



Growing Beautifully

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

Public Hearing (Yes/No):

File Number(s):

PZAV 2019-0509.

Date Received: 10/1/2019

Planning Application

Folio Number: 32-2016-001-0740

Property Address: 8944 NW 168 St Miami Lakes, FL 33018

Nature of Requests (mark all that apply)	<input type="checkbox"/> Comprehensive Plan Change	<input checked="" type="checkbox"/> REASONABLE ACCOMMODATION	<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 type="checkbox"/> Variance		<input type="checkbox"/> Administrative Variance

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):	6,695 sq ft	Current Zoning:	
	Current Use:	Residential	Existing Structure Square Footage:	2,286 sq ft
	Existing Number of Parking Spaces:		Existing Number of Units:	1
	Is request the result of a violation?	yes	If yes, case number:	C2019-1067

Please describe nature of request :

Requesting reasonable accommodation to allow storage of a boat on the property to accommodate needs of my son on the autism spectrum

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:	Yamilee Martinez Fernandez		
	Mailing Address:	8944 NW 168 St	City, State, Zip:	Miami Lakes, FL 33018
	Phone Number:	305 827-4275	Cell Number:	305-218-6989
	Email Address:	Fernandezy3@aol.com		

Operator/Lessee Information	NAME:			
	Mailing Address:		City, State, Zip:	
	Phone Number:		Cell Number:	
	Email Address:			

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 :

Lot 74, Block 4, Sevilla Estates as recorded in plat book 153 at page 38 of the Public Records of Dade County, Florida

**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: Lot 74, Block 1, Sevilla Estates
as recorded in Plat book 153 at page 38 of the
Public Records of Dade County, Florida
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, Yamilee Martinez Fernandez, 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:

Signature

Print Name

Signature

Print Name

Affiant:

Affiant's Signature

Print Name

Sworn to and subscribed before me on the 26th day of September, 2019. Affiant is personally known
to me or has produced _____ as identification.

Notary
(Stamp/Seal)



My Commission Expires: 09-29-22