



*Town of Miami Lakes*  
Department of Planning, Zoning and Code Compliance  
6601 Main Street • Miami Lakes, Florida 33014  
(305) 364-6100 / Fax: (305) 558-8511  
www.miamilakes-fl.gov

From: Brandon R. Schaad, Director of Planning – Planning, Zoning and Code Compliance  
To: Finance Department

RECEIPT DATE: \_\_\_\_\_

☒ DEPOSIT (001-220100)

- ☐ INITIAL  
☐ SUPPLEMENTAL  
☐ OTHER: \_\_\_\_\_

\$ 5000.-  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
TOTAL: \$ 5000.-

CASE # COND 2017-0001

☒ PAYMENT ON COST RECOVERY ACCOUNT

Folio #: \_\_\_\_\_

Address: \_\_\_\_\_  
Credit CARD Payment.

Please apply funds received from \_\_\_\_\_  
with check # \_\_\_\_\_, Bank Name \_\_\_\_\_, in the  
amount of \$ \_\_\_\_\_ as follows:

COST RECOVERY APPLICABLE TO DEPOSIT: YES / NO

- ☒ (Advertising) The Miami Herald / Daily Business Review  
☒ (Posting) In-house  
☒ (Notification) In-house  
☒ (Consulting) \_\_\_\_\_  
☒ (Legal) \_\_\_\_\_  
☒ (Recording) Miami-Dade County Clerk of Court  
☒ Other: \_\_\_\_\_

\_\_\_\_\_  
Brandon R. Schaad, Director of Planning  
Susana Alonso

2/8/17.  
Date

\_\_\_\_\_  
Arturo Moron, Controller

\_\_\_\_\_  
Date

Ch 001-220100-01701

ATTORNEY AFFIDAVIT

I, Javier Varquez of Berger Singerman, (name of law firm)  
being first duly sworn, depose and say that I am a State of Florida Attorney at Law, and I am the Attorney for the  
Owner / Tenant (circle one) of the property described and which is the subject matter of the proposed application, that  
all the answers to the questions in this application, and all sketch data and other supplementary matter attached and  
made a part of this application are honest and true to the best of my knowledge and belief. I understand this application  
must be completed and accurate before a hearing can be advertised. I also acknowledge that I must fill out the Town's  
Consultant Disclosure Form and/or Lobbyist Registration Form prior to the Administrator's final decision.

Javier Varquez  
Attorney's Signature

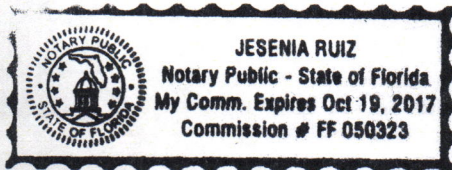
Javier Varquez  
Print Name

Sworn to and subscribed before me on the 13<sup>th</sup> day of February, 20 17. Affiant is personally known  
to me or has produced \_\_\_\_\_ as identification.

Jesenia Ruiz  
Notary Public, State of Florida

Jesenia Ruiz  
Print Name

My Commission Expires: Oct. 19, 2017



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.



### 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: Elevate Church Inc.

NAME AND ADDRESS: Non-Profit 501 c 3

	Percentage of Stock
<u>Hector Torres</u> <u>Presid</u>	<u>President of Corp.</u>
<u>Joaquin Medina</u>	<u>Vice President</u>
<u>Enoch Aburto</u>	<u>Secretary</u>
_____	_____
_____	_____
_____	_____

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
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**OWNER OR TENANT 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.
4. I, \_\_\_\_\_, as \_\_\_\_\_ (title) of \_\_\_\_\_ (name of corporate entity), being first duly sworn, depose and say that \_\_\_\_\_ (name of corporate entity) is the owner / tenant (**circle one**) of the property described and which is the subject matter of the proposed hearing; that all the answers to the questions in this application, and all sketch data and other supplementary matter attached to and made a part of the application are honest and true to the best of my knowledge and belief. I understand this application must be completed and accurate before a hearing can be advertised.

\_\_\_\_\_ will represent me at the hearing.

Witnesses:

Affiant:

Signature

Affiant's Signature

Print Name

Print Name

Signature

Print Name

Sworn to and subscribed before me on the 6 day of February, 20 17. Affiant is personally known to me or has produced JG20320954C10 as identification.



Notary  
(Stamp/Seal)

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

**OWNER 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.

5. I, \_\_\_\_\_, as \_\_\_\_\_ (title) of \_\_\_\_\_ (name of trust), being first duly sworn, depose and say that \_\_\_\_\_ (name of trust) is the owner of the property described and which is the subject matter of the proposed hearing; that all the answers to the questions in this application, and all sketch data and other supplementary matter attached to and made a part of the application are honest and true to the best of my knowledge and belief. I understand this application must be completed and accurate before a hearing can be advertised.

\_\_\_\_\_ will represent me at the 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

Plat there of as recorded in Plat book 78 at pg. 47 of the Public Records of Miami-Dade County, Florida

5. Address or location of property: 6250 Miami Lakes Dr.
6. Size of property: 4.21 Square Feet / Acres
7. Date subject property ☐ acquired or ☐ leased \_\_\_\_\_ day of \_\_\_\_\_  
Term of lease: \_\_\_\_\_ years/months.
8. Does property owner own contiguous property to the subject property? ☐ Yes ☐ No If yes, 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): IUC Present land use classification(s): IUC
11. Describe the nature of the proposed use (i.e. types of activities, hours of operation, number of employees, any hazardous chemicals to be used, noise levels, techniques proposed to mitigate any potential negative impacts, etc. (attach additional sheets, if necessary).  
House of Worship  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
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 Church Building
15. Is there any existing use on the property? ☒ Yes ☐ No  
If yes, what is the use and when was it established? Use Church / Religious School  
Established October 1963 Church / Sept 11, 2003 School

**OWNER OR TENANT 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
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.
4. I, \_\_\_\_\_, being first duly sworn, depose and say that I am the owner / tenant (**circle one**) of the property described and which is the subject matter of the proposed hearing; that all the answers to the questions in this application, and all sketch data and other supplementary matter attached to and made a part of the application are honest and true to the best of my knowledge and belief. I understand this application must be completed and accurate before a hearing can be advertised.

\_\_\_\_\_ will represent me at the hearing.

Witnesses:

Affiant:

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

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





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Office: (305) 364-6100 • Fax: (305) 558-8511  
Website: [www.miamilakes-fl.gov](http://www.miamilakes-fl.gov)

## CONDITIONAL USE APPLICATION

RECEIVED  
8/16/17

File # COND2017-0001

Date of Pre-application meeting \_\_\_\_\_

Date Received \_\_\_\_\_

32-2024-008-1300

**NOTE TO APPLICANT:** A Pre-Application meeting with the Town's Planning, Zoning and Code Compliance Department Staff is required prior to filing an Application. Please call (305) 364-6100 for an appointment.

1. NAME OF APPLICANT Elevate Church Inc.  
*All property owners/lessees must participate as Applicant(s) or designate a representative to participate on their behalf.*

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

Mailing Address 6260 Miami Lakes Drive East

City Miami Lakes State FL ZIP 33014

Tel. # (during working hours) 786-457-8372 Other \_\_\_\_\_

E-Mail: Louis@GoElevateChurch.com Mobile #: 786-457-8372

2. NAME OF PROPERTY OWNER Elevate Church Inc.

Mailing Address "

City " State " ZIP "

Tel. # (during working hours) " Other "

3. CONTACT PERSON Louis Egiporaco

Mailing Address 6260 Miami Lakes Drive East

City Miami Lakes State FL ZIP 33014

Tel. # (during working hours) 786 457-8372 Other \_\_\_\_\_

E-Mail: Louis@GoElevateChurch.com Mobile #: 786-457-8372

4. LEGAL DESCRIPTION OF THE PROPERTY COVERED BY THE APPLICATION

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

Tract E of Miami Lakes Section Three; according to the