

OFFICE OF PLANNING



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

11-DP-30

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: 2604 FEDERAL HIGHWAY, APTWOOD, FL

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

Folio Number(s): _____

Zoning Classification: IM-3 Land Use Classification: TRANSExisting Property Use: SKATING RINK 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: APPROVAL OF SITE PLAN FOR A PET WOOD PAULITYNumber of units/rooms: _____ Sq Ft: 8,950 S.F.Value of Improvement: \$1.5 million Estimated Date of Completion: 5/2012Will Project be Phased? () Yes ☒ No If Phased, Estimated Completion of Each Phase _____Name of Current Property Owner: John GlorieuxAddress of Property Owner: 1113 SE 9 ST Ft Lauderdale FL 33316Telephone: 954 2704999 Fax: _____ Email Address: John@PamponetLodge.comName of Consultant/Representative/Tenant (circle one): GUTIERREZ + WEAVER ARCHITECTS P.A.Address: 2830 NW 4R 84 #117 FT. LAUDERDALE Telephone: (954) 321-7442

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: _____