



CITY OF WESTON SITE PLAN SUBMISSION REQUIREMENTS

\$19,500 application fee made payable to the City of Weston.

\$784 Fire Marshall review fee made payable to the City of Weston.

1. Site plan with legal description. Site boundaries shall be clearly identified and ties to section corner, including the section, township, and range.
2. A site plan location sketch showing adjacent property and associations.
3. Landscape and irrigation plan with landscape calculations and existing tree survey.
4. Lighting plan.
5. Sign plan.
6. 8.5" x 11" color renditions.
7. Schedule of all colors and finishes including manufacturer's specification numbers for paint. Color samples for all paint to be used, must be provided.
8. Elevations.
9. Pavement markings and signing plans.
10. Water and sewer plans.
11. Pavement and drainage plans.
12. Updated survey within one year with topography, existing structures, etc.
13. Proposed address plan.
14. Location map showing adjacent property owners and homeowners associations.
15. Location of all cross-streets and driveways within 350' of property limits.
16. Location map showing zoning of all adjacent property.



**CITY OF WESTON
SITE PLAN 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 _____

EXISTING 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 _____

Setbacks (F/R/S) _____

Lot Coverage _____

Open Space _____

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 scheduling for City Commission (review) _____). If yes, please attach approval.

ENGINEERING PLAN

Completed

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 or 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. Does this property abut a State Road? _____
- 9. If YES to #8, has any discussion with the Florida Department of Transportation taken place? _____
- 10. If YES, state the name of person(s) contacted? Name _____
- 11. Does this property propose residential development? taken place? _____
- 12. If YES to #10, contact the School Board of Broward County to obtain a School Concurrency Adequacy Determination (SCAD) letter.

Applicants are advised that proposed access opening to a State Road or public roadway within 200 feet of a State Road are subject to approval from the Florida Department of Transportation.

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) _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
b) _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
c) _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
d) _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
e) _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
f) _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
g) _____	<input type="checkbox"/>	<input type="checkbox"/>	_____

* 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 _____.

(NOTARY SEAL HERE)

SIGNATURE OF NOTARY PUBLIC

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