



WAIVER OF PLAT APPLICATION

INSTRUCTIONS

The application, with all supplemental data and information, must be completed in accordance with the specific instructions in this application. Applications and all supplemental information must be filed no later than 10 working days prior to any scheduled Plat Committee meeting.

APPLICANT'S INFORMATION

- 1) Owner's Name: _____ Phone () _____
Address: _____ City _____ State ____ Zip Code _____
- 2) Applicant's Name: _____ Phone () _____
Address: _____ City _____ State ____ Zip Code _____
- 3) Surveyor's Name: _____ Phone () _____
Address: _____ City _____ State ____ Zip Code _____

PROPERTY INFORMATION

- 4) Name of Proposed Subdivision

- 5) Legal Description of Parent Tract

- Folio No. _____ - _____ - _____ - _____
Sec. _____ Twp. _____ S. Rge. _____ E.
- 6) Street Boundaries: --

- 7) Present Zoning: _____



NOTE: List all plat restriction zoning conditions or any other declaration, restriction, condition etc. that might affect this Plat.

I HEREBY CERTIFY that I am the owner of the parcel(s) described in Item 4 and that the information contained in this application is true and correct to the best of my knowledge and belief. Attached is a copy of the recorded deed showing my acquisition of this land. In addition, I agree to furnish additional items as may be necessary such as abstract or opinion of tile to determine accurate ownership information.

Furthermore, I am aware that the use of a public water supply and/or public sewer system may be required for this development. If so required, I recognize that engineering drawings for the extension of these utilities must be approved by the appropriate utility entity and by D.E.R.M. prior to the approval of the final plat.

STATE OF FLORIDA COUNTY OF MIAMI-DADE

SS: _____

Signature of Owner: _____

Print name & Title here: _____

BEFORE ME, personally appeared _____ this ____ day of _____, _____ A.D. and (he/she) acknowledged to and before me that (he/she) executed the same for the purposed therein. Personally known ____ or produce _____ as identification and who did (not) take an oath.

WITNESS my hand and seal in the County and State last aforesaid this ____ day of _____, _____ A.D.

Signature of Notary Public: _____

Print, Type name here: _____

(NOTARY SEAL)

(Commission Expires)

(Commission Number)



RESPONSIBILITIES OF THE APPLICANT

I AM AWARE THAT:

1. The Department Environmental Resources Management (DERM), and other agencies review and critique zoning applications which may affect the scheduling and outcome of applications. These reviews may require additional public hearings before DERM's Environmental Quality Control Board (EQCB), or other boards, and /or the proffering of agreements to be recorded. I am also aware that I must comply promptly with any DERM conditions and advise this office in writing if my application will be withdrawn.
2. Filing fees may not be the total cost of a hearing. Some requests require notices to be mailed to property owners up to a mile from the subject property. In addition to mailing costs, fees related to application changes, plan revisions, deferrals, re-advertising, etc., may be incurred. Application withdrawn within 30 days of the filing are eligible for a refund of 25% of the hearing fee but after that time hearings withdrawn or returned will be ineligible for a refund. I understand that fees must be paid promptly.
3. The South Florida Building Code requirements may affect my ability to obtain a building permit even if my zoning application is approved; and that a building permit will probably be required. I am responsible for obtaining permits and inspections for all structures and additions proposed, or built without permits. And that a Certificate of Use and Occupancy must be obtained for the use of the property after it has been approved at Zoning Hearing, and that failure to obtain the required permits and/or Certificates of Completion or of Use and Occupancy will result in enforcement action against any occupant and owner. Submittal of the Zoning Hearing application may not forestall enforcement action against the property.
4. The 3rd District Court of Appeal has ruled that zoning applications inconsistent with the Comprehensive Development Master Plan (CDMP) cannot be approved by a zoning board based upon considerations of fundamental fairness. Therefore, I acknowledge that if the hearing request is inconsistent with the CDMP and I decide to go forward then my hearing request can only be denied or deferred, but not approved.
5. In Miami-Dade County v. Ompoint Holdings, Inc. Case No. 3d01-2347 (Fla. 3rd DCA 2002), the 3rd District Court of Appeal has held invalid the standards for non-use variances, special exceptions, unusual uses, new uses requiring a public hearing and modification of covenants. This is not a final decision and the County Attorney's Department professional staff to develop new standards that will address the Court's concerns. While the new standards are being developed, applicants are advised that any non-use variance, special exception, unusual use, new use requiring a public hearing or request for modification of covenants granted under the existing standards are subject to being reversed in the courts. An applicant wishing to avoid the substantial legal risks associated with going forward under the existing standard may seek a deferral until the new standards are developed.
6. Any covenant to be proffered must be submitted to the Town of Cutler Bay Legal Counsel, on Town form, at least 1 month prior to the hearing date. The covenant will be reviewed and the applicant will be notified if changes or corrections are necessary. Once the covenant is acceptable, the applicant is responsible to submit the executed covenant with a current 'Opinion of Title' within 1 week of the hearing. And that Legal



Counsel must carry a cover letter indicating subject matter, application number and hearing date.

7. The Town of Cutler Bay Department of Public Works reviews and critiques Zoning applications and may require conditions for approval.
8. Each party will be limited to a presentation of 20 minutes. This time limitation may be extended by the Chair of the meeting.
9. **THE APPLICANT IS RESPONSIBLE FOR TRACKING THE STATUS OF THE APPLICATION AND ALL HEARINGS THAT MAY BE ASSOCIATED WITH THIS APPLICATION.**

(Applicant's Signature)

Sworn to and subscribed before me this _____ day of _____, _____.
Affiant is

personally known to me or has produced _____ as
identification.

(Notary Public)

My Commission Expires: _____



COST RECOVERY AFFIDAVIT

I hereby acknowledge and consent to the payment of **all applicable fees** involved as part of my application process. These fees include but are not limited to: application fees, postage, advertising, and attorney fees **regardless of the outcome of the public hearing.**

Please type or print the following:

Date: _____ Public Hearing No. _____

Full Name:

Mr. Mrs. Ms. _____

Current Address: _____ City: _____

State: _____ Zip: _____ Telephone Number (_____) _____

Date of Birth: _____

Signature

SWORN AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____ 20____

Notary Public, State of Florida at Large

My Commission expires _____ 20____

Pursuant to Ordinance No. 2000-09-33-Cost Recovery

