

ATTACHMENT A

Application Package

PLANNING DIVISION



File No. (internal use only): _____

2600 Hollywood Boulevard Room 315
Hollywood, FL 33022

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>



APPLICATION TYPE (CHECK ONE):

☐ Technical Advisory Committee

☐ Historic Preservation Board

☐ City Commission

☐ Planning and Development Board

Date of Application: _____

☒ Administrative Variance

Location Address: 1500 Funston St. Hollywood FL 33020

Lot(s): 15 Block(s): _____ Subdivision: Sunset Trails No. 2

Folio Number(s): 5142-22-2S-0150

Zoning Classification: Residential Land Use Classification: Residential

Existing Property Use: Single family home Sq Ft/Number of Units: 1800 Sq Existing

Is the request the result of a violation notice? () Yes (X) 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 Number(s) and Resolution(s): _____

☐ Economic Roundtable

☐ Technical Advisory Committee

☐ Historic Preservation Board

☐ City Commission

☐ Planning and Development

Explanation of Request: addition family room

Number of units/rooms: Family room addition Sq Ft: 460 addition only

Value of Improvement: 11,500 Estimated Date of Completion: In 1 month and half

Will Project be Phased? () Yes (X) No If Phased, Estimated Completion of Each Phase _____

Name of Current Property Owner: Forogh Hatam & Abbas Arshzadeh

Address of Property Owner: 1500 Funston St Hollywood FL 33020

Telephone: _____ Fax: _____ Email Address: hatam.f@yahoo.com

Name of Consultant/Representative/Tenant (circle one): Miguel de Diego Architect

Address: 1057 Tyler St. #107 Hollywood Telephone: 954 926 3356

Fax: _____ Email Address: DEDiegoArch@AOL.com

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

If Yes, Attach Copy of the Contract.

List Anyone Else Who Should Receive Notice of the Hearing: _____

Address: _____

Email Address: _____

PLANNING DIVISION



2600 Hollywood Boulevard Room 315
Hollywood, FL 33022

File No. (internal use only): _____

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 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 Current Owner: Abbas Arabzadeh & Forogh Hatam Date: 02/15/2018

PRINT NAME: Abbas Arabzadeh & Forogh Hatam Date: 02/15/2018

Signature of Consultant/Representative: Miguel de Diego Architect Date: 2-15-18

PRINT NAME: Miguel de Diego 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 _____ to my property, which is hereby made by me or I am hereby authorizing _____ 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 _____ Produced Identification _____

ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1–9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

SECTION A – PROPERTY INFORMATION				FOR INSURANCE COMPANY USE	
A1. Building Owner's Name FOROGH HATAM & ABBS ARABZADEH (SURVEY NO. 17-1701)				Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1500 FUNSTON STREET				Company NAIC Number:	
City HOLLYWOOD		State Florida		ZIP Code 33020	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 15 SUNSET TRAILS NO.S P.B. 18 PG. 9					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>RESIDENTIAL</u>					
A5. Latitude/Longitude: Lat. <u>26°00'09.2"N</u> Long. <u>80°08'12.6"W</u> Horizontal Datum: <input checked="" type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983					
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.					
A7. Building Diagram Number <u>1A</u>					
A8. For a building with a crawlspace or enclosure(s):					
a) Square footage of crawlspace or enclosure(s) <u>0</u> sq ft					
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>0</u>					
c) Total net area of flood openings in A8.b <u>0</u> sq in					
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
A9. For a building with an attached garage:					
a) Square footage of attached garage <u>234</u> sq ft					
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>4</u>					
c) Total net area of flood openings in A9.b <u>392</u> sq in					
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number 125113 HOLLYWOOD			B2. County Name BROWARD		B3. State Florida
B4. Map/Panel Number 12071C0569	B5. Suffix H	B6. FIRM Index Date 08/18/2014	B7. FIRM Panel Effective/ Revised Date 08/18/2014	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) 7.00'
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____					
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA					

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1500 FUNSTON STREET			Policy Number:
City HOLLYWOOD	State Florida	ZIP Code 33020	Company NAIC Number

SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: ☐ Construction Drawings* ☐ Building Under Construction* ☒ Finished Construction

*A new Elevation Certificate will be required when construction of the building is complete.

C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO. Complete Items C2.a–h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.

Benchmark Utilized: BCBM# 1135 ELEV: 9.18' Vertical Datum: NAVD 88

Indicate elevation datum used for the elevations in items a) through h) below.

☐ NGVD 1929 ☒ NAVD 1988 ☐ Other/Source: _____

Datum used for building elevations must be the same as that used for the BFE.

Check the measurement used.

- | | | | |
|---|-------|--|---------------------------------|
| a) Top of bottom floor (including basement, crawlspace, or enclosure floor) | 6. 64 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| b) Top of the next higher floor | N/A. | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (V Zones only) | N/A. | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| d) Attached garage (top of slab) | 4. 52 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| e) Lowest elevation of machinery or equipment servicing the building
(Describe type of equipment and location in Comments) | 4. 99 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG) | 4. 12 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG) | 4. 42 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support | N/A. | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |

SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

Were latitude and longitude in Section A provided by a licensed land surveyor? ☒ Yes ☐ No ☒ Check here if attachments.

Certifier's Name JULIO S. PITA	License Number 5789	
Title PROF. SURVEYOR AND MAPPER		
Company Name THOMAS J. KELLY, INC.		
Address 8127 SW 120 STREET		
City PINECREST	State Florida	
Signature	Date 10/12/2017	Telephone (954) 779-3288

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments (including type of equipment and location, per C2(e), if applicable)
DA5. OBTAINED BY HAND HELD MAGELLAN GPS MODEL 500/ FLOOD ZONE DETERMINED BY FEMA MAPS
C2-E LOWEST ELEVATION OF MACHINERY OR EQUIPMENT- A/C ON SLAB
A9-B FLOOD VENTS FOUND ON GARAGE DOOR

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1500 FUNSTON STREET			Policy Number:
City HOLLYWOOD	State Florida	ZIP Code 33020	Company NAIC Number

SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1–E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

- E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).
- a) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ . _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.
- b) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ . _____ ☐ feet ☐ meters ☐ above or ☐ below the LAG.
- E2. For Building Diagrams 6–9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 1–2 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is _____ . _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.
- E3. Attached garage (top of slab) is _____ . _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.
- E4. Top of platform of machinery and/or equipment servicing the building is _____ . _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.
- E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? ☐ Yes ☐ No ☐ Unknown. The local official must certify this information in Section G.

SECTION F – PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge.

Property Owner or Owner's Authorized Representative's Name

Address City State ZIP Code

Signature Date Telephone

Comments

☒ Check here if attachments.

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1500 FUNSTON STREET			Policy Number:
City HOLLYWOOD	State Florida	ZIP Code 33020	Company NAIC Number

SECTION G – COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8–G10. In Puerto Rico only, enter meters.

- G1. ☐ The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2. ☐ A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3. ☐ The following information (Items G4–G10) is provided for community floodplain management purposes.

G4. Permit Number	G5. Date Permit Issued	G6. Date Certificate of Compliance/Occupancy Issued
-------------------	------------------------	---

G7. This permit has been issued for: ☐ New Construction ☐ Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building: _____ ☐ feet ☐ meters Datum _____

G9. BFE or (in Zone AO) depth of flooding at the building site: _____ ☐ feet ☐ meters Datum _____

G10. Community's design flood elevation: _____ ☐ feet ☐ meters Datum _____

Local Official's Name	Title
Community Name	Telephone
Signature	Date

Comments (including type of equipment and location, per C2(e), if applicable)

☒ Check here if attachments.

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

OMB No. 1660-0008

Expiration Date: November 30, 2018

ELEVATION CERTIFICATE**IMPORTANT: In these spaces, copy the corresponding information from Section A.**Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.
1500 FUNSTON STREETCity
HOLLYWOODState
FloridaZIP Code
33020**FOR INSURANCE COMPANY USE**

Policy Number:

Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.



Photo One

Photo One Caption

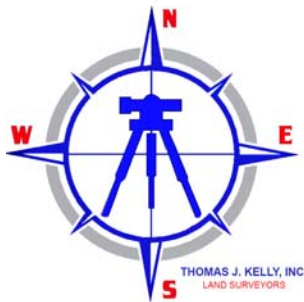
FRONT VIEW 10/12/2017



Photo Two

Photo Two Caption

REAR VIEW 10/12/2017



CERTIFY TO:
FOROGH HATAM AND ABBAS ARABZADEH
BANK OF AMERICAN, N.A., ITS SUCCESSORS
AND/OR ASSIGNS, A.T.I.M.A.
ACTION TITLE COMPANY
COMMONWEALTH LAND TITLE INS., CO.

LEGAL DESCRIPTION:
LOT: 15
SUBDIVISION: SUNSET TRAILS NO. 2
ACCORDING TO THE PLAT THEREOF AS RECORDED IN
PLAT BOOK: 18 PAGE: 9
PUBLIC RECORDS OF BROWARD COUNTY, FLORIDA

PROPERTY ADDRESS:
1500 FUNSTON STREET
HOLLYWOOD, FLORIDA 33020

SURVEYOR'S NOTATIONS: **NONE**

FLOOD ZONE INFORMATION:
THE NFIP FLOOD MAPS HAVE DESIGNATED THE
HEREIN DESCRIBED LAND TO BE SITUATED IN:

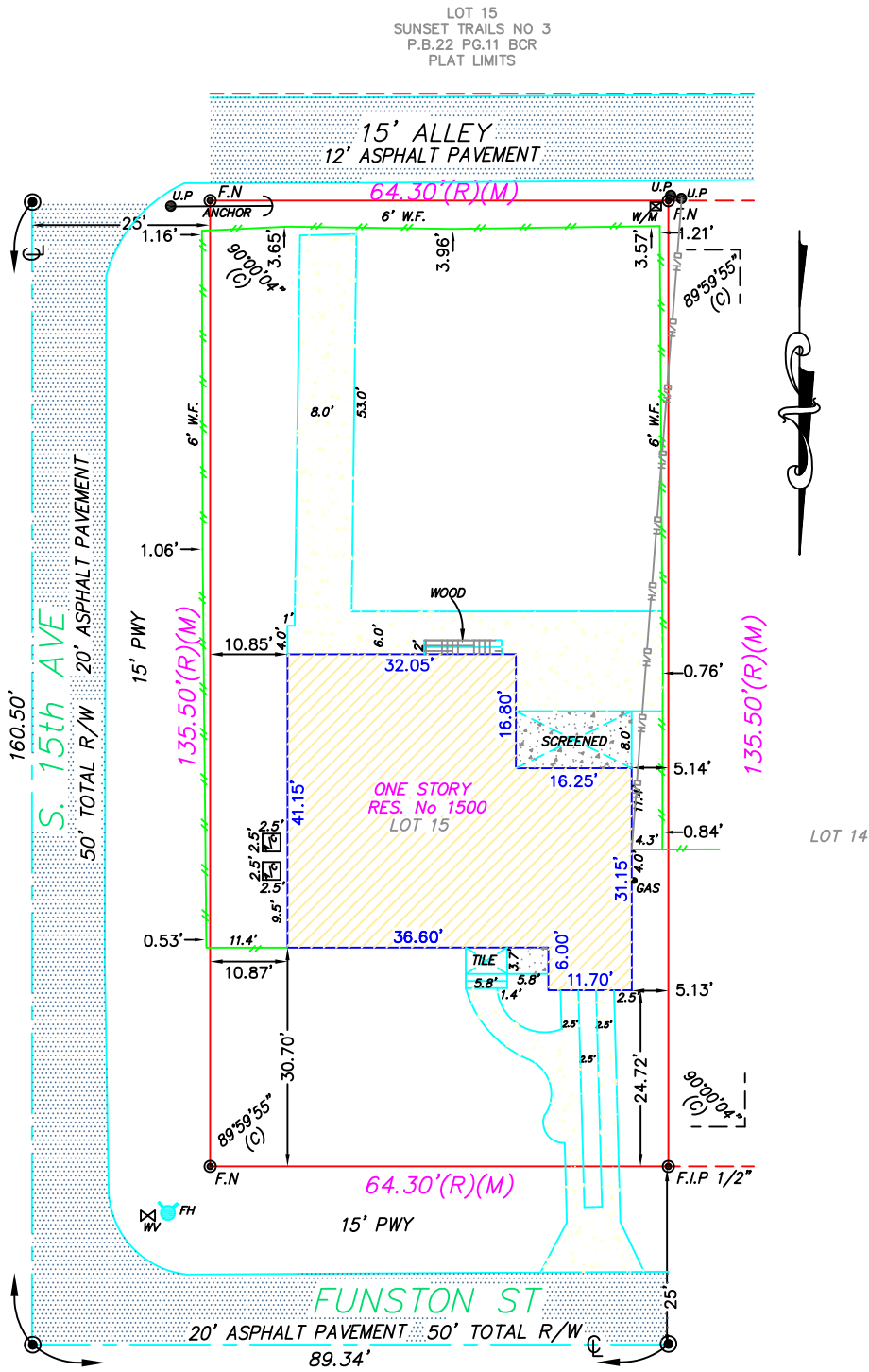
FLOOD ZONE: AE
PANEL NO/SUFFIX: 5639/H
COMMUNITY NO.: 125113
DATE OF FIRM: 08-18-2014

THE SUBJECT PROPERTY DOES
LIE IN A SPECIAL FLOOD HAZARD AREA

Notes:
A) All Clearances and / or encroachments shown
hereon are of apparent nature, fences ownership
by visual means. Legal ownership of fences not
determined.
B) This survey is intended for mortgage or refinance
purposes only exclusively for this use by those to
whom it is certified. This survey is not to be used
for construction, permitting, design, or any other
use without written consent of Thomas J. Kelly, Inc.
C) Code restriction and title search are not reflected
on this survey.
D) The flood information shown hereon does not imply
that the referenced property will or will not be free
from flooding or damage and does not create liability
on the part of the firm, any officer or employee
thereof for any damage that results from reliance on
said information.
E) The lands depicted hereon were surveyed per the
legal description and no claims as to ownership or
matters of title are made or implied.
F) Underground encroachments, if any, not located.
G) I hereby certify that the survey represented
hereon meets the minimum technical standards
set forth by the Board of Land Surveyors
in Chapter 5J-17.050 to 17.052 Florida
Administrative Code pursuant
to Section 472.027 Fla. Statutes.
H) If shown, bearings are to an assumed meridian
(by plat).
I) If shown, elevations are referred to N.G.V.D. 1929
J) This is a boundary survey



JULIO S. PITA, P.S & M # 5789
STATE OF FLORIDA
NOT VALID UNLESS IMPRINTED WITH EMBOSSED SURVEYOR'S SEAL



BOUNDARY SURVEY

SCALE: 1"= 20'



VIEW OF SUBJECT PROPERTY



VICINITY MAP.

LEGEND OF SURVEY ABBREVIATIONS

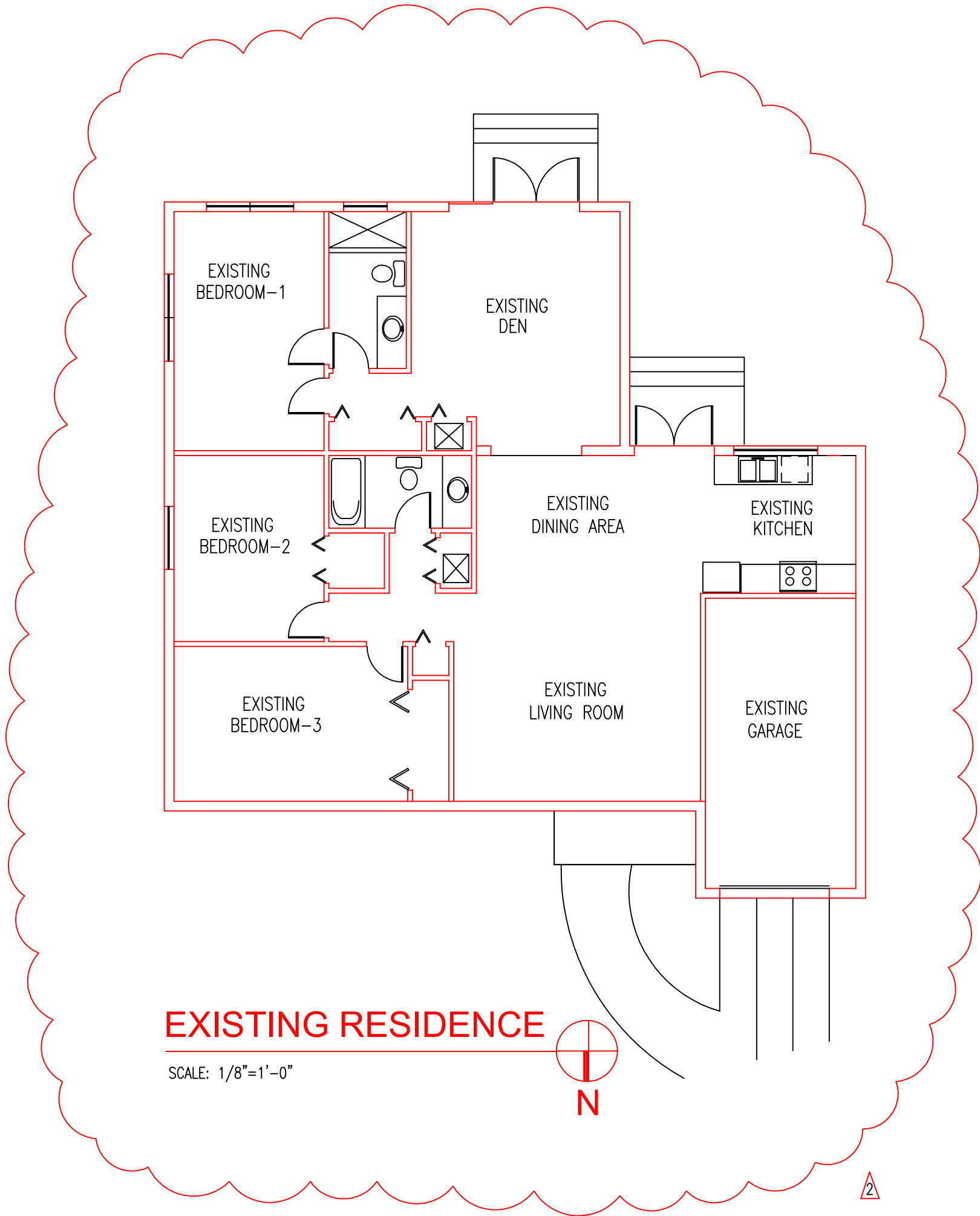
ADJ.....ADJACENT	(M).....MEASURED
A/C.....AIR CONDITIONER	N.....NORTH
ASPH. PAV.....ASPHALT PAVEMENT	N/D.....NAIL AND DISC
B/C.....BLOCK CORNER	N.G.V.D.....NATIONAL GEODETIC VERTICAL DATUM
BLDG.....BUILDING	N.T.S.....NOT TO SCALE
BLK.....BLOCK	O/H.....OVER HAND
B.M.....BENCH MARK	O.R.B.....OFFICIAL RECORD BOOK
B.C.R.....BROWARD COUNTY RECORD	O.U.L.....OVERHEAD UTILITY LINE
C/G.....CURB AND GUTTER	(P).....PLAT
C.B.....CATCH BASIN	P.B.....PLAT BOOK
CH.....CHORD DISTANCE	P.C.....POINT OF CURVATURE
CHL.F.....CHAIN LINK FENCE	P.C.C.....POINT OF COMPOUND CURVATURE
CLP.....CONC. LIGHT POLE	P.C.P.....PERMANENT CONTROL POINT
C/L.....CENTER LINE	PG.....PAGE
(C).....CALCULATED	P.I.....POINT OF INTERSECTION
C.B.S.....CONCRETE BLOCK AND STUCCO	P.K.....PARKER KALON
CL.....CLEAR	PKWY.....PARKWAY
C.M.E.....CANAL MAINTENANCE EASEMENT	P.L.S.....PROFESSIONAL LAND SURVEYOR
CONC.....CONCRETE	P.L.....PROPERTY LINE
COR.....CORNER	P.O.B.....POINT OF BEGINNING
CT.....COURT	P.O.C.....POINT OF COMMENCEMENT
D.B.....DEED BOOK	P.R.C.....POINT OF REVERSE CURVATURE
D.C.R.....DADE COUNTY RECORD	P.R.M.....PERMANENT REFERENCE MONUMENT
D.E.....DRAINAGE EASEMENT	P.T.....POINT OF TANGENCY
D/H.....DRILL HOLE	(R).....RECORD
D/W.....DRIVEWAY	RE-BAR.....REINFORCEMENT BAR
E.....EAST	(R/M).....RECORD AND MEASURED
ENC.....ENCROACHMENT	RES.....RESIDENCE
E.O.W.....EDGE OF WATER	R/W.....RIGHT-OF-WAY
F.....FENCE	S.....SOUTH
FD.....FOUND	SEC.....SECTION
F.H.....FIRE HYDRANT	S.I.P.....SET IRON PIPE
FD. I.P.....FOUND IRON PIPE	SWK.....SIDEWALK
F.F.ELEV.....FINISH FLOOR ELEVATION	(TYP.).....TYPICAL
F.P.L.....FLORIDA POWER AND LIGHT CO.	TERR.....TERRACE
L.....LENGTH	U.E.....UTILITY EASEMENT
L.M.E.....LAKE MAINTENANCE EASEMENT	U.P.....UTILITY POLE
M.E.....MAINTENANCE EASEMENT	W.F.....WOOD FENCE
M.F.....METAL FENCE	W.M.....WATER METER
M.H.S.S.....MANHOLE SANITARY SEWER	W.....WEST
M/L.....MONUMENT LINE	11.28.....DENOTES ELEVATION

BY APPT. ONLY: 3321 SW 107 AVENUE MIAMI, FLA. 33165
MAILING ADDRESS: P.O. BOX. 160399, MIAMI, FLORIDA 33116
TEL:(786) 242-7692 DADE. (954) 779-3288 BRWD
FAX:(786) 242-6494 DADE. (954) 779-3260 BRWD
E-MAIL: tjksurveys@gmail.com

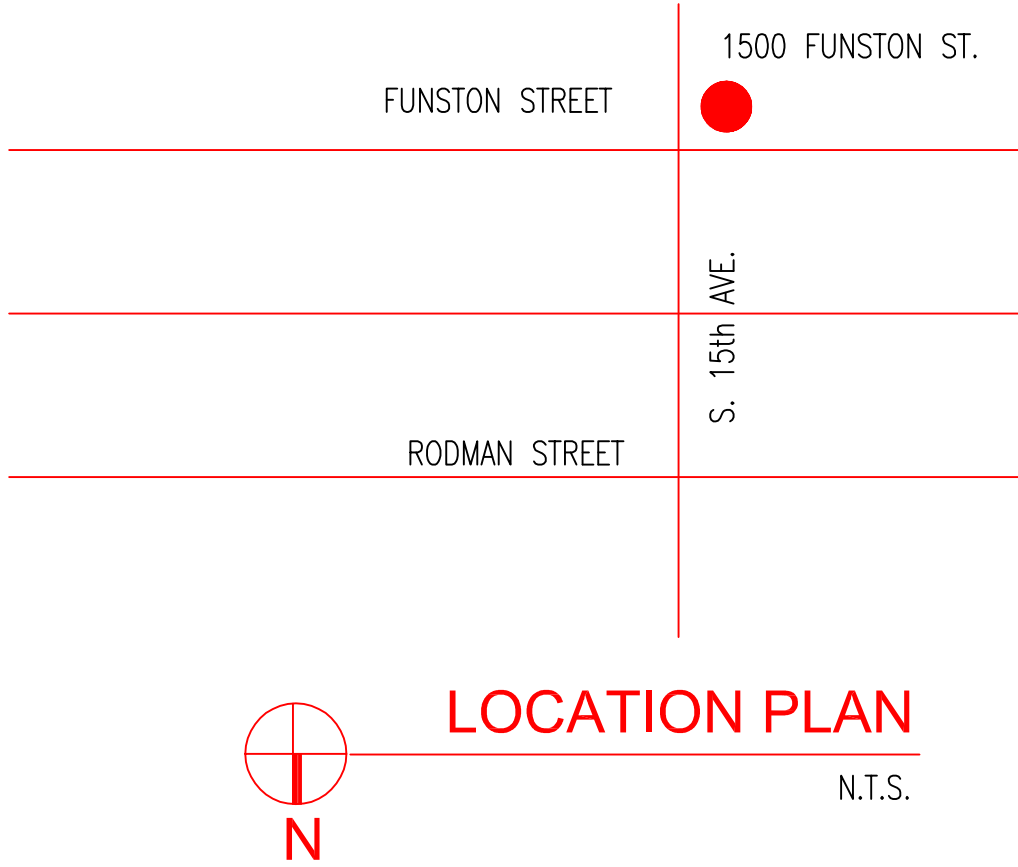
THOMAS J. KELLY
SURVEYORS-MAPPERS
LAND PLANNERS
L.B. # 8077

BOUNDARY SURVEY

DATE 10/12/17
SCALE 1"=20'
DRAWN BY M.A.A.
ORDER No. 17-1701
SHEET 1 OF 1



LEGAL DESCRIPTION:
LOT 15 SUBDIVISION SUNSET TRAILS NO 2 ACCORDING TO THE PLAT THEREOF AS RECORDED IN
PLAT BOOK 18 PAGE9 PUBLIC RECORDS OF BROWARD COUNTY, FLORIDA



PARKING CALCULATIONS

TOTAL RESIDENCE 2,260.00 S.F.
(2) PARKING SPACES REQ. PER THE FIRST 2,000 S.F.
(1) PARKING SPACES REQ. FOR EACH ADDITIONAL 500 S.F.
(3) PARKING SPACES PROVIDED

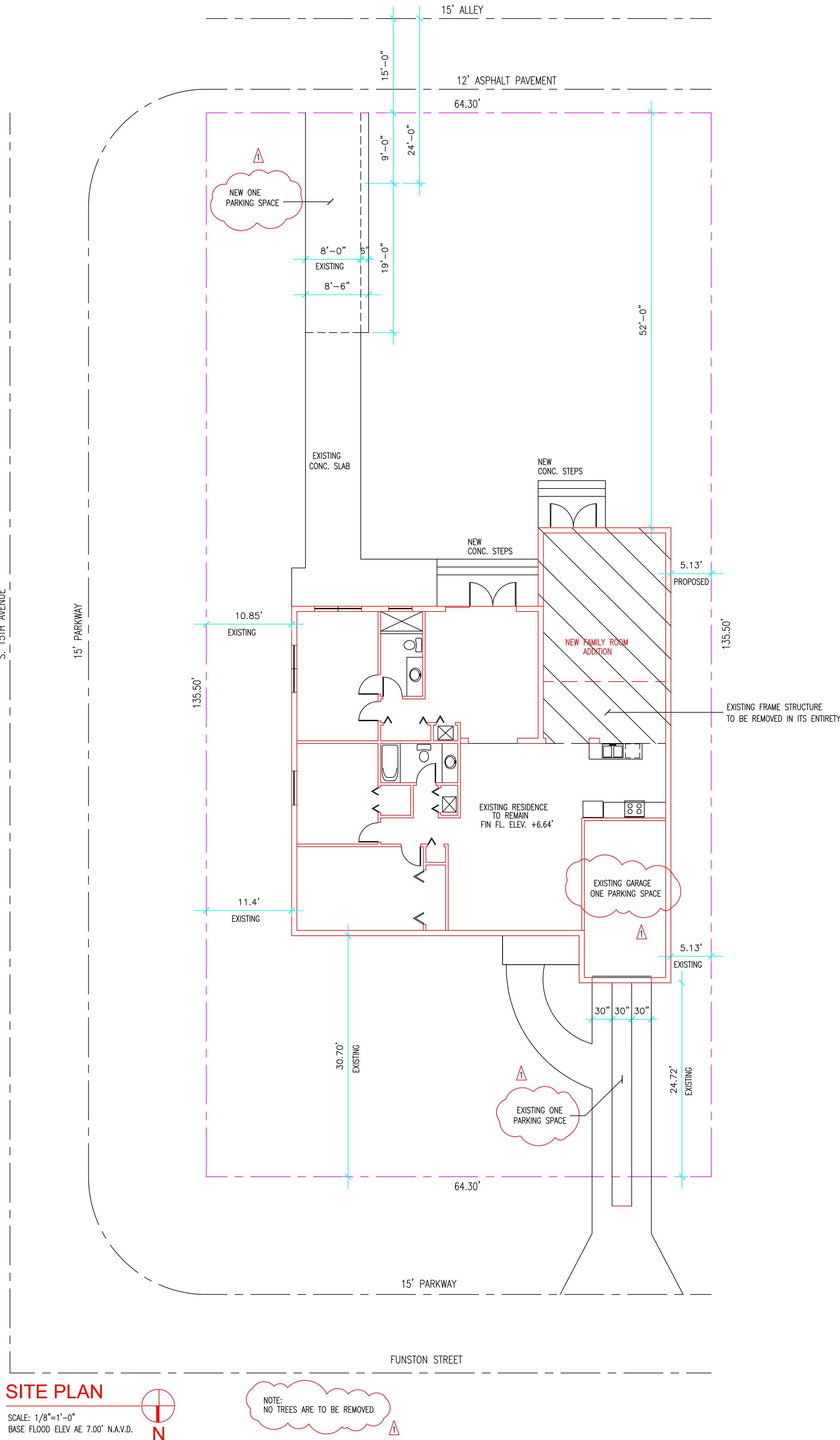
ONE SPACE PROVIDED AT THE GARAGE
ONE SPACE PROVIDED IN FRONT OF THE GARAGE
ONE SPACE PROVIDED AT REAR AT THE ALLEY

	REQUIRED	PROVIDED
LOT SIZE	6,000 S.F.	8,713 S.F.
LOT WIDTH	60 FT	64.30 FT
FRONT SET BACK	25 FT	24.72 FT (EXISTING RESIDENCE)
SIDE SET BACK	16.07 FT (TOTAL)	5.13 FT (EXISTING RESIDENCE)
SIDE SET SIDE ST.	15 FT	10.85 FT (EXISTING RESIDENCE)
REAR SET BACK	20.32 FT	52.0 FT
PARKING	3.0	3.0

RS-6 LOW DENSITY LRES

SITE CALCULATIONS

SITE:	8,713.00 SQ. FT.	
EXISTING RESIDENCE	1,800.00 S.F.	20.65 %
NEW ADDITION	460.00 S.F.	5.27 %
NEW STEPS	135.00 S.F.	1.54 %
EXISTING ENTRY	44.00 S.F.	0.50 %
EXISTING DRIVEWAY	275.00 S.F.	3.15 %
REAR PARKING & SLAB	550.00 S.F.	6.31 %
LANDSCAPE	5449.00 S.F.	62.53 %



SITE PLAN

SCALE: 1/8"=1'-0"
BASE FLOOD ELEV AE 7.00' N.A.V.D.

NOTE:
NO TREES ARE TO BE REMOVED

Miguel de Diego
ARCHITECT P.A.
AA-26001641

1657 TYLER STREET SUITE 107 HOLLYWOOD, FLORIDA 33020
PH. (954) 926-3358

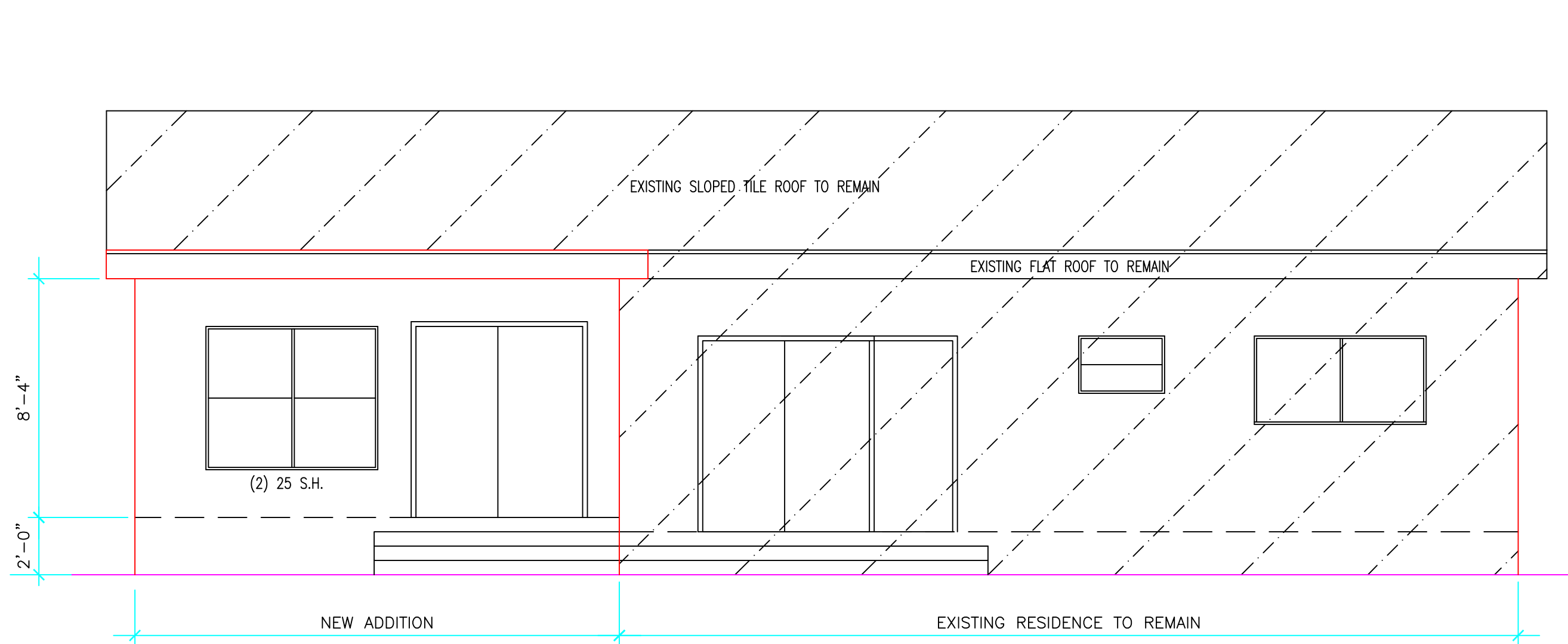
ADDITION AND RENOVATION
FOR
1500 FUNSTON STREET
HOLLYWOOD, FLORIDA

CHECKED
DRAWN
DATE 2-5-2018
COMM. NO. 17-215

NO.	DATE	REVISION
1	4-3-2018	BLDG DEPT COMMENTS
2	5-21-2018	BLDG DEPT COMMENTS

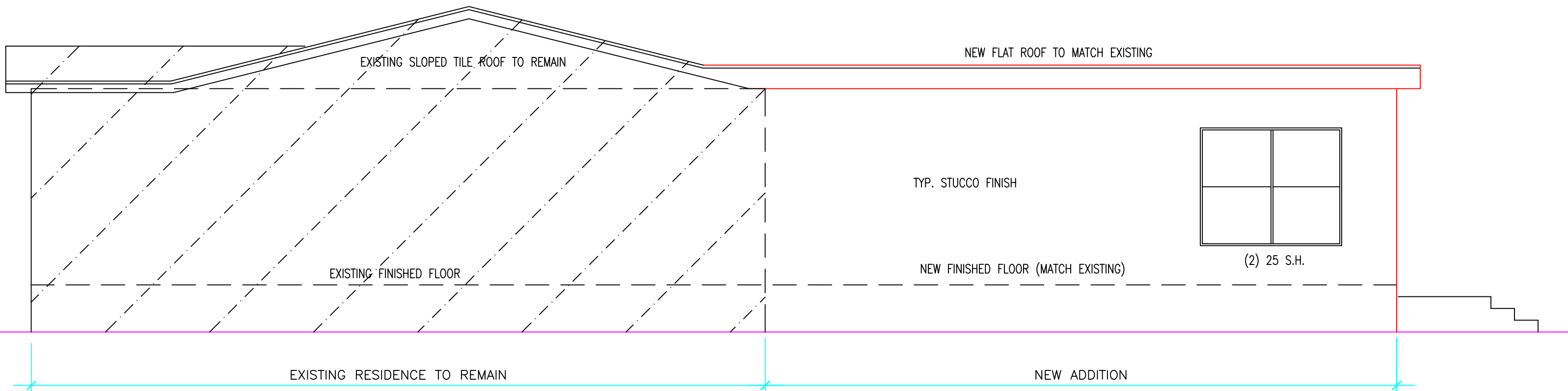
ALL DESIGN, DRAWINGS, REPORTS, SPECIFICATIONS, COMPUTER FILES, FIELD DATA, NOTES AND ANY OTHER DOCUMENTS ARE THE PROPERTY OF THE ARCHITECT AND IS TO BE USED FOR THE PROJECT AND SITE ONLY. THE ARCHITECT SHALL RETAIN ALL COMMON LAW COPYRIGHT AND OTHER RESERVED WRITTEN DIMENSIONS SHALL HAVE PRECEDENCE OVER SCALE.

CONTRACTOR SHALL FIELD VERIFY ALL DIMENSIONS, NOTES AND CONDITIONS PRIOR TO PROCEEDING WITH ANY WORK



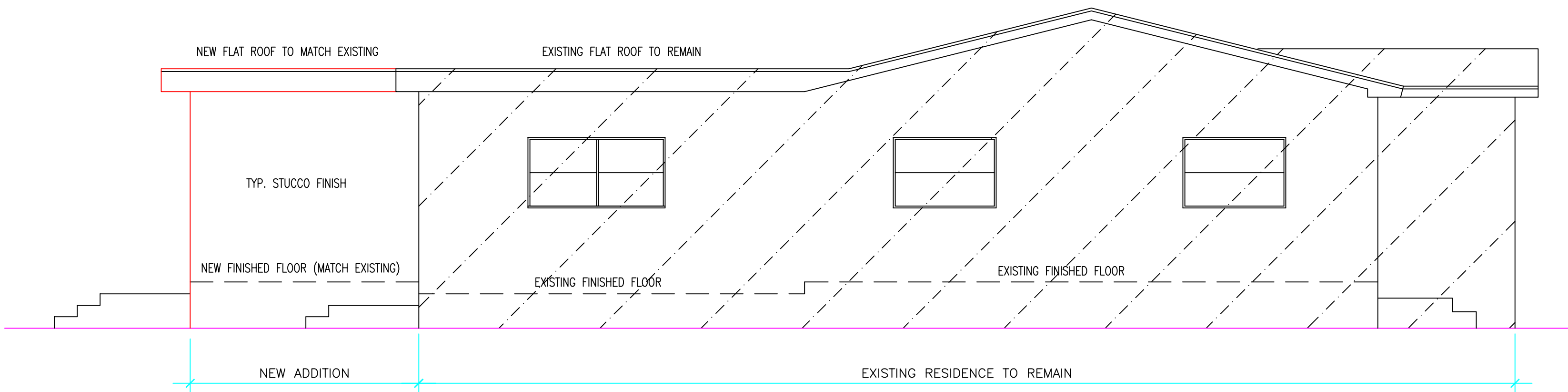
REAR ELEVATION (SOUTH)

SCALE: 1/4"=1'-0"



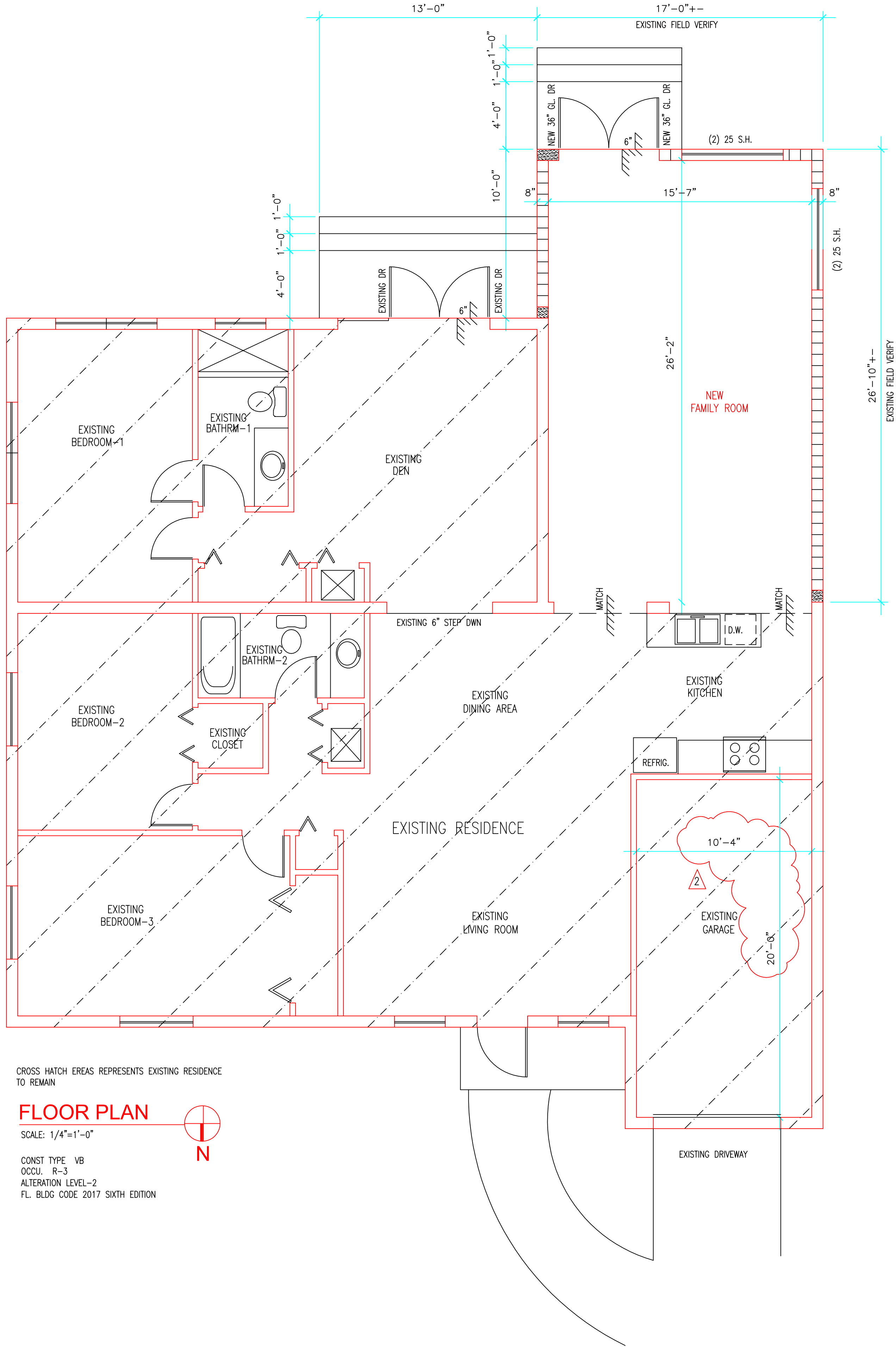
RIGHT SIDE ELEVATION (WEST)

SCALE: 1/4"=1'-0"



LEFT SIDE ELEVATION (EAST)

SCALE: 1/4"=1'-0"



CROSS HATCH AREAS REPRESENTS EXISTING RESIDENCE TO REMAIN

FLOOR PLAN

SCALE: 1/4"=1'-0"

CONST TYPE VB
OCCU. R-3
ALTERATION LEVEL-2
FL. BLDG CODE 2017 SIXTH EDITION

ADDITION AND RENOVATION
FOR
1500 FUNSTON STREET
HOLLYWOOD, FLORIDA

Miguel de Diego
ARCHITECT P.A.
AA-26001641
1657 TYLER STREET SUITE 107 HOLLYWOOD, FLORIDA 33020
PH. (954) 926-3358

CHECKED
DRAWN
DATE 2-5-2018
COMM. NO. 17-215

2
2

ALL DESIGN, DRAWINGS, REPORTS, SPECIFICATIONS, COMPUTER FILES, FIELD DATA, NOTES AND ANY OTHER DOCUMENTS ARE THE PROPERTY OF THE ARCHITECT AND ARE NOT TO BE REPRODUCED OR TRANSMITTED IN ANY FORM OR BY ANY MEANS, ELECTRONIC OR MECHANICAL, INCLUDING PHOTOCOPYING, RECORDING, OR BY ANY INFORMATION STORAGE AND RETRIEVAL SYSTEM, WITHOUT THE WRITTEN PERMISSION OF THE ARCHITECT. THE ARCHITECT SHALL RETAIN ALL COMMON LAW COPYRIGHT AND OTHER RESERVED RIGHTS IN THIS DESIGN. PRECEDENCE OVER SCALE.