

Sec.	Twp.	Range

Pre-Application No.:
Pre-Application Meeting Date:



**ZONING HEARING APPLICATION  
MIAMI-DADE COUNTY  
DEPARTMENT OF REGULATORY AND ECONOMIC RESOURCES**

LIST ALL FOLIO #s: 30-4024-021-0180 Date Received \_\_\_\_\_

1. **NAME OF APPLICANT** (Owner(s) of record of the property or lessee. If applicant is a lessee, an executed 'Owner's Sworn-to-Consent' and copy of a valid lease for 1 year or more is required. If the applicant is a corporation, trust, partnership, or like entity, a 'Disclosure of Interest' is required).

Narciso Ruiz

2. **APPLICANT'S MAILING ADDRESS, TELEPHONE NUMBER, E-MAIL:**

Mailing Address: 5831 SW 51 STREET  
City: MIAMI State: FLORIDA Zip: 33155  
Phone# (305) 888-5954 Fax# (305) 888-5167 E-mail: ruizelectricalbellsouth.net

3. **OWNER'S NAME, MAILING ADDRESS, TELEPHONE NUMBER:**

Owner's Name (Provide name of ALL owners): Narciso Ruiz  
Mailing Address: 5831 SW 51 ST  
City: Miami State: Florida Zip: 33155

4. **CONTACT PERSON'S INFORMATION:**

Name: Marcel Ruiz Company: \_\_\_\_\_  
Mailing Address: 8181 NW 91 TERR #4  
City: Medley State: Florida Zip: 33166  
Phone# 305 716-6072 Fax# 305-888-5167 E-mail: ruizelectricalbellsouth.net

5. **LEGAL DESCRIPTION OF ALL PROPERTY COVERED BY THE APPLICATION**

(Provide complete legal description, i.e., lot, block, subdivision name, plat book & page number, or metes and bounds. Include section, township, and range. If the application contains multiple rezoning requests, a legal description for each requested zone must be provided. Attach separate sheets as needed and clearly label (identify) each legal description attached. In addition to paper version it is requested that lengthy metes and bounds descriptions be provided on CD in Microsoft Word.)

The East 1/2 of LOT 10 and the West 25 Feet of LOT 11 in Block 6

6. **ADDRESS OR LOCATION OF PROPERTY** (For location, use description such as NE corner of, etc.)

5831 SW 51 ST., Miami, FL 33155



7. SIZE OF PROPERTY 75 ft x 100 ft (in acres): \_\_\_\_\_  
(divide total sq. ft. by 43,560 to obtain acreage)

8. DATE property  acquired  leased: February 2009 (month & year)

9. Lease term: \_\_\_\_\_ years

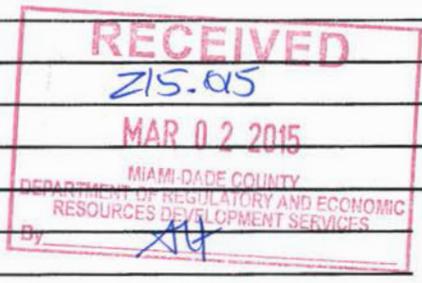
10. IS CONTIGUOUS PROPERTY OWNED BY THE SUBJECT PROPERTY OWNER(S)?  
no  yes  If yes, provide complete legal description of said contiguous property.  
\_\_\_\_\_  
\_\_\_\_\_

11. Is there an option to purchase  or lease  the subject property or property contiguous thereto? no   
yes  (If yes, identify potential purchaser or lessee and complete 'Disclosure of Interest' form)

12. PRESENT ZONING CLASSIFICATION: RU1

13. APPLICATION REQUESTS (Check all that apply and describe nature of the request in space provided)

- District Boundary(zone) Changes [Zone(s) requested]: \_\_\_\_\_  
(Provide a separate legal description for each zone requested)
- Unusual Use: \_\_\_\_\_
- Use Variance: \_\_\_\_\_
- Non-Use Variance: of setbacks
- Alternative Site Development: Option: \_\_\_\_\_
- Special Exception: \_\_\_\_\_
- Modification of Previous Resolution/Plan: \_\_\_\_\_
- Modification of Declaration or Covenant: \_\_\_\_\_



14. Has a public hearing been held on this property within the last year & a half? no  yes   
If yes, provide applicant's name, date, purpose and result of hearing, and resolution number:  
\_\_\_\_\_  
\_\_\_\_\_

15. Is this application a result of a violation notice? no  yes . If yes, give name to whom the violation notice was served: \_\_\_\_\_ and describe the violation:  
\_\_\_\_\_

16. Describe structures on the property: \_\_\_\_\_  
\_\_\_\_\_

17. Is there any existing use on the property? no  yes . If yes, what use and when established?  
Use: \_\_\_\_\_ Year: \_\_\_\_\_

18. Do you require a translator for the actual hearing? Yes  No   
If yes: Spanish  Haitian Creole  Other  (Please specify which language)  
\_\_\_\_\_

OWNERSHIP AFFIDAVIT  
FOR  
INDIVIDUAL(S)



STATE OF FLORIDA Public Hearing No. \_\_\_\_\_

COUNTY OF DADE

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

- Affiant is the fee owner of the property that is the subject of the proposed hearing.
- The subject property is legally described as:  
The East 1/2 of LOT 10 And the West 25 feet of Lot 11 in Block 6.
- 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]  
Signature

MARCEL D RUIZ  
Print Name

[Signature]  
Signature

Mrs Elena Torrelles  
Print Name

[Signature]  
Affiant's Signature

NARCISO RUIZ  
Print Affiant's Name

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

\_\_\_\_\_  
Print Affiant's Name

Sworn to and subscribed before me on the 27 day of February, 2015

Affiant is personally known to me or has produced \_\_\_\_\_ as identification.



Notary [Signature] Sylvia Hueso

(Stamp/Seal)



Commission Expires: 10/29/17



**APPLICANT'S AFFIDAVIT**

The Undersigned, first being duly sworn depose that all answers to the questions in this application, and all supplementary documents made a part of the application are honest and true to the best of (my)(our) knowledge and belief. (I)(We) understand this application must be complete and accurate before the application can be submitted and the hearing advertised.

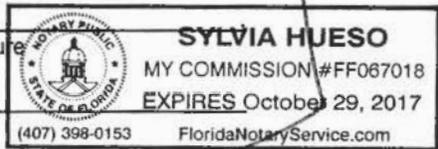
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OWNER OR TENANT AFFIDAVIT

(I)(WE), NARCISO ROIZ, being first duly sworn, depose and say that (I am)(we are) the  owner  tenant of the property described and which is the subject matter of the proposed hearing.

[Signature]  
Signature

[Signature] Signature  
Notary Public: \_\_\_\_\_  
Commission Expires: 10/29/17



Sworn to and subscribed to before me this 27 day of February, 2015.

\*\*\*\*\*

CORPORATION AFFIDAVIT

(I)(WE), \_\_\_\_\_, being first duly sworn, depose and say that (I am)(we are) the  President  Vice-President  Secretary  Asst. Secretary of the aforesaid corporation, and as such, have been authorized by the corporation to file this application for public hearing; and that said corporation is the  owner  tenant of the property described herein and which is the subject matter of the proposed hearing.

Attest: \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature  
\_\_\_\_\_  
Office Held

(Corp. Seal)



Sworn to and subscribed to before me this \_\_\_\_ day of \_\_\_\_\_,

Notary Public: \_\_\_\_\_  
Commission Expires: \_\_\_\_\_

\*\*\*\*\*

PARTNERSHIP AFFIDAVIT

(I)(WE), \_\_\_\_\_, being first duly sworn, depose and say that (I am)(we are) partners of the aforesaid partnership, and as such, have been authorized to file this application for a public hearing; and that said partnership is the  owner  tenant of the property described herein which is the subject matter of the proposed hearing.

\_\_\_\_\_  
(Name of Partnership)

By \_\_\_\_\_ %

By \_\_\_\_\_ %

By \_\_\_\_\_ %

By \_\_\_\_\_ %

Sworn to and subscribed to before me this \_\_\_\_ day of \_\_\_\_\_,

Notary Public: \_\_\_\_\_  
Commission Expires: \_\_\_\_\_

\*\*\*\*\*

ATTORNEY AFFIDAVIT

I, \_\_\_\_\_, 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 of the property described and which is the subject matter of the proposed hearing.

\_\_\_\_\_  
Signature

Sworn to and subscribed to before me this \_\_\_\_ day of \_\_\_\_\_,

Notary Public: \_\_\_\_\_  
Commission Expires: \_\_\_\_\_

ACKNOWLEDGEMENT BY APPLICANT



1. RER Platting and Traffic Review Section, RER Division of Environmental Resources Management (DERM), and other County agencies review and critique zoning hearing applications which may affect the scheduling and outcome of my hearing. These reviews may require additional hearings before DERM's Environmental Quality Control Board (EQCB), or other County boards, and/or the proffering of agreements to be recorded. I am also aware that I must comply promptly with any DERM or Platting and Traffic conditions and advise this office in writing if my application will be withdrawn.
2. Filing fees may not be the total cost of a hearing. Some requests require notices to be mailed to property owners up to a mile from the subject property and I am responsible for paying the additional radius mailing costs. In addition to mailing costs, I am responsible for additional fees related to application changes, plan revisions, deferrals, re-advertising, etc., that may be incurred. I understand that fees must be paid promptly. Applications withdrawn within 60 days of the filing are eligible for a refund of 50% of the hearing fee but after that time hearings withdrawn or returned will be ineligible for a refund. Refunds must be requested in writing.
3. Applicable Florida Building Code requirements may affect my ability to obtain a building permit even if my zoning application is approved; and a building permit will probably be required. I am responsible for obtaining any required permits and inspections for all structures and additions proposed, or built without permits. And that a Certificate of Use (C.U.) must be obtained for the use of the property after it has been approved at Zoning Hearing. Failure to obtain the required permits and/or C.U., Certificates of Completion (C.C.) or Certificate of Occupancy (C.O.) will result in enforcement action against any occupant and owner. Submittal of the Zoning Hearing application may not forestall enforcement action against the property.
4. The 3rd District Court of Appeal has ruled that zoning applications inconsistent with the Comprehensive Development Master Plan (CDMP) should not be approved by a zoning board and the recommendation will be for denial or deferral. Therefore, I acknowledge that if the hearing request is inconsistent with the CDMP and I decide to go forward then my hearing request can only be denied or deferred, but not approved. I also understand that I will not be reimbursed any fees paid unless I withdraw within 60 days of filing and then I will receive a 50% refund.
5. Any covenant to be proffered must be submitted to the Department on County forms, at least 1 month prior to the hearing date. The covenant will be reviewed and the applicant will be notified if changes or corrections are necessary. Once the covenant is acceptable, the applicant is responsible to submit the executed covenant with a current 'Opinion of Title' within 1 week of the hearing. Legal Advisor can advise as to additional requirements applicable to foreign corporations. Documents submitted to the Department must carry a cover letter indicating subject matter, application number and hearing date.

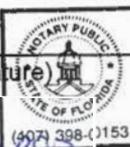
*[Signature]*  
 (Applicant's Signature)  
MARCELO RUIZ  
 (Print Name of Applicant)

Sworn to and subscribed before me on the  
27 Day of February, 2015.

Affiant is personally known to me or has produced \_\_\_\_\_ as identification.

My commission expires 10/29/17  
 State of: Florida

*[Signature]*  
 (Notary Public's Signature)  
Sylvia Hueso  
 Print Name

	<b>SYLVIA HUESO</b> MY COMMISSION #FF067018 EXPIRES October 29, 2017 FloridaNotaryService.com (907) 398-1153
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**RECEIVED**  
215-015  
**MAR 02 2015**  
 MIAMI-DADE COUNTY  
 DEPARTMENT OF REGULATORY AND ECONOMIC  
 RESOURCES DEVELOPMENT SERVICES  
 By *[Signature]*

PLEASE BE AWARE THAT THIS IS A LEGALLY BINDING DOCUMENT AND ALL REQUESTED ADJUSTMENTS MUST BE STATED CLEARLY PRIOR TO ACQUISITION OF SIGNATURES. THERE WILL BE NO EXCEPTIONS.

CONSENT FORM

I, Narciso Ruiz, have applied for an Administrative Adjustment to Director of the Miami-Dade County Department of Regulatory and Economic Resources, to permit a front setback of 15 feet

We, the undersigned property owners, have read (or have had read to us) the information applicable to this request for an Administrative Adjustment from the Zoning Code as applied to the unincorporated area of Miami-Dade County and fully understand that by subscribing my name to this consent form, I am waiving any objection to the proposed construction as outlined above and as shown on the plans accompanying this application. I further certify that I have subscribed my name freely and without any duress or apparent misrepresentation on the part of the applicant to this form and to the plans accompanying this application.

ALFONSO JURADO 5846 SW 50 TERR. Date 1-25-15  
Name (Type or Print) Address

[Signature]  
Signature

Patrick Flood 5822 SW 51<sup>st</sup> Terrace Date 1/27/15  
Name (Type or Print) Address

[Signature]  
Signature

MANUEL JOYA 5841 S.W. 51<sup>st</sup> Street Date 1-28-15  
Name (Type or Print) Address

[Signature]  
Signature

Zachary Gruber 5834 SW 50 Terrace Date 1/31/15  
Name (Type or Print) Address

[Signature]  
Signature

David Blount 5830 SW 51<sup>st</sup> St. Date 2/7/15  
Name (Type or Print) Address

[Signature]  
Signature

Ron GROCK 5821 SW 51 ST. Date 2/7/15  
Name (Type or Print) Address

[Signature]  
Signature

Maria Walker 5840 SW 51 St. Date 2/14/15  
Name (Type or Print) Address

[Signature]  
Signature



INDIVIDUAL'S  
POWER OF ATTORNEY FOR  
PUBLIC HEARING



I THE UNDERSIGNED, do by these presents hereby make, constitute and appoint MARCEL D RUIZ of the County of MIAMI-DADE and the State of Florida, true and lawful Attorney-in-Fact for me and in my name, place, stead, to sign on my behalf, and do all acts necessary, including speak at a public hearing in furtherance of an application for Public Hearing No. 15-6-0212-5 with Miami-Dade County for a hearing before the Community Zoning Appeals Board or County Commission of Miami-Dade County. (Explain nature of hearing).

Non-use variance to permit an addition to a single family residence setback 15' (25' required) from the (South) property line

concerning the property described as:

5831 SW 51 ST MIAMI, FL 33166

Granting and giving unto said Attorney-in-Fact, full authority and power to do and perform any and all acts necessary or incident to the performance and execution of the powers herein above expressly granted, with power to do and perform all acts authorized hereby, as fully to all intents and purposes as the grantor might or could do if personally present, with full power of substitution.

Signed, witnessed, executed and acknowledged on this 20 day of May, 2015.

WITNESSES:

[Signature]

Signature

Jorge Del Valle

Print Name

[Signature]

Signature

Jorge Macias

Print Name

[Signature]

Individual Signature

NARCISO RUIZ

Print Name

Address:

620 Hampton Rd

BURBANK, CA 91504

STATE OF FLORIDA

COUNTY OF DADE

The foregoing instrument was acknowledged before me by Narciso Ruiz, who is personally known to me or has produced \_\_\_\_\_, as identification.

Witness my signature and official seal this 20 day of May, 2015, in the County and State aforesaid.



[Signature]

Notary Public-State of FLORIDA

Sylvia Hueso

Print Name