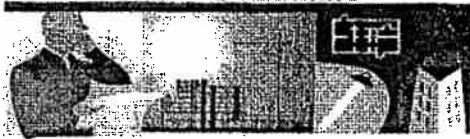


OFFICE OF PLANNING



File No. (to be filled by the Office of Planning): 05-D-099

2600 Hollywood Boulevard Room 315
Hollywood, FL 33022

GENERAL APPLICATION



Tel: (954) 921-3471
Fax: (954) 921-3347

This application must be completed in full and submitted with all documents to be placed on a Board or Committee's agenda.

The applicant is responsible for obtaining the appropriate checklist for each type of application.

Applicant(s) or their authorized legal agent must be present at all Board or Committee meetings.

At least one set of the submitted plans for each application must be signed and sealed (i.e. Architect or Engineer).

Documents and forms can be accessed on the City's website at http://www.hollywoodfl.org/comm_planning/appforms.htm



APPLICATION TYPE (CHECK ONE):

- Development Review Board Historic Preservation Board
- Planning and Zoning Board Technical Advisory Committee
- City Commission Date of Application: _____

Location Address: 2900 N. 24 Avenue, Hollywood
 Lot(s): _____ Block(s): _____ Subdivision: pls. see attached survey
 Folio Number(s): 5142 04 01 4490
 Zoning Classification: PD Land Use Classification: Medium Residential
 Existing Property Use: Vacant Sq Ft/Number of Units: _____
 Is the request the result of a violation notice? () Yes (X) No If yes, attach a copy of violation.
 Has this property been presented to the City before? If yes, check all that apply and provide File Number(s) and Resolution(s): Yes

- Economic Roundtable Technical Advisory Committee Development Review Board
- Planning and Zoning Board Historic Preservation Board City Commission

Explanation of Request: Amendment to approved PD to build 10 Townhomes Units

Number of units/rooms: 10 Units 2 & 3 bdrms Sq Ft: 1,400 S.F. Avg. unit size
 Value of Improvement: 2,500,000 Estimated Date of Completion: _____
 Will Project be Phased? () Yes (X) No If Phased, Estimated Completion of Each Phase

Name of Current Property Owner: Broward County Housing Authority
 Address of Property Owner: 4780 N. State Road 7, Lauderdale Lakes, FL 33319
 Telephone: 954-793-1114 Fax: 954-535-0407 Email Address: _____

Name of Consultant/Representative/Tenant (circle one): Keith & Associates, Inc
 Address: 301 e. Atlantic Blvd., Pompano Beach Telephone: 954-788-3400
 Fax: 954-788-3500 Email Address: lbasnyet@keith-associates.com

Date of Purchase: _____ Is there an option to purchase the Property? Yes () No ()
 If Yes, Attach Copy of the Contract.

List Anyone Else Who Should Receive Notice of the Hearing: _____
 Address: _____
 Email Address: _____