



6601 Main Street • Miami Lakes, Florida, 33016

Office: (305) 364-6100 • Fax: (305) 558-8511

Website: [www.miamilakes-fl.gov](http://www.miamilakes-fl.gov)

## PLANNING AND ZONING PUBLIC HEARING APPLICATION

YARH 2017-0381  
7/20/17 File #  
Date Received

\_\_\_\_\_ Date of Pre-application Meeting

**NOTE TO APPLICANTS:** A pre-application meeting with the Town's Planning and Zoning Department staff is required prior to official application filing. Please call 305 364-6100 for an appointment.

1. Name of Applicant Ruben Arguelles
- If applicant is owner, give name exactly as recorded on deed.
  - If applicant is lessee, attach copy of valid lease of 1 year or more and Owner's Sworn-to-Consent form.
  - If applicant is corporation, partnership, limited partnership, or trustee, a separate Disclosure of Interest form must be completed.

Mailing Address 6421 Lake Patricia Drive

City Miami Lakes State FL ZIP 33014

Tel. # (during working hours) (786) 229-9362 Other \_\_\_\_\_

E-Mail: CubanRuben@msn.com Mobile #: \_\_\_\_\_

2. Name of Property Owner Ruben Arguelles

Mailing Address Same as above

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Tel. # (during working hours) \_\_\_\_\_ Other \_\_\_\_\_

3. Contact Person Same as above

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Tel. # (during working hours) \_\_\_\_\_ Other \_\_\_\_\_

E-Mail: \_\_\_\_\_ Mobile #: \_\_\_\_\_

4. LEGAL DESCRIPTION OF THE PROPERTY COVERED BY THE APPLICATION

- If subdivided, provide lot, block, complete name of subdivision, plat book and page number.
- If metes and bounds description, provide complete description (including section, township, and range).
- Attach a separate typed sheet, if necessary. Please verify the accuracy of your legal description

Single Family Home

5. Address or location of property (including section, township, and range): 6421 Lake Patricia Drive

6. Size of property: \_\_\_\_\_ x \_\_\_\_\_ Acres \_\_\_\_\_

7. Date subject property ☒ acquired or ☐ leased 8 day of May 2017  
Term of lease; \_\_\_\_\_ years/months.

8. Does property owner own contiguous property to the subject property? If so, give complete legal description of entire contiguous property. (If lengthy, please type on a sheet labeled "Contiguous Property.")

9. Is there an option to ☐ purchase or ☐ lease the subject property or property contiguous thereto? ☐ Yes ☐ No  
If yes, who are the potential purchasers or lessees? (Complete section of Disclosure of Interest form, also.)

10. Present zoning classification(s): \_\_\_\_\_ Present land use classification(s): \_\_\_\_\_

11. REQUEST(S) COVERED UNDER THIS APPLICATION:

Please check the appropriate box and give a brief description of the nature of the request in the space provided. Be advised that all zone changes require concurrent site plan approval.

☐ District Boundary (Zone) Change(s):  
Zoning Requested: \_\_\_\_\_

☐ Future Land Use Map (FLUM) Amendment:  
Future Land Use Requested: \_\_\_\_\_

☐ Site Plan Approval \_\_\_\_\_

☒ Variance Pool

☐ Preliminary Plat Approval: \_\_\_\_\_

☐ Final Plat Approval: \_\_\_\_\_

☐ Modification of Previous Resolution/Plan/Ordinance \_\_\_\_\_

☐ Modification of Declaration or Covenant \_\_\_\_\_

12. Has a public hearing been held on this property within the last year and a half? ☐ Yes ☒ No

If yes, applicant's name \_\_\_\_\_ Date of Hearing \_\_\_\_\_

Nature of Hearing \_\_\_\_\_

Decision of Hearing \_\_\_\_\_ Resolution # \_\_\_\_\_

13. Is this hearing being requested as a result of a violation notice? ☐ Yes ☒ No

If yes, give name to whom violation notice was served \_\_\_\_\_

Nature of violation \_\_\_\_\_

14. Are there any existing structures on the property? ☐ Yes ☒ No

If yes, briefly describe \_\_\_\_\_

15. Is there any existing use on the property? ☐ Yes ☒ No

If yes, what is the use and when was it established? \_\_\_\_\_

**OWNERSHIP AFFIDAVIT  
FOR  
INDIVIDUAL**

STATE OF FLORIDA

Public Hearing No. \_\_\_\_\_

COUNTY OF MIAMI-DADE

Before me, the undersigned authority, personally appeared, hereinafter the Affiants, who being first duly sworn by me, on oath, depose and say:

1. Affiants are the fee owners of the property which is the subject of the proposed hearing.
2. The subject property is legally described as: Single Family Home
3. Affiants understand this affidavit is subject to the penalties of law for perjury and the possibility of voiding of any zoning granted at public hearing.

Witnesses:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name



SUSANA NARANJO  
NOTARY PUBLIC  
STATE OF FLORIDA  
Comm# FF133817  
Expires 6/24/2018

Sworn to and subscribed before me on the 20 day of July, 2017. Affiant is personally known to me or has produced A624720 803620 as identification.

\_\_\_\_\_  
Notary  
(Stamp/Seal)

My Commission Expires: 06/24/2018

Witnesses:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

Sworn to and subscribed before me on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. Affiant is personally known to me or has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Notary  
(Stamp/Seal)

My Commission Expires: \_\_\_\_\_

**OWNERSHIP AFFIDAVIT  
FOR  
TRUSTEE**

STATE OF \_\_\_\_\_

Public Hearing No. \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Before me, the undersigned authority, personally appeared \_\_\_\_\_, hereinafter the Affiant, who being duly sworn by me, on oath, deposes and says:

1. Affiant is the Trustee of the Trust which owns the property which is the subject of the proposed hearing.
2. Affiant is legally authorized as Trustee to apply for the proposed hearing.
3. The subject property is legally described as: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Affiant understands this affidavit is subject to the penalties of law for perjury and the possibility of voiding of any zoning granted at public hearing.

**Witnesses:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Affiant's Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

Sworn to and subscribed before me on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. Affiant is personally known to me or has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Notary Public, State of \_\_\_\_\_

My Commission Expires:

\_\_\_\_\_  
Print Name

**OWNERSHIP AFFIDAVIT  
FOR  
CORPORATION**

STATE OF FLORIDA

Public Hearing No. \_\_\_\_\_

COUNTY OF MIAMI-DADE

Before me, the undersigned authority, personally appeared, hereinafter the Affiants, who being first duly sworn by me, on oath, depose and say:

1. Affiants are the fee owners of the property which is the subject of the proposed hearing.
2. The subject property is legally described as: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Affiants understand this affidavit is subject to the penalties of law for perjury and the possibility of voiding of any zoning granted at public hearing.

Witnesses:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

Sworn to and subscribed before me on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. Affiant is personally known to me or has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Notary  
(Stamp/Seal)

My Commission Expires: \_\_\_\_\_

Witnesses:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

Sworn to and subscribed before me on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. Affiant is personally known to me or has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Notary  
(Stamp/Seal)

My Commission Expires: \_\_\_\_\_

### DISCLOSURE OF INTEREST\*

If a CORPORATION owns or leases the subject property, list principal stockholders and percent of stock owned by each. [Note: Where principal officers or stockholders consist of other corporation(s), trust(s), partnership(s) or similar entities, further disclosure shall be made to identify the natural persons having the ultimate ownership interest.]

CORPORATION NAME: \_\_\_\_\_

NAME AND ADDRESS: _____	Percentage of Stock
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

If a TRUST or ESTATE owns or leases the subject property, list the trust beneficiaries and percent of interest held by each. [Note: Where beneficiaries are other than natural persons, further disclosure shall be made to identify the natural persons having the ultimate ownership interest.]

TRUST / ESTATE NAME: \_\_\_\_\_

NAME AND ADDRESS: _____	Percentage of Interest
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

If a PARTNERSHIP owns or leases the subject property, list the principals including general and limited partners. [Note: Where partner(s) consist of other partnership(s), corporation(s), trust(s), or similar entities, further disclosure shall be made to identify the natural persons having the ultimate ownership interests.]

PARTNERSHIP OR LIMITED PARTNERSHIP NAME: \_\_\_\_\_

NAME AND ADDRESS: _____	Percent of Ownership
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

If there is a CONTRACT FOR PURCHASE by a Corporation, Trust, or Partnership, list purchasers below, including principal officers, stockholders, beneficiaries, or partners. [Note: Where principal officers, stockholders, beneficiaries, or partners consist of other corporation, trusts, partnerships, or similar entities, further disclosure shall be made to identify natural persons having ultimate ownership interests.]

NAME OF PURCHASER: \_\_\_\_\_

NAME, ADDRESS, AND OFFICE (if applicable): _____	Percentage of Interest
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Date of Contract: \_\_\_\_\_

If any contingency clause or contract terms involve additional parties, list all individuals or officers if a corporation, partnership, or trust:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NOTICE: For changes of ownership or changes in purchase contracts after the date of the application, but prior to the date of final public hearing, a supplemental disclosure of interest is required.

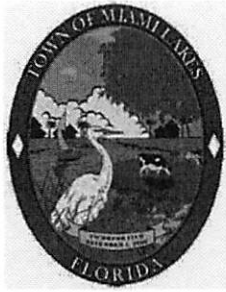
Signature: \_\_\_\_\_  
(Applicant)

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 \_\_\_\_\_

\* Disclosure shall not be required of: (1) any entity, the equity interests in which are regularly traded on an established securities market in the United States or another country; or (2) pension funds or pension trusts or more than five thousand (5,000) ownership interests; or (3) any entity where ownership interests are held in a partnership, corporation, or trust consisting of more than five thousand (5,000) separate interests, including all interests at every level of ownership and where no one (1) person or entity holds more than a total of five percent (5%) of the ownership interest in the partnership, corporation, or trust. Entities whose ownership interests are held in a partnership, corporation, or trust consisting of more than five thousand (5,000) separate interests, including all interests at every level of ownership, shall only be required to disclose those ownership interests which exceed five percent (5%) of the ownership interests in the partnership, corporation, or trust.



**Town of Miami Lakes**  
**PLANNING ZONING AND CODE COMPLIANCE**  
6601 Main Street  
Miami Lakes, FL 33014  
(305) 364-6100

2:50 pm

**RECEIPT**

**Receipt No: R16466**

Case No: **VARH2017-0381**

Receipt Date: **07/20/2017**

Project Type: **VARIANCE**

Paid By: **RUBEN ARGUELLES**

Project Subtype: **RES**

Pay Method: **PPH**

Folio No: **3220240030550**

Collected By: **MELBA SANCHEZ**

Site Address: **6421 LAKE PATRICIA DR, MIAMI LAKES, FL 33014**

Applicant Information

Main Contact

Owner Information

**RUBEN ARGUELLES**  
**6421 LAKE PATRICIA DR**  
**MIAMI LAKES, FL 33014**

**RUBEN ARGUELLES**  
**6421 LAKE PATRICIA DR**  
**MIAMI LAKES, FL 33014**

Description:

POOL 6421 LAKE PATRICIA DR

Fee	Amount Paid
VARH- RES/1 SF, 2 FAM, TH UNIT, COST REC	\$650.00
VARH- RES/1 SF, 2 FAM, TH UNIT	\$750.00

**Total Amount Paid**

**\$1,400.00**

[www.miamilakes-fl.gov](http://www.miamilakes-fl.gov)



# Town of Miami Lakes

6601 MAIN STREET  
MIAMI LAKES, FL 33014

**July 20, 2017 at 2:48 PM**

**Order 1054**

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Planning	\$700.00
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<b>TOTAL</b>	<b>\$700.00</b>
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Sale Card

MasterCard \*\*\*\*\*0663

Txn ID: 1UV71886RD0253150

Merchant Copy

# Town of Miami Lakes

6601 MAIN STREET  
MIAMI LAKES, FL 33014

**July 20, 2017 at 2:50 PM**

**Order 1055**

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Planning	\$700.00
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<b>TOTAL</b>	<b>\$700.00</b>
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Sale Card

Visa \*\*\*\*\*9827

Txn ID: 6SH55160DL1460119

Merchant Copy