MODIFICATION TO CONDITIONS OF PLAT SUBMISSION REQUIREMENTS (PLAT NOTE AMENDMENT)

$4,200 application fee made **payable to the City of Weston**.
$1,225 Fire Marshal review fee made **payable to the City of Weston**.

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

Submission Materials:

1. **Application**
   a. Modification to Conditions of Plat Approval Form
   b. Applicant Representative Affidavit
   c. Cost Recovery Affidavit
2. **Project Narrative** detailing the proposed scope of work.
3. **Copy of the existing plat.**
4. **Survey**
5. **Location Map**
6. **Site Plan**
7. **Sketch and Legal Description**
8. **Utility Consent Form**
9. **A written request to issue a Letter of No Objection** to amending the note on the plat as recorded in the Public Records of Broward County.
10. **The current note on the plat and the proposed modification i**n strike through and underline.
11. **Explanation of why the modification is requested and a history of the development approvals for the site.**

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

Staff will advise whether advertising is required (as per Code Section - 125.06 Requirements for Advertising and Notice).

CITY OF WESTON
MODIFICATION TO CONDITIONS OF PLAT APPLICATION

The Development Review Committee (DRC) meets the 2nd and 4th Tuesday of each month. In order to be included on an agenda, a complete submittal must be made two weeks prior to the scheduled meeting. A complete submittal includes all items on the "Modification to Conditions of Plat 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_____

Has this modification been previously submitted YES____ NO____
Is so, this is a resubmittal of: Entire project_____ Portion of project_____

ZONING STANDARDS	**Existing**	**Proposed**
Land Use Designation	_____	_____
Zoning	_____	_____
Setbacks	_____	_____
Open Space	_____	_____
Structures on Site	_____	_____

Is the modification associated with a replat YES____ NO____

If YES, Name ad project number of underlying approval/recorded plat _____

Is the underlying plat all or partly residential? YES____ NO____

If YES, indicate number and type of units approved in underlying plat _____

ENGINEERING STANDARDS

Indicate all easements on or adjacent to the subject property _____

Indicate all existing utilities on or adjacent to subject property _____

1. Is the project subject to any existing of proposed agreements with Broward County? If YES, state the title and subject of the agreement and attach a copy. ____ ____
2. Are off-site roadway improvements being required by any government agency or proposed by the applicant? If YES, depict on site plan or attach separate plans. ____ ____
3. Does this property or project have and adjudicated of vested rights status? If YES, attach appropriate documentation. ____ ____
4. Is joint access with adjacent property proposed or required? If YES, attach any available documentation. ____ ____
5. Does this property abut a Broward County Trafficway? ____ ____
6. If YES, to #5, has any discussion with Broward County Traffic Engineering Division taken place? ____ ____
7. If YES, state the name of the person(s) ____ ____

Applicants are advised that proposed access openings to Broward County Trafficways or proposed openings within 100 feet of a designated Trafficway are subject to approval from Broward County Engineering and Traffic Engineering Divisions.

8. Has any discussion with the School Board taken place? If YES, state the name and title of the person contacted
   Name _____
9. If a school site will be reserved or dedicated on the property, is the site delineated on the plat? YES_____ NO___
10. Does this property abut a State Road? YES____ NO____
11. If YES to #10, has any discussion with the Florida Department of Transportation YES____ NO____
12. If YES, state the name of person(s) contacted.

    Name _____

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