



# CITY OF HOLLYWOOD, FLORIDA

## DEPARTMENT OF DEVELOPMENT SERVICES

P. O. Box 229045 · HOLLYWOOD, FLORIDA 33022-9045  
PHONE: (954) 921-3900 · FAX: (954) 921-3416 · WWW.HOLLYWOODFL.ORG

### PLAT AND SUBDIVISION REGULATIONS APPLICATION

Petition # \_\_\_\_\_

#### PETITIONER:

(Please Print legibly or type)

Petitioner's Name: \_\_\_\_\_

Broward County Board of County Commissioners

Address: 1850 Eller Drive, Ft. Lauderdale, FL 33316

ATTN: Dr. Natacha Yacinthe, Ph.D., PPM, AICP, Port Everglades

Phone Number: (954) 468-0213

Fax Number: (954) 523-8713

Cell Number: (954) 459-0183

Alternate Number: ( ) \_\_\_\_\_

Email: nyacinthe@broward.org

Relationship to Subject Property: ☒ Owner ☐ Agent: \_\_\_\_\_

#### SUBJECT PROPERTY:

Address: 3500 SE 18th Avenue (Approximate)

Legal Description: Plat No. 12 153-31

See Attached for Legal Description

#### PURPOSE OF APPLICATION:

- |   |            |
|---|------------|
| <input type="checkbox"/> Plat Amendment/Delegation Request          | \$883.00   |
| <input type="checkbox"/> Plat                                       | \$2,238.00 |
| <input checked="" type="checkbox"/> Vacation of Roads and Easements | \$2,885.00 |

#### PETITIONER'S STATEMENT:

The undersigned states that all information given herein and in support of this petition is complete, factual and true.

Petitioner's Signature: [Signature] Date: 5/28/2019

Failure to give all necessary information or the giving of false or misleading information shall nullify any action taken by the City in regard to this petition.

#### AUTHORIZATION FOR OWNER'S AGENT:

This is to certify that I am the owner of subject property described in the foregoing application to Plat and Subdivision Regulations and have authorized Broward Co. Board of County Commissioners to make and file the aforesaid application.

Owner's Signature: Lynda V. Godfrey, Chief of BRES, FLDEP/DS Date: 5-13-19

Address: 3900 Commonwealth Blvd., MS115, Tallahassee, FL 32399-3000

Phone Number: (950) 245-2610

Fax Number: (950) 245-2572

Cell Number: (950) 519-0247

Alternate Number: ( ) \_\_\_\_\_

Email: Lynda.Godfrey@dep.state.fl.us

FOR OFFICE USE ONLY

Application received by: \_\_\_\_\_ Date: \_\_\_\_\_ Total amount received: \_\_\_\_\_