

### DEPARTMENT OF PLANNING



2600 Hollywood Boulevard Room 315 Hollywood, FL 33022 File No. (internal use only):\_\_\_\_\_

# **GENERAL APPLICATION**



Tel: (954) 921-3471 Fax: (954) 921-3347

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.

At least one set of the submitted plans for each application must be signed and sealed (i.e. Architect or Engineer).

Documents and forms can be accessed on the City's website at

http://www.hollywoodfl.org/ DocumentCenter/Home/ View/21



MONTH STORY	APPLICATION TYPE (CHECK ONE):
	☐ Technical Advisory Committee ☐ Historic Preservation Board
	■ City Commission ■ Planning and Development Board
2005000000	Date of Application: 4/12/2016
CONTRACTOR OF	Location Address: Generally located on north of Taft St., south of Sheridan St., east of CSX railway and west of I-95
CLESS NOT THE	Lot(s): See Legal Description Block(s): Subdivision:
W-0,000	Folio Number(s): 514209270020
	Zoning Classification: PD Land Use Classification: TOD
530000	Existing Property Use: Sq Ft/Number of Units:
No. of Street	Is the request the result of a violation notice? ( ) Yes ( ) No If yes, attach a copy of violation.
STATE OF THE PERSON	Has this property been presented to the City before? If yes, check al that apply and provide File Number(s) and Resolution(s): No
SECTION OF SECTION	☐ Economic Roundtable       ☐ Technical Advisory Committee       ☐ Historic Preservation Board         ☐ City Commission       ☐ Planning and Development
PARTICION OF THE PARTIC	Explanation of Request: Local Historic Designation of the Coral Rock House
SMORTH	
	。 [1] [1] [2] [2] [3] [4] [4] [4] [4] [4] [4] [4] [4] [4] [4
MITTER STATES	Number of units/rooms: Sq Ft:
1000000	Value of Improvement: Estimated Date of Completion:
Sychetykess	Will Project be Phased? ( ) Yes ( )No
STATE OF THE PERSON NAMED IN	
	Name of Current Property Owner: Okomo Associates, LLC
	Address of Property Owner: 9400 S Dadeland Blvd. Suite 100 Miami, FL 33156
	Telephone: 305-854-7100 Fax: 305-859-9858 Email Address:
NAME OF STREET	Name of Consultant/Representative/Tenant (circle one): City of Hollywood
Name of the last	Address: 2600 Hollywood Blvd. Telephone: 954-921-3471
	Fax: Email Address:
	Date of Purchase: Is there an option to purchase the Property? Yes ( ) No ( )
	If Yes, Attach Copy of the Contract.
St. And	List Anyone Else Who Should Receive Notice of the Hearing:
BS-30 and	Address: Email Address:

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## 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 <a href="www.hollywoodfl.org">www.hollywoodfl.org</a>. 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 provided by the Office of Planning and Development Services. 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 Consultant/Representative:\_\_\_\_\_ Date: PRINT NAME: \_\_\_\_\_\_ Date: Signature of Tenant: Date: PRINT NAME: 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 (project description)\_\_\_\_\_\_ to my property, which is hereby made by me or I am hereby authorizing (name of the representative)\_\_\_\_\_\_\_ to be my legal representative before the \_\_\_\_\_(Board and/or Committee) relative to all matters concerning this application. Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ SIGNATURE OF CURRENT OWNER Notary Public State of Florida PRINT NAME

My Commission Expires: \_\_\_\_\_(Check One) Personally known to me; OR