Property Use: Hospital Sq Ft/Number of Units: 1,188,887 sq. ft.

Is the request the result of a violation notice? () Yes () No If yes, attach a copy of violation.

Has this property been presented to the City before? If yes, check all that apply and provide

File/Resolution/Ordinance No.: PACO, TAC, Other projects on campus over nearly

DEVELOPMENT PROPOSAL

Explanation of Request: Request to waive public art fee.

Phased Project: Yes / No Number of Phases: _____

Project	Proposal
Units/rooms (# of units)	(Area: _____ S.F.)
Proposed Non-Residential Uses	<u>Net increase of 292,662 sq. ft. of hospital</u> S.F.
Open Space (% and SQ.FT.)	N/A (Area: _____ S.F.)
Parking (# of spaces)	<u>584</u> (Area: _____ S.F.)
Height (# of stories)	<u>8</u> (<u>119.11</u> FT.)
Gross Floor Area (SQ. FT)	<u>404,492 new construction after 111,830 demc</u>

Name of Current Property Owner: South Broward Hospital District

Address of Property Owner: 3111 Stirling Road, Hollywood, FL 33312-6566

Telephone: 954-265-8670 Email Address: Mgreenspan@mhs.net

Applicant Calvin Giordano & Assoc. At Consultant | Representative | Tenant (check one)

Address: 1800 Eller Drive, Suite 600 Telephone: 954-921-7781

Email Address: Hholden@cgasolutions.com; Jmessick@cgasolutions.com

Email Address #2: Mgreenspan@mhs.net; Hcalhoun@miskelbackman.com

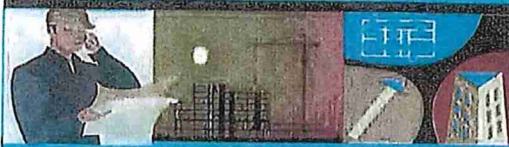
Date of Purchase: _____ Is there an option to purchase the Property? Yes No

If Yes, Attach Copy of the Contract.

Noticing Agent (FTAC & Board submissions only) : Christina Matthews of Cutro & As

E-mail Address: cutroplanning@yahoo.com

PLANNING DIVISION



File No. (internal use only): _____

2600 Hollywood Boulevard Room 315
Hollywood, FL 33022

GENERAL APPLICATION

CERTIFICATION OF COMPLIANCE WITH APPLICABLE REGULATIONS

The applicant/owner(s) signature certifies that he/she has been made aware of the criteria, regulations and guidelines applicable to the request. This information can be obtained in Room 315 of City Hall or on our website at www.hollywoodfl.org. The owner(s) further certifies that when required by applicable law, including but not limited to the City's Zoning and Land Development Regulations, they will post the site with a sign as approved by the Division of Planning & Urban Design. The owner(s) will photograph the sign the day of posting and submit photographs to the Office of Planning and Development Services as required by applicable law. Failure to post the sign will result in violation of State and Municipal Notification Requirements and Laws.

(I)(We) certify that (I) (we) understand and will comply with the provisions and regulations of the City's Zoning and Land Development Regulations, Design Guidelines, Design Guidelines for Historic Properties and City's Comprehensive Plan as they apply to this project. (I)(We) further certify that the above statements and drawings made on any paper or plans submitted herewith are true to the best of (my)(our) knowledge. (I)(We) understand that the application and attachments become part of the official public records of the City and are not returnable.

Signature of Current Owner: *Kim Paez* Date: 1/13/25

PRINT NAME: South Broward Hospital District Kim Paez Date: 1/13/25

Signature of Consultant/Representative: *[Signature]* Date: 1/10/2025

PRINT NAME: Hope W. Calhoun Date: 01/10/2025

Signature of Tenant: _____ Date: _____

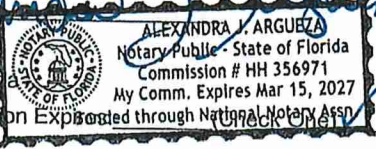
PRINT NAME: Not Applicable Date: _____

Current Owner Power of Attorney

I am the current owner of the described real property and that I am aware of the nature and effect the request for _____
Power of Attorney to my property, which is hereby made by me or I am hereby authorizing
Hope W. Calhoun to be my legal representative before the City of Hollywood (Board and/or
Committee) relative to all matters concerning this application.

Sworn to and subscribed before me
this 13th day of January 2025

Alexandra J. Argueza
Notary Public
State of Florida



Kim Paez
Signature of Current Owner

Kim Paez
Print Name

My Commission Expires Produced through National Notary Assn Personally known to me; OR Produced Identification _____