



6601 Main Street • Miami Lakes, FL 33014
(305) 364-6100 • www.miamilakes-fl.gov

Public Hearing (Yes) Yes No):

File Number(s): VARH2019-0163

Date Received: 3/22/2019 ~~APRIL 2019 HEARING~~

Planning Application

Folio Number: 32.2014.027.0012

Property Address: 15600 NW 67th AVE

Nature of Requests (mark all that apply)	<input type="checkbox"/> Comprehensive Plan Change	<input type="checkbox"/> Zoning Verification Letter
	<input type="checkbox"/> Zoning Change	<input type="checkbox"/> Expedite fee
	<input type="checkbox"/> Preliminary Plat	<input type="checkbox"/> Waiver of Plat
	<input type="checkbox"/> Site Plan	<input type="checkbox"/> Administrative Site plan
	<input type="checkbox"/> Conditional Use	<input type="checkbox"/> Distance Separation
	<input checked="" type="checkbox"/> Variance	<input type="checkbox"/> Administrative Parking Waiver

NOTE TO APPLICANTS: A pre-application meeting with the Town's Planning and Zoning Department staff is required prior to official application filing. A checklist of requirements will be provided to the applicant at that time. Please call 305 364-6100 for an appointment.

Property Information	Lot size (Acres/Square Feet):	<u>N/A</u>	Current Zoning:	<u>TC</u>
	Current Use:	<u>OFFICE</u>	Existing Structure Square Footage:	<u>2,206 sq ft</u>
	Existing Number of Parking Spaces:		Existing Number of Units:	
	Is request the result of a violation?	<u>NO</u>	If yes, case number:	

Please describe nature of request : VARIANCE TO PROVIDE ONLY INTERIOR PLAY SPACE NO OUTDOOR PLAY SPACE. 40 CHILDREN.

Please submit two sets of signed and sealed 24x36 and one set of reduced 11x17 plans.

If property is leased, separate affidavits for property owner and tenant must be provided.

Property Owner Information	NAME:	<u>GRAHAM COMPANIES</u>		
	Mailing Address:	<u>6843 MAIN ST</u>	City, State, Zip	<u>MIAMI LAKES FL 33014</u>
	Phone Number:		Cell Number:	
	Email Address:			

Operator/Lessee Information	NAME:	<u>Jenny Espinosa</u>		
	Mailing Address:	<u>8370 NW 157th</u>	City, State, Zip	<u>Miami Lakes</u>
	Phone Number:	<u>(7) 229 1166</u>	Cell Number:	<u>(7) 229 1166</u>
	Email Address:	<u>espinosaj1014@gmail.com</u>		

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

LEGAL DESCRIPTION OF THE PROPERTY COVERED BY THE APPLICATION :

SEE ATTACHED.

**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: 15600 NW 67th Ave
Miami Lakes FL
33014.
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, Jenny Espinosa, as President (title) of Tutor Me Daycare & Preschool #2 (name of corporate entity), being first duly sworn, depose and say that Tutor Me Daycare & Preschool #2 (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:

Signature

Print Name

Signature

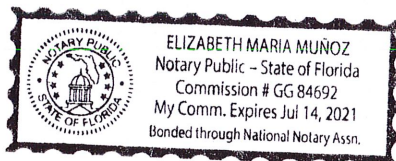
Print Name

Affiant

Affiant's Signature

Print Name

Sworn to and subscribed before me on the 11th day of March, 2019. Affiant is personally known to me or has produced Driver license E215-420-73-874-0 as identification.



Notary
(Stamp/Seal)

My Commission Expires: July 14, 2021

**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: _____

**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: _____

REQUIRED DOCUMENTS FOR ADMINISTRATIVE SITE PLAN APPROVAL

- A. Completed application form. Applicants must meet the criteria in Division 3.1(d) of the Land Development Code
- B. Certified survey of the property. The survey must accurately depict the current conditions on the property. The survey must show all additions, fencing, paving and driveways and other improvements such as accessory buildings. At least one (1) copy must be provided to staff. If you wish to keep the certified copy staff will make a copy of your survey. For applications proposing new structures and/or paved areas, the survey needs to show all easements and encumbrances of public record.
- C. Site Plan – A site plan drawn to scale showing all proposed improvements, lot coverage and setbacks to property lines. If applicable, the site plans must include a table with all required zoning information such as setbacks, height, lot coverage, required parking, landscaping, etc. Where applicable (as determined by staff), two (2) paper copies of the site plan must be provided (one set on 24" x 36" and one set on 11" x 17" or letter size paper) and one (1) digital copy (PDF preferred). Site plans must conform to the requirements in Division 3.4(e) of the Land Development Code.
- D. Color photographs of the property. Digital photos are preferred in lieu of color prints.
- E. A letter describing the request
- F. HOA Approval. If the property is within the jurisdiction of a Homeowner's Association, provide written documentation of consideration (approval or denial) from the HOA.
- G. Applicable Fees

Individual Single Family, Two Family or Townhouse

\$100 application fee + notification costs with a \$50 cost recovery deposit – total fee due at submittal = \$150

Multifamily / Commercial / All Others

\$0 application fee + notification costs with a \$1,000 cost recovery deposit

ATTORNEY AFFIDAVIT

I, _____, of _____, (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.

Attorney's 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

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: Tutor Me Day Care & Preschool II

NAME AND ADDRESS: Jenny Espinosa Percentage of Stock

8370 NW 157 Terrace

100%

Miami Lakes FL

33016

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

State of Florida

Department of State

I certify from the records of this office that TUTOR ME DAY CARE & PRE SCHOOL #2, CORP. is a corporation organized under the laws of the State of Florida, filed on March 11, 1999, effective March 10, 1999.

The document number of this corporation is P99000022641.

I further certify that said corporation has paid all fees due this office through December 31, 2019, that its most recent annual report/uniform business report was filed on February 1, 2019, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the First day of February, 2019*



Jennifer Kennedy
Secretary of State

Tracking Number: 6386555776CC

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>