



City of Hialeah
FINAL DECISION

The attached application must be completed (printed in ink or typed) and submitted with all enclosures referred to therein, to the Planning and Zoning Division, 2nd floor, City Hall, before advertisement may be made for a public hearing.

The applicant is reminded that the change requested in this application must be justified and the mere filling of the application or appearance at the public hearing does not assure approval of the application.

ALL QUESTIONS MUST BE ANSWERED

The following forms are included in this packet.

1. Required Enclosures and Fees
2. Instructions sheet
3. Application Form
4. Affidavit
5. "Disclosure of Interest" Form
6. Declaration of Use

PLEASE NOTE

Letters of Authorization, Power of Attorney, etc.

MUST BE NOTARIZED.

Note that after approval of the final decision, applicant must submit for a building permit with a copy of the resolution/ordinance attached to building plans. A copy of the resolution/ordinance can be obtained at the City Clerk's Office at 501 Palm Ave, 3rd Floor, Hialeah, FL 33010, (305) 883-5823.

CITY OF HIALEAH
FINAL DECISION
REQUIRED ENCLOSURES AND FEES

- A. 25 copies of a Special Purpose Survey (an As-Built Survey, less than six months old, which includes the square footage of the lot, lowest finished floor elevation, and Flood Insurance Rate Map data). (At least ONE copy with Surveyor's embossed seal). Both survey and radius map shall be prepared by a Professional Surveyor or Mapper, licensed pursuant to Chapter 472, Florida Statutes.
- B. 25 sealed copies of a Radius Map showing all properties within 500 feet of the perimeter of the subject property. Map to be at scale of 150 feet to one inch or larger. Lot and Block Numbers and Subdivision names. (Statement must be included on Radius Map indicating it was prepared by a certified surveyor or mapper).
- C. 25 copies of site plans, floor plans and building elevations, prepared by an engineer architect or landscape architect in accordance with Article III, Division II, Sec. 98-371 of the Hialeah Code of Ordinances (at least ONE copy with professional's embossed seal).
- D. Request/Owner's List prepared as per sample. Includes verbiage on each sheet and lists properties within a 500-foot radius of the subject property, exclusive of the petitioner, stating the request to be considered.
- E. Affidavit stating that the Radius Map & Request/Owner's List is complete and accurate. Signed by the individual or company who prepared said documentation.
- F. Mailing labels with the names and mailing addresses of those owners within the radius (Do not include duplicate names and addresses).

APPLICATION FEES: See attached Fee Schedule. Triple fee shall apply if a building addition or alteration has commenced without a building permit and/or prior to the approval of the zoning change application, if such zoning change is necessary in order to legally allow said building addition or alteration.

Prior to the hearing, city supplied signs will need to be posted on the property. The sign(s) shall contain the date, time and location of the hearing. The sign(s) shall also include the applicant's name, location of the property and the request. The sign(s) shall be placed in public view on each frontage of the property with a minimum of one (1) sign for every 165 feet of frontage. These signs shall be placed at a maximum of one hundred sixty-five (165) feet apart. The number of signs required will be determined by the Planning and Zoning Division. The applicant shall pay the cost of the sign(s). The fee for each sign is **\$26.00**.

For any questions, contact the Planning and Zoning Division at (305) 883-8075.

**CITY OF HIALEAH
FINAL DECISION
INSTRUCTIONS**

APPLICANT INFORMATION (Lines 1 through 4)

The individual submitting this application is required to complete this section. If the applicant is a joint property owner, a trustee, a corporation, or a partnership, notarized supporting documentation is required to show that the applicant is authorized to submit the application. Any application missing said documentation is subject to be returned.

PROPERTY INFORMATION (Lines 5 through 8)

- Line 5 The folio number is recorded in the Miami-Dade County tax rolls.
- Line 6 The address as listed in the Miami-Dade County tax rolls or the approximate location.
- Line 7 Legal description as stated in the survey of the property.
- Line 8 Existing Zoning Designation (Office use only)

REQUESTED ADJUSTMENT(S) (Line 9)

- Line 9 Enter requested adjustments(s) in the appropriate blanks.

AFFIDAVIT

- The applicant(s) name is printed or typed and the applicant(s) relationship to the property is to be indicted. Applications received without notarized documentation supporting the applicant’s authorization to act on behalf of the legal owner will be returned. It is the applicant’s responsibility to ensure that all documentation is attached
- Signature of the applicant(s)
- Jurat, to be completed by a Notary Public

AFFIDAVIT

STATE OF FLORIDA

COUNTY of _____

(I)/ (We) acknowledge that any corrections to submitted materials and/or supplemental requirements, if any, must be submitted before a hearing can be advertised.

(I)/ (We), _____ say

that (I am)/ (We are) the

Owner(s) of the property

Representative of the owner of the property

And (I)/ (We) affirm that all answers are true and accurate to the best of our knowledge.

Applicant(s) Signature

**Affix
Corporate
Seal**

Applicant(s) Signature

Applicant(s) Signature

Applicant(s) Signature

The foregoing instrument was acknowledged before me on this ___ day of _____,
_____, by _____.
(Applicant)

DID TAKE AN OATH [] OR DID NOT TAKE AN OATH []
PERSONALLY KNOWN [] OR PRODUCED IDENTIFICATION []

Type of Identification Produced: _____

Signature of Notary Public

Name of Notary Typed, printed, or Stamped

My Commission Expires

DISCLOSURE OF ALL PARTIES IN INTEREST

Type of Application: _____

Types: (Platting, Rezoning, Variance, Special use Permit, Conditional Use Permit, Final Decision, Land Use Map Amendment).

If Applicant is a Corporation or Partnership all officers and or partners shall disclose their name and addresses.

Names (s) and addresses (s) of all legal and/or equitable owners, even if said property is held in trust for same:

Name(s) and address(es) of those having any interest in a contract for sale of said property, including real estate brokers and sale persons:

Mortgagee(s) of Property:

All those having an interest in a contract for sale, shall disclose whether they are acting and/or for an undisclosed principal and, if so shall discontinue the name(s) and address (es) of the beneficiary (ies) of the trust or the principal(s) and their interest in the contract:

THE DISCLOSURE MUST BE MADE AND OR UPDATED WITHIN A REASONABLE TIME, AS MAY BE NECESSARY, IN ORDER TO ENSURE THAT THE INFORMATION DISCLOSED IS ACCURATE AT THE TIME OF FILING AND AT ALL TIMES THEREAFTER SPECIFICALLY, AT DATES UPON WHICH ACTION IS DISCUSSED AND/OR TAKEN UPON SUCH PROPERTY.

AFFIDAVIT

This is to certify that the undersigned (has) (have) prepared the foregoing disclosure of all parties in interest on property legally described as:

Located on/at: _____

(We) further understand that any change (s) in said disclosure shall be updated and accurate at all times, specifically at dates upon which action is disclosed and/or taken on said property.

(We) further certify that to the rest of (my) (our) knowledge it is a complete disclosure.

Signature

**Affix
Corporate
Seal**

Signature

STATE OF FLORIDA

COUNTY of _____

The forgoing instrument was acknowledged before me on this _____ day of _____,

by _____
(Owner /Representative)

DID TAKE AN OATH [] OR DID NOT TAKE AN OATH []
PERSONALLY KNOWN [] OR PRODUCED IDENTIFICATION []

Type of Identification Produced _____

My Commission Expires

Signature of Notary Public

Name of Notary Typed, Printed, or Stamped

**SAMPLE PETITION FORM
REQUEST/OWNER'S LIST**

Subject Property: 501 Palm Avenue, Hialeah, Florida. Zoned: GUD (Governmental Use District).

The following are property owners within a 500-foot radius of the following legally described property:

Legal Description: Lots 1 through 24, block 1, City of Hialeah, according to the plat thereof, as recorded in plat book, 5, page 77, of the public records of Miami-Dade County, FL

Request: Rezoning said property from R-1 (One Family District) to R-2 (One and Family Residential District) and granting a variance permit to allow the maximum allowable lot coverage of 30% to be exceeded by 2% of a total lot coverage of 32% for the construction of a second unit.

Contra to: Hialeah, Fla., code section 98-.... (25) (b), which states in pertinent part, "maximum of thirty (30) percent of the net residential land area may be covered with or occupied by the principal residential structures."

Folio # and Legal Descriptions

Owners

Town of Hialeah, PB 5/77

Lot 1, Block 2
04-3118-001-0200
P.A. 600 Palm Ave

Planning and Zoning
610 Palm Ave
Hialeah, FL 33010

Bradley Manor PB 10/64

Tract A

Building Department
500 Palm Ave
Hialeah, FL 33010

1st Addn Town of Hialeah PB 34/26

Lots 4-1, Block 4
04-3118-045-0500
P.A., 800 E 1 Ave

John Die & w/ Jane
100 Circle Drive
Hialeah, FL 33166

MAILING LABELS

CITY OF HIALEAH P.O. BOX 40 HIALEAH, FL 33010	PLANNING & ZONING 501 PALM AVENUE HIALEAH, FL 33010	BUILDING DEPARTMENT 501 PALM AVENUE HIALEAH, FL 33010
JOHN DOE & WIFE JANE 100 CIRCLE DRIVE MIAMI SPRINGS, FL 3316	JANE SMITH 801 EAST 2 AVENUE HIALEAH, FL 33010	JOE JONES AND WIFE CATHY 125-15 STREET NEW YORK, NY 07001

**RADIUS MAP AND PETITION/OWNER'S LIST
AFFIDAVIT**

STATE OF FLORIDA

COUNTY OF: _____

Re: Property Owners List within 500 feet of:

Address/Location: _____

Legal Description _____

I certify that the attached ownership list. Maps and mailing labels provide a complete and accurate representation of the real estate property and property owners within 500 feet of the subject property listed above. This reflects the most recent Miami-Dade County Tax records.

(Signature)

(Printed Name)

(Company Name)

(Address)

(Telephone)

The foregoing instrument was acknowledge before me on this _____ day of _____,

_____ by _____

DID TAKE AN OATH [] OR [] DID NOT TAKE AN OATH

PERSONALLY KNOWN [] [] DID NOT TAKE AN OATH

Type of Identification Produced: _____

Signature of Notary Public

Name of Notary Typed, Printed, or Stamped

My Commission Expires

Prepared by: City of Hialeah
Planning and Zoning Division
501 Palm Avenue, Second Floor
Hialeah, Florida 33010

Declaration of Use

()

Re: _____

(I) (We), as owner(s) of the property herein identified, hereby agree and bind (myself) (ourselves) and (my) (our) successors, as follows:

The below-described property shall only be used as single family residence. No addition or improvement will change the use of the property as a _____. There will be only one kitchen on the premises in accordance with the ____ zoning regulations. (I) (We) will voluntarily allow access inside the premises, to a City of Hialeah inspector, upon reasonable notice, for the sole purpose of compliance with provision of this Declaration of Use.

Property located at _____ Hialeah, Florida
Subdivision, _____

as recorded in Plat Book _____, Page _____, of the Public Records of Miami-Dade County, Florida.

Folio No: _____

It is agreed that this declaration shall be a covenant running with the land, and shall remain in full force and effect until such time as the same may be released in writing by the City of Hialeah.

Witness Signature

 Owner(s) or Buyer(s) Signature

Print / Type Witness Name

Print / Type Owner(s) or Buyer(s) Name

Address of Witness

Address of Owner(s) or Buyer(s)

Witness Signature

 Owner(s) or Buyer(s) Signature

Print / Type Witness Name

Print / Type Owner(s) or Buyer(s) Name

Address of Witness

Address of Owner(s) or Buyer(s)

State of Florida

County of Miami-Dade

I HEREBY CERTIFY that on this _____ Day of _____, 20____, Before me, an officer duly authorized in the State of Florida and in the County of Miami-Dade, to take acknowledgments, personally appeared

_____ to me known to be the person(s) described herein and who executed the foregoing instrument, and he/she/they acknowledged before me, under oath, that he/she/they executed same.

Witness my hand and official seal this _____ day of _____, 20____.

Notary Public, State of Florida

Personally known to me, or
 Produced identification:

(Name of Notary Public: Print, Stamp, or Type as Commissioned)

Identification produced:

Did take an oath
 Did NOT take an oath

PLEASE BE ADVISED OF THE FOLLOWING:

1. Document must be signed and notarized by owner(s).
2. Document is to be returned to the Hialeah Planning and Zoning Division,
501 Palm Ave-2nd Floor.
3. **Fee: \$10.00 for first page and \$8.50 for each additional page –**
Payment must be in the form of a **money order or cashier's check.**

Made Payable to: **Clerk of the Circuit Court**

Dade County, Florida