



NAME OF APPLICANT: Three Amigos Lauderhill, LLC APPLICATION No.:

GENERAL LAND DEVELOPMENT ORDER APPLICATION

THIS GENERAL LAND DEVELOPMENT ORDER APPLICATION FORM MUST BE SUBMITTED AS PART OF ANY REQUEST TO UNDERTAKE THE LAND DEVELOPMENT ACTIVITIES LISTED BELOW. A SPECIFIC LAND DEVELOPMENT ORDER APPLICATION FORM MAY HAVE TO BE SUBMITTED IN CONJUNCTION WITH THIS

FORM. OTHER SUBMITTAL ITEMS ARE INDICATED ON THE ACCOMPANYING INSTRUCTION PACKETS AND

DEVELOPMENT BROCHURES. IT IS THE APPLICANT'S RESPONSIBILITY TO INSURE THAT APPLICATIONS ARE COMPLETE AND ACCURATE.

A. DEVELOPMENT ORDER REQUESTED

PLAT

REPLAT

SITE DEVELOPMENT PLAN

SITE PLAN MODIFICATION

ZONING MAP AMENDMENT

SPECIAL EXCEPTION USE

VARIANCE

GRAND OPENING INFLATABLE SIGN

FUTURE LAND USE MAP AMENDMENT

OTHER

☒

IS THIS APPLICATION PART OF ANOTHER APPLICATION?

☒

YES

☐

NO

IF SO, WHAT APPLICATION? Rezoning application to change the zoning designation to RM-40

PROPERTY DESCRIPTION

NE A R E S T C R O S S S T R E E T S : W. Commercial Blvd. & N. University Dr.

S I T E A D D R E S S O R L O C A T I O N : 7730 W. Commercial Blvd .

PROPERTY FOLIO NUMBER: 494116030020

LEGAL DESCRIPTION ATTACHED

☒

YES

☐

NO

EXISTING IMPROVEMENTS: Vacant commercial retail box store.

GROSS ACRES: 14.15

NET ACRES: 13.72

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C. DEVELOPMENT DESCRIPTION

DEVELOPMENT NAME: 1778 Apartments

PROPOSED DEVELOPMENT BY USE AND INTENSITY: Multi-family apartment complex with 529 dwelling units.

OFFICIAL ZONING DISTRICT MAP

CLASSIFICATION: CG (General Commercial)

FUTURE LAND USE MAP SERIES DESIGNATION: Commercial

DOES THIS DEVELOPMENT REQUIRE SIGNAGE? X YES ☐ NO

EVIDENCE OF OWNERSHIP PROVIDED? X YES ☐ NO

D. OWNER, APPLICANT AND OTHER INFORMATION

OWNER NAME: Three Amigos Lauderhill, LLC/Robert Suris, Managing Member

OWNER STREET ADDRESS: 4125 NW 88th Ave.

CITY, STATE & ZIP CODE: Sunrise, FL 33351

TELEPHONE #: 305-663-1002 FAX #: _____

ELECTRONIC MAIL ADDRESS: rsuris@eigfl.com

APPLICANT NAME: Same as owner

APPLICANT STREET ADDRESS: _____

CITY, STATE & ZIP CODE: ____

WORK PHONE #: _____ MOBILE PHONE #: _____

FAX #: _____ EMAIL: _____

GENERAL LAND DEVELOPMENT ORDER APPLICATION

OWNER AUTHORIZATION FOR APPLICANT PROVIDED? ☒ YES NO

BESIDES THE APPLICANT, WHO ELSE SHOULD BE PROVIDED COPIES OF
WRITTEN CORRESPONDENCE?

OWNER ARCHITECT ☒ ATTORNEY
ENGINEER OTHER (SPECIFY) _____

ARCHITECT NAME: Modis Architects / Ivo Fernandez

ARCHITECT STREET ADDRESS: 4955 SW 75 th Ave.

CITY, STATE & ZIP CODE: Miami, FL 33155

BUSINESS PHONE #: 786-879-8882 **MOBILE PHONE #:** _____

FAX #: _____ **EMAIL:** Ivof@modisarchitects.com

ENGINEER NAME: Flynn Engineering/Damon T. Ricks

ENGINEER STREET ADDRESS: 241 Commercial Blvd.

CITY, STATE & ZIP CODE: Lauderdale-By-The-Sea, FL 33308

BUSINESS PHONE #: 954-522-1004 **MOBILE PHONE #:** _____

FAX #: 954-522-7630 **EMAIL:** dtricks@flynnengineering.com

ATTORNEY NAME: Dunay, Miskel & Backman, LLP/Hope Calhoun, esq.

ATTORNEY STREET ADDRESS: 14 SE 4th St. Suite 36

CITY, STATE & ZIP CODE: Boca Raton, FL 33432

BUSINESS PHONE #: 561-405-3324 **MOBILE PHONE #:** 954-494-5724

FAX #: 561-409-2341 **EMAIL:** hcalhoun@dmblaw.com

AFFIDAVIT

I, _____ , DO HEREBY SWEAR OR
AFFIRM THAT ALL OF THE INFORMATION IS TRUE AND CORRECT TO THE BEST
OF MY KNOWLEDGE.

PRINT YOUR NAME: _____

SIGN YOUR NAME: _____

DATE: _____

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS DAY
OF _____ , 20 _____ , BY _____ , WHO IS
PERSONALLY KNOWN TO ME OR WHO HAS PRODUCED _____
AS IDENTIFICATION AND WHO DID TAKE AN OATH.

NOTARY PUBLIC

SIGN: _____

PRINT: _____

STATE OF FLORIDA AT LARGE SEAL

MY COMMISSION EXPIRES: