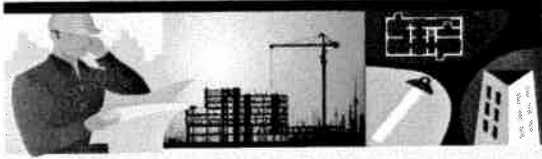


OFFICE OF PLANNING



File No. (to be filled by the Office of Planning): _____

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: March 12, 2010

Location Address: State Road 7 Corridor

Lot(s): _____ Block(s): _____ Subdivision: _____

Folio Number(s): _____

Zoning Classification: _____ Land Use Classification: _____

Existing Property Use: _____ Sq Ft/Number of Units: _____

Is the request the result of a violation notice? () Yes (✓) 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): _____

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

Explanation of Request: Change of Land Use designation from General Business, Office, Residential, Community Facilities, and Industrial to Transit Oriented Corridor

Number of units/rooms: _____ Sq Ft: _____

Value of Improvement: _____ Estimated Date of Completion: _____

Will Project be Phased? () Yes () No If Phased, Estimated Completion of Each Phase _____

Name of Current Property Owner: City of Hollywood

Address of Property Owner: 2600 Hollywood Blvd

Telephone: 954-921-3471 Fax: 954-921-3347 Email Address: _____

Name of Consultant/Representative/Tenant (circle one): _____

Address: _____ Telephone: _____

Fax: _____ Email Address: _____

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: _____