

OFFICE OF PLANNING



File No. (to be filled by the Office of Planning): _____

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/comm_planning/appforms.htm



APPLICATION TYPE (CHECK ONE):

- Development Review Board
- Historic Preservation Board
- Planning and Zoning Board
- Technical Advisory Committee
- City Commission

Date of Application: _____

Location Address: _____

Lot(s): _____ Block(s): _____ Subdivision: _____

Folio Number(s): _____

Zoning Classification: _____ Land Use Classification: _____

Existing Property Use: _____ Sq Ft/Number of Units: _____

Is the request the result of a violation notice? () Yes () 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
- Development Review Board
- Planning and Zoning Board
- Historic Preservation Board
- City Commission

Explanation of Request: _____

Number of units/rooms: _____ Sq Ft: _____

Value of Improvement: _____ Estimated Date of Completion: _____

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

Name of Current Property Owner: _____

Address of Property Owner: _____

Telephone: _____ Fax: _____ Email Address: _____

Name of Consultant/Representative/Tenant (circle one): _____

Address: _____ Telephone: _____

Fax: _____ Email Address: _____

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: _____

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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. The owner(s) will photograph the sign the day of posting and submit photographs to the Office of Planning 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: _____ Date: _____

PRINT NAME: _____ Date: _____

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 _____