Sec. Twp. Range

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

RECEIVED
15-079
SEP 22 2015
MIAMI-DADE COUNTY
DEPARTMENT OF REGULATORY AND ECONOMIC RESOURCES DEVELOPMENT SERVICES
By
Date Received

LIST ALL FOLIO #s: 30-4928-028-0840

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).

Martha Noguera Jose S Noguera

2. APPLICANT'S MAILING ADDRESS, TELEPHONE NUMBER:

Mailing Address: 6002 SW 155 CT

City: Miami State: FL Zip: 33193 Phone#: 786-274-0603

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

Owner's Name (Provide name of ALL owners): Martha Noguera, Jose S Noguera

Mailing Address: 6002 SW 155 CT

City: Miami State: FL Zip: 33193 Phone#: 786-274-0603

4. CONTACT PERSON'S INFORMATION:

Name: Gabriela Sanchez Company: Properties Solution Serv.

Mailing Address: 11865 SW 26 ST SUITE J-7

City: Miami State: FL Zip: 33175

Phone# 305-228-8900 Fax# 305-228-8481 E-mail: info@miamipermits.com

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 diskette or compact disc in Microsoft Word or compatible software.)

Westwind Lakes Sec 6 AMEND
PB 136-9 LOT 21A BLK 39A LOT SIZE 4792 Sq Ft
F/A/U 30-4928-022-1710 THRU 1800 OR 19487-
4284 012001 1

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

6002 SW 155 CT Miami, FL 33193

15-079

7. **SIZE OF PROPERTY** 4792 ft x — ft (in acres): 0.11
(divide total sq. ft. by 43,560 to obtain acreage)

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8. **DATE** property ☒ acquired ☐ leased: 01/2001 (month & year)

9. **Lease term:** N/A 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:** RU-1

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: Terrace and Shed not in compliance w/ 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: Jose S and Martha Noguera and describe the violation:
Working without Permit

16. **Describe structures on the property:** Enclosing Terrace, and alum. Shed

17. **Is there any existing use on the property?** no ☐ yes ☒. If yes, what use and when established?
Use: Residential Year: 2001

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

19. **If you would like a preliminary courtesy review of your application by the technical staff of the Developmental Impact Committee, please check Yes** ☒
If yes, the application will be placed on the next available Developmental Impact Committee agenda. There is no additional charge for this service.

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.

****

OWNER OR TENANT AFFIDAVIT

(I)(WE), Martha Noguera / Jose S Noguera, 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

Sworn to and subscribed to before me this 4 day of April, 2015.

Notary Public: DURAN ONELIA
Notary Public - State of Flori
My Commission Expires May 28, 20
Commission # EE 80254
Bonded Through National Notary Assn.

Signature

Commission Expires:

****

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 hereinafter named 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

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ACKNOWLEDGEMENT BY APPLICANT

1. The Public Works Department, the Department 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 Public Works 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's Legal Advisor, on County form, 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 Legal Advisor must carry a cover letter indicating subject matter, application number and hearing date. Legal Advisor may be reached at (305) 375-3075

(Applicant's Signature)

MARTHA NOGUERA/JOSE S NOGUERA

(Print Name of Applicant)

Sworn to and subscribed before me on the 24 Day of May, 2015.

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

DURAN ONELIA
Notary Public, State of Florida
My Comm. Expires May 28, 2016
Commission # FF 89254
Bonded through National Notary Assn.

(Notary Public's Signature)

Onelia Duran

Print Name

My commission expires

State of:

SARAH VAINBERG
MY COMMISSION #FF175536
EXPIRES November 11, 2018
(407) 398-0153 FloridaNotaryService.com

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OWNERSHIP AFFIDAVIT
FOR
INDIVIDUAL

STATE OF Florida **Public Hearing No.** _____

COUNTY OF Dade

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

1. Affiant is the fee owner of the property that is the subject of the proposed hearing.

2. The subject property is legally described as:
Westwind Lakes

3. 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

Gabriela Sanchez
Print Name

Signature

Diana Chavez
Print Name

Affiant's signature

MARTHA NOGUERA
Print Name

Jose S Noguera

Sworn to and subscribed before me on the 24 day of May, 2015

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

Notary

(Stamp/Seal)

DURAN ONELIA
Notary Public - State of Florida
My Comm. Expires May 28, 2018
Commission # EE 69284
Bonded Through National Notary Assn.

Commission Expires:

SARAH VAINBERG
MY COMMISSION #FF175536
EXPIRES November 11, 2018
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[L:forms/afficorp.sam (1/04)]

8/3/12 rcc