CITY OF WESTON
ADMINISTRATIVE SITE PLAN AMENDMENT (CHANGE OF PAINT ONLY)

FOR COMMERCIAL AND INDUSTRIAL/OFFICE DEVELOPMENTS

Fee:
$550.00 application fee made **payable to the City of Weston**

Link to Apply:
https://www.westonfl.org/government/planning-and-zoning/application-process

4 Hard Copies of the Complete Site Plan Package - Deliver to Weston - Administrative Services Center - 17250 Royal Palm Boulevard, Weston, Florida 33326

1. Existing site plan and building elevations, indicating approved or current exterior paint color/s.
2. Amended site plan and building elevations, indicating proposed new exterior paint color/s.

Appeal of staff denial of exterior paint change request requires consideration by the City Commission and includes an additional fee of 2,500.00, made payable to the City of Weston.

Submittal:

• Refer to *§125.41(D)(1) - Site Plan Amendments* in the City of Weston Code of Ordinances at https://codelibrary.amlegal.com/codes/weston/latest/weston_fl/0-0-0-6952.

Submission Materials:

1. **Application**
   a. Administrative Site Plan Amendment Application (Change of Paint)
   b. Applicant Representative Affidavit
   c. Cost Recovery Affidavit
2. **Project Narrative** detailing the proposed scope of work.
3. **Site plan** with legal description. Site boundaries shall be clearly identified and ties to section corner, including the section, township, and range.
   a. A site plan location sketch showing adjacent property and associations.
   b. Proposed address plan.
   c. Sign plan.
4. **Architectural Plans - in addition to:**
   a. Photos
   b. Elevations.
   c. Schedule of all colors and finishes including manufacturer's specification numbers for paint. Color samples for all paint to be used, must be provided.

Further information may be requested: You will be notified of any additional requirements by email via the email address that you provide.

CITY OF WESTON
ADMINISTRATIVE SITE PLAN AMENDMENT (CHANGE OF PAINT) APPLICATION

A complete submittal includes all items on the Site Plan Submission Requirements document as well as completing this application in full. The owner/agent certification must be signed and notarized with the appropriate supplemental documentation attached. Please print legibly in ink or type on this application form.

PROJECT INFORMATION

PROJECT NAME_____

OWNERS NAME_____

PHONE/EMAIL_____

AGENTS NAME_____

ADDRESS_____

PHONE/EMAIL_____

LOCATION_____ PLAT NAME (Book and Page)_____

SEC/TWSP/RANGE_____AREA_____

EXISITING LAND USE _____ EXISTING ZONING_____

PRESENT USE OF SITE_____

PROPOSED USE (Indicate type of use w/sf or # units)_____

Does the use proposed for this site plan require a special exception? YES☐ NO☐
If so, submit application for Special Exception in accordance with Section 124.81

ZONING STANDARDS	**Existing**	**Proposed**
Plot Size	_____	_____
Height	_____	_____

Has this project approval from the applicable Property Management/Architectural Review Board?
YES☐ NO☐

If NO, when is the submittal anticipate? (Please note this approval is required prior to staff approval). If yes, please attach approval.

ENGINEERING STANDARDS

Indicate all easements on or adjacent to the subject property _____

Indicate all existing utilities on or adjacent to subject property _____

Issuance of a development permit by a municipality does not in any way create any right on the part of an applicant to obtain a permit from a state or federal agency and does not create any liability on the part of the municipality for issuance of the permit if the applicant fails to obtain requisite approvals or fulfill the obligations imposed by a state or federal agency or undertakes actions that result in a violation of state or federal law.

OWNER CERTIFICATION

This is to certify that I am the owner of the property described in this application and that all information supplied herein is true and correct to the best of my knowledge. By signing this application I so hereby authorize the undersigned to serve as agent for this project. The agent is authorized by me to agree to any and all binding conditions throughout the review of the site plan. I do hereby agree to be bound by any and all conditions, or amendments required by the final development plan and approving resolution.

Signature of Owner:_____

STATE OF FLORIDA
COUNTY OF BROWARD

Sworn to (or affirmed) and subscribed before me by means of ____ physical presence or ____ online notarization, this _____ day of _____, 20____, by _____ _____. (Name of person making statement)
Personally known to me _____ or has produced Identification _____, type of identification produced_____.

_____
SIGNATURE OF NOTARY PUBLIC
(NOTARY SEAL HERE)

_____
PRINT, TYPE/STAMP NAME OF NOTARY

Signature of Agent:_____

STATE OF FLORIDA
COUNTY OF BROWARD

Sworn to (or affirmed) and subscribed before me by means of ____ physical presence or ____ online notarization, this _____ day of _____, 20____, by _____ _____. (Name of person making statement)
Personally known to me _____ or has produced Identification _____, type of identification produced_____.

_____
SIGNATURE OF NOTARY PUBLIC
(NOTARY SEAL HERE)

_____
PRINT, TYPE/STAMP NAME OF NOTARY

APPLICANT REPRESENTATIVE AFFIDAVIT

(MUST BE COMPLETED BY PROPERTY OWNER
AND EACH APPLICANT REPRESENTATIVE)

STATE OF FLORIDA
COUNTY OF BROWARD

Before me, the undersigned authority, personally appeared the affiant who, upon first being duly sworn, deposes and says:

(FOR INDIVIDUAL APPLICANTS)

1(a). I am the owner of the property described below, and have submitted the following application to the City of Weston:

Name of Applicant _____

Application for: ❑ Land Use Plan Amendment ❑ Rezoning ❑ Special Exception ❑ Zoning Variance
❑ Site Plan Approval ❑ Site Plan Amendment ❑ Plat Approval ❑ Plat Amendment
❑ Text Amendment

Property Location _____

(FOR ENTITY APPLICANTS)

1(b). I am the _____ *(position)* of _____ *(name of entity "Applicant")* that owns the property described below, and has submitted an application to the City of Weston, and I have the authority to file this affidavit and to bind the Applicant.

Name of Applicant _____

Application for: ❑ Land Use Plan Amendment ❑ Rezoning ❑ Special Exception ❑ Zoning Variance
❑ Site Plan Approval ❑ Site Plan Amendment ❑ Plat Approval ❑ Plat Amendment
❑ Text Amendment

Property Location _____

2. The Applicant acknowledges that Section 125.04(C)(1) of the Land Development Code of the City of Weston requires that any applicant for a development permit must disclose "all persons representing the individual or entity applying for the development permit in connection with the application, including, but not limited to, all attorneys, architects, landscape architects, engineers and lobbyists."

3. The Applicant acknowledges that Section 125.04(C)(2) of the Land Development Code of the City of Weston requires that the Applicant, the property owner, and any person representing the Applicant must disclose "whether it has any Business Relationships with any member of the City Commission or any City Advisory Board, and, if so, disclose the identity of the member with which it has a Business Relationship and the nature of the Business Relationship." *Business Relationship is defined as:*

Business Relationship: a member of the City Commission or a City Advisory Board has a business relationship with a person or an entity if any of the following exist:

a) the member of the City Commission or City Advisory Board has any ownership interest, directly or indirectly, in excess of 1% in the entity; or

b) the member of the City Commission or City Advisory Board is a partner, co-shareholder or joint venturer with the person in any business venture;

c) the entity or person is a client of the member of the City Commission or City Advisory Board, or a client of another professional working from the same office and for the same employer as the member of the City Commission or City Advisory Board;

d) the member of the City Commission or City Advisory Board is a client of the entity or the person;

e) the entity or person is a customer of the member of the City Commission or City Advisory Board (or his/her employer) and transacts more than 5% of the business in a given calendar year of the member of the City Commission or City Advisory Board (or his/her employer) or more than $25,000 of business in a given calendar year; or

f) the member of the City Commission or City Advisory Board is a customer of the entity or the person and transacts more than 5% of the business in a given calendar year of the entity or person or more than $25,000 of business in a given calendar year.

The following is a complete list of the Applicant, the property owner and all persons that will represent the Applicant in connection with the application including, but not limited to, all attorneys, architects, landscape architects, engineers, lobbyists, tenants and/or contract purchasers:

	Name (print)	*Business Relationship*		*Signature*
		*Yes**	*No*	
a)	_____	❑	❑	_____
b)	_____	❑	❑	_____
c)	_____	❑	❑	_____
d)	_____	❑	❑	_____
e)	_____	❑	❑	_____
f)	_____	❑	❑	_____
g)	_____	❑	❑	_____

***** *If yes, then identified person shall fill out a Business Relationship Affidavit*

4. The Applicant agrees that he/she/it will be bound by any statements, representations and promises made in connection with the Application by any of the individuals identified above.

5. The Applicant acknowledges that Section 125.04(C)(3) of the Land Development Code requires this information to be updated "If, at any time prior to City Commission consideration of an application for a development permit, the information contained in any Applicant Representative Affidavit or Business Relationship Affidavit becomes incorrect or incomplete, the person or entity submitting the affidavit must supplement the affidavit and, if the supplementation requires the submission of additional Applicant Representative Affidavits or Business Relationship Affidavits, ensure that such affidavits are also filed." The Applicant further understands that "If any supplementary affidavits are submitted less than fourteen days before the application is scheduled for consideration by the City Commission or any City Advisory Board, the application may be withdrawn by the City Manager, or his designee, and placed on a subsequent agenda."

Further the affiant sayeth naught.

_____
(Signature of Applicant)

_____
(Print Name)

STATE OF FLORIDA
COUNTY OF BROWARD

Sworn to (or affirmed) and subscribed before me by means of ☐ physical presence or ☐ online notarization, this _____ day of _____, 20___, by _____. (Name of person making statement)
Personally known to me ☐ or has produced Identification ☐, type of identification produced_____.

_____
SIGNATURE OF NOTARY PUBLIC

(NOTARY SEAL HERE)

_____
PRINT, TYPE/STAMP NAME OF NOTARY

COST RECOVERY AFFIDAVIT

I hereby acknowledge and consent to the payment of all applicable costs involved as part of my application process. Section 43.03 of the City Code of Ordinances (attached) requires that the City's costs of administrative and outside fee consultant review and processing of requests, as required or necessitated now or in the future by the City's ordinances, resolutions, policies, or procedures, shall be borne by the person initiating the review request. These costs include, but are not limited to, the various costs relating to the City's administrative and outside fee consultant processing and review of applications, submissions, or requests concerning development, utilization, or improvement of real estate in the City.

Please type or print the following:

Date: _____

Relationship to the project: (property owner, architect, developer, attorney)

_____

Full Name: Mr. /Mrs. /Ms. _____

Current Address:_____City: _____

State:_____ Zip:_____ Telephone Number: _____

Email: _____

I am fully authorized to commit to the expenditures contemplated by this Cost Recovery Affidavit.

_____

Signature

STATE OF FLORIDA
COUNTY OF BROWARD

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this _____ day of _____, 20___, by _____ as _____
(Name of person acknowledging) *(Title)*
for _____.
(Company name)

Personally known to me ☐ or has produced Identification ☐, type of identification produced_____.

(NOTARY SEAL HERE)

_____
SIGNATURE OF NOTARY PUBLIC

_____
PRINT, TYPE/STAMP NAME OF NOTARY