

CITY OF SOUTH MIAMI
APPLICATION FOR COMPREHENSIVE PLAN AMENDMENT AND PUBLIC
HEARING BEFORE LOCAL PLANNING AGENCY (LPA)
AND CITY COMMISSION

APPLICATION PROCEDURES

1. A preliminary meeting will occur between the Applicant and the Planning & Zoning Department to analyze the request.
2. The Applicant must file a complete application with the Department. At the time of filing, the Applicant must submit the following, as appropriate:

Letter of intent

Justification for amendment or change

Proof of ownership or letter from owner

Current, official survey of the property, signed and sealed by a Registered Surveyor

Site Plan

Public Facilities Impact Report

Fee as required by the City of South Miami (\$30,000)

Public notice mailing labels, affidavit, and map as described below (see #3)

Public notice letter, affidavit, mail receipts, as described below (see # 4)

Additional submission items as specified in attached application form

3. The applicant must submit three (3) sets of mailing labels containing the name and addresses of all property owners of record (as listed in the Miami-Dade County Property Appraiser's updated tax roll) within a 500-ft. radius of the property which is the subject of the public hearing. The applicant shall provide a sworn affidavit attesting to the validity of the mailing list. A location map showing the proposed site and all properties within the 500ft radius must also be submitted.
4. A notarized affidavit shall be presented to the Planning and Zoning Department within five (5) business days of submittal of an accepted application, attesting that the applicant gave notice of the proposed application to all the property owners within the noted five hundred (500) foot radius by regular U.S. mail with the exception of the abutting, or contiguous, property owners, who shall be made aware via Certified Mail. The affidavit shall be accompanied by a copy of the notification letter together with copies of the Certified Mail receipts.
5. The Department will place a legal notice in a local newspaper at least ten (10) calendar days prior to the Public Hearing by the Local Planning Agency in accordance with Florida Statutes and the South Miami LDC.
6. The Department will post the Applicant's property with a sign at least ten (10) calendar days prior to the Public Hearing by the Local Planning Agency. **THE APPLICANT MAY REMOVE THIS SIGN ONLY AFTER FINAL CITY COMMISSION PUBLIC HEARING AND DECISION.**
7. The Department will prepare a Notice of Hearing with an accompanying map. The Department will mail a copy of the notice and the accompanying map to the property owners as shown on the submitted list at least ten (10) calendar days prior to the hearing.
8. The Department will prepare a staff report for submission to the Local Planning Agency.

9. The Applicant is required to appear before the Local Planning Agency on the night of the Public Hearing. The Local Planning Agency will make a recommendation on the application to the City Commission.
10. The Department will submit the recommendation of the Local Planning Agency to the City Clerk.
11. The application will be advertised and scheduled as an item on the agenda of the City Commission by the City Clerk, in accordance with Florida Statutes and the South Miami LDC.
11. The applicant is required to appear before the City Commission on the night of the scheduled commission meeting in order to obtain a recommendation on the application.
12. An approved application will be forwarded to the Florida Department of Community Affairs for review and comment prior to final action (ordinance adoption) by the City Commission. .

ATTACHMENTS:

Lobbyist Registration Form

Cost Recovery Affidavit w/Ordinance #21-14-2199

Vendor Registration Form



Application for Comprehensive Plan Amendment and Public Hearing before Local Planning Agency (LPA) & City Commission

Address of Subject Property:	Lot(s) _____ Block _____ Subdivision _____ PB _____
Meets & Bounds:	Size of Property : _____ Acres
Applicant:	Phone: _____
Representative:	Organization: _____
Address:	Phone: _____
Property Owner:	Signature: _____
Mailing Address:	Phone: _____
Architect/Engineer:	Phone: _____

AS THE APPLICANT, PLEASE INDICATE YOUR RELATIONSHIP TO THIS PROJECT:
 Owner Owner's Representative Contract to purchase Option to purchase Tenant/Lessee

<p>APPLICATION IS HEREBY MADE FOR THE FOLLOWING: PLEASE CHECK THE APPROPRIATE ITEM: <input type="checkbox"/> Comprehensive Plan Amendment Text</p> <p><input type="checkbox"/> Future Land Use Map Amendment</p> <p><input type="checkbox"/> Future Land Use Map Amendment (Small-Scale Map Amendment)</p> <p>Briefly explain application, cite specific Plan sections to be amended; or indicate FLUM category change:</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>SUBMITTED MATERIALS PLEASE CHECK ALL THAT APPLY:</p> <p><input type="checkbox"/> Letter of intent</p> <p><input type="checkbox"/> Justifications for change</p> <p><input type="checkbox"/> Public Facilities Impact Report</p> <p><input type="checkbox"/> Proof of ownership or letter from owner</p> <p><input type="checkbox"/> Power of attorney</p> <p><input type="checkbox"/> Contract to purchase</p> <p><input type="checkbox"/> Current survey (1 original sealed and signed/1 reduced copy @ 11" x 17")</p> <p><input type="checkbox"/> 15 copies of Site Plan</p> <p><input type="checkbox"/> 1 reduced copy @ 11" x 17"</p> <p><input type="checkbox"/> Affidavit-Receipts attesting to mail notices sent</p> <p><input type="checkbox"/> Mailing labels (3 sets) and map</p> <p><input type="checkbox"/> Required Fee(s)</p>
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The undersigned has read this completed application and represents that the information and all submitted materials are true and correct to the best of the applicant's knowledge and belief.

 Applicant's Signature and title

 Date

Upon receipt, applications and all submitted materials will be reviewed for compliance with the City's Land Development Code, Florida Statutes and Florida Administrative Code and other applicable regulations. Applications found not in compliance will be rejected and returned to the applicant.

OFFICE USE ONLY:		
Date Filed _____	Date of LPA Hearing _____	Date of Commission _____
Petition Required _____	Petition Accepted _____	Method of Payment _____



COST RECOVERY AFFIDAVIT

I hereby acknowledge and consent to the payment of all applicable fees involved as part of my application process. City ordinance 21-14-2199 (attached) requires that the actual costs for reviews of applications to the City will be passed on to the applicant. These fees include but are not limited to: staff time, attorney fees, consultant fees, document preparation, regardless of the outcome of the review.

Please type or print the following:

Date: _____

Relationship to the project: (property owner, architect, developer, attorney)

Full Name: Mr. /Mrs. /Ms. _____

Current Address: _____ City: _____

State: _____ Zip: _____ Telephone Number: _____

Email: _____

I am fully authorized to commit to the expenditures contemplated by this Cost Recovery Affidavit.

Signature

SWORN AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 20____

Notary Public, State of Florida at Large

My Commission expires _____, 20____.

ORDINANCE NO. 21-14-2199

An Ordinance of the City of South Miami, Florida, amending Section 2-7, Administrative department; functions and duties; creating a cost recovery administrative program.

WHEREAS, the City Administration has conducted a review of costs incurred by the City for the review of development applications and for other City functions and transactions; and

WHEREAS, the City Administration finds that existing fee schedules do not fully cover the City's costs in the administration and review of applications and requests; and

WHEREAS, the City Administration finds that it is in the best interests of the City for the City to recover the costs for services relating to the review of development applications and other transactions with the City from those persons deriving the benefit of the review and/or of the transaction, as provided herein; and

WHEREAS, the City Administration finds that adoption of these regulations is in the best interest and welfare of the citizens of the City.

NOW, THEREFORE, BE IT ORDAINED BY THE MAYOR AND CITY COMMISSION OF THE CITY OF SOUTH MIAMI, FLORIDA:

Section 1. Section 2-7 of the City of South Miami Code of Ordinances is hereby amended to read as follows:

Section 2-7. Administration department; functions and duties.

iii The administration department shall operate directly under the supervision of the city manager and shall consist of the following divisions and duties:

* * * *

iii Cost recovery administrative program.

00 Intent. The intent of this Ordinance is to provide for a procedure for the recovery of costs related to the review required by the City's Land Development Code and/or except as otherwise specified below. Other City Code provisions, so that those persons or entities, who apply for or request the City's review and/or approval. Will be the ones who bear the costs of review and/or approval.

@ Applicability of provisions. The cost recovery required herein shall not apply to applications or transactions that are originally initiated by or on behalf of the City.

iii Cost recovery. The cost recovery administrative program is hereby created as follows:

ill To the extent that any application for review and/or approval by the City under the City's Land Development Code or, except as otherwise specified below, other City Code provisions which require review by City staff, City contractors, agents or consultants, the actual costs for such review shall be passed on to the applicant. Costs for the City Attorney and/or any other outside contractors, agents or consultants of the City shall be charged to the applicant in an amount equal to the actual hourly rate charged to the City.

.(ill Fees charged by Miami-Dade County to process building permits and other development applications on the behalf of the City shall not be affected by this provision.

(iii) Unless prohibited by law, in circumstances in which the City prepares closing papers, deeds, or other documents in conjunction with matters in which the City holds a lien and is requested to subordinate its position, the City shall charge the applicant a reasonable fee, as determined by the City Manager, in an amount equal to the actual costs incurred by the City for the preparation of such documents.

(iv) Application fees for public hearings and other items involving City action or review shall be as set forth in the City's adopted fee schedule, as amended.

Section 2. Codification. The provisions of this ordinance shall become and be made part of the Code of Ordinances of the City of South Miami as amended; that the sections of this ordinance may be renumbered or re-lettered to accomplish such intention; and that the word "ordinance" may be changed to "section" or other appropriate word.

Section 3. Severability. If any section, clause, sentence, or phrase of this ordinance is for any reason held invalid or unconstitutional by a court of competent jurisdiction, this holding shall not affect the validity of the remaining portions of this ordinance.

Section 4. Ordinances in conflict. All ordinances or parts of ordinances in conflict with the provisions of this Ordinance are repealed.

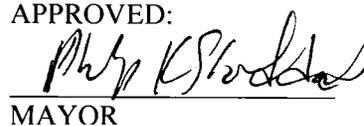
Section 5. Effective Date. This Ordinance shall be effective immediately upon adoption.

PASSED AND ENACTED this 16th day of September 2014.

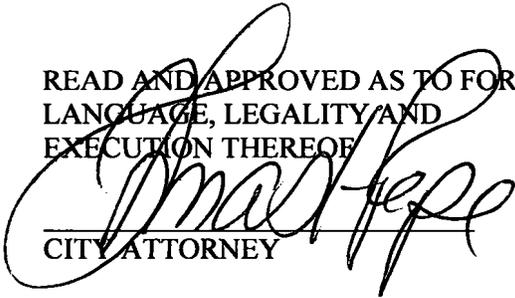
ATTEST:


CITY CLERK

APPROVED:


MAYOR

READ AND APPROVED AS TO FORM
LANGUAGE, LEGALITY AND
EXECUTION THEREOF



CITY ATTORNEY

COMMISSION VOTE: 5-0

Mayor Stoddard: Yea

Vice Mayor: Harris Yea Commissioner Liebman: Yea Commissioner Welsh: Yea Commissioner
Edmond Yea



Office of the City Clerk
6130 Sunset Drive
South Miami, FL 33143

ANNUAL LOBBYIST REGISTRATION

Section 8A-5 – Code of City of South Miami, Florida

All lobbying activity is prohibited unless the registration is filed with the Clerk at least 3:00 p.m. on the day before engaging in lobbying activity

A SEPARATE REGISTRATION IS REQUIRED FOR EACH PRINCIPAL TO BE REPRESENTED

Please Type or Print in Ink

Date: _____/_____/_____

Last Name First Name Middle

Business/Firm Name/Address Street

City State Zip

Note: It is the responsibility of the lobbyist to notify the City Clerk of any changes in address.

Business Phone Fax E-Mail

If you are representing any of the following persons or entities, check the box in front of same: Not-for-Profit Agency, Certified Level 1 C.S.B.E., Certified Micro Enterprise, Certified Tier 1 Community Business Enterprise . If you are the principal of the Principal [see definition in note below], and are only appearing as a representative of the Principal without special compensation or reimbursement for the appearance, whether direct, indirect or contingent check the following box

If you are representing an individual without compensation for your services for non-commercial purposes, check the following box

No registration fee is required for any lobbyist who has checked any of these categories for representation of that person or entity.

As to any business, financial, familial, professional or other relationship with the mayor, any city commissioner, or personnel who is sought to be lobbied, state the name of the person and describe the relationship here: _____

Note: The word "Principal" with a capital "P" is the person seeking to influence a decision, etc. The word "principal" with a lower case "p" is the representative/lobbyist for the Principal who has control over, or authority to act for, the Principal. A "principal" includes the President of a corporation. (RQO 10-09), the Owner, president or chief shareholder of a corporation or an individual who has been designated or who has the apparent authority to make final decisions on behalf of the corporate entity. (RQO 10-09) or a member of the corporate board who has been appointed by the corporation to serve as its representative during negotiations. (RQO 08-41). However, a chief financial officer is not a principal if his normal scope of employment does not include lobbying activities. (RQO 08-41) and if so he is an employee exempt from registering.

THE CLERK SHALL REJECT ANY STATEMENT WHICH DOES NOT DETAIL THE ISSUE ON WHICH THE LOBBYIST HAS BEEN EMPLOYED.

ANNUAL LOBBYIST REGISTRATION

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Please Type or Print in Ink in the column below

What is the Principal's Name	
Who is the Principal's Contact Person	
What is the Principal's Trade Name	
What is the Principal's Mailing Address	
If the Principal is a legal entity, what type of entity is it, i.e., corporation, partnership, trust, LLC, etc.	
Names of all chief officers, managing members, partners and trustees of Principal	
What is the Principal's telephone number	
What is the name of all persons or entities who, directly or indirectly, have a 5% or more ownership interest in the Principal.	

Provide the following information for all of the Principal's Lobbyists who are to be representing the Principal on the issue(s) described in this lobbyist Registration Form. If you need additional space type the information on a separate sheet and attach to this Registration Form.

Type the name and date of employment of each Lobbyist below		Type the address [see note 2 below], phone # and issue for each lobbyist below		
Name	Date	Address	Telephone #	Type the issue to be lobbied below

Note 1 On or before July 1st of each year, every lobbyist must file an expenditure statement with the City Clerk for the preceding calendar year, regardless of the level of activity of the lobbyist, and whether or not the lobbyist has incurred any expenses during the reporting period.

Note 2: It is the responsibility of the lobbyist and the Principal to notify the City Clerk of any changes in address

Legislative Issue Information [] Please check in the foregoing box if the lobbyist is employed for a specific issue and identify, below, the name of each elected or appointed official, city department head, City personnel, member of any agency, board, committee or task forces or anyone else who you will be lobbying and beside each name identify the issue to be lobbied with that person: _____
 If you need additional space, type or print the information on a separate sheet and attach to this Registration Form.

WARNING: Pursuant to Section 2-11.1(s)(9) of the Code of Miami-Dade County, misrepresentation of any facts on this form may subject the person signing this form to be prohibited from lobbying any of the City Personnel, including appointed and elected officials, department heads and members of any agency, board or committee for a period up to five years.

ANNUAL LOBBYIST REGISTRATION

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AFFIDAVIT OF PRINCIPAL

I, _____ as principal of _____,
Name of principal (please print) Entity's Name (please print)

do solemnly swear or affirm under penalty of perjury that all facts contained on this Annual Lobbyist Registration form are true and correct; that I have read and am familiar with the provisions contained in Sec. 8A-5 of Chapter 8A of the City of South Miami's Code of Ordinances, and Sec. 2-11.1(a) of the Miami-Dade County Code and that I have not offered a contingency fee or success fee as defined in Section 2-11.1(s)(7) of the Miami-Dade Code, to any of the lobbyists named below.

Signature of Principal

State of _____ County of _____

Sworn to and subscribed before me this _____ day of _____, 20____.

By _____ who is personally known _____ or produced identification _____ Type of Identification Produced _____.

My Commission expires:
(Notary Seal)

Signature of Notary

AFFIDAVIT OF LOBBYIST

I, _____ as lobbyist for _____,
Name of lobbyist (please print) Principal's Name (please print)

do solemnly swear or affirm under penalty of perjury that all facts contained on this Annual Lobbyist Registration form are true and correct; that I have read and am familiar with the provisions contained in Sec. 8A-5 of Chapter 8A of the City of South Miami's Code of Ordinances, and Sec. 2-11.1(a) of the Miami-Dade County Code and that I have not received or been offered a contingency fee or success fee as defined in Section 2-11.1(s)(7) of the Miami-Dade Code, to any of the lobbyists named below.

Signature of Lobbyist

State of _____ County of _____

Sworn to and subscribed before me this _____ day of _____, 20____.

By _____ who is personally known _____ or produced identification _____ Type of Identification Produced _____.

My Commission expires:
(Notary Seal)

Signature of Notary

For Office Use Only:

Annual Registration Fee: \$500.00 Oct. 1 – Sept 30

Fee Paid: [] Yes [] No [] Cash [] Check [] Visa [] Mastercard [] American Express



City of South Miami

6130 Sunset Drive, South Miami, Florida 33143

(305) 663-6339 Fax: (305) 667-7806

www.southmiamifl.gov

VENDOR REGISTRATION FORM

General Information (all information below is required)

Company Name: _____

Owner's Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____

Office Phone: _____ Portable Phone: _____

eMail: _____ Tax Identification Number (TIN): _____

Social Security (If Individual): _____

Remittance Address (if different from above)

Street/P.O. Box: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Contact Person: _____ Job Title: _____

Bank Information (for Electronic Fund Transfer)

Name of Bank: _____

Routing Number: _____

Account Number: _____

Must Check One of the Following Checking Savings Opt Out of EFT Program*

I hereby authorize: 1) The City of South Miami here refer to as "The City" to deposit my invoice payment via electronic funds transfer. 2) My financial institution to credit this amount to my account. In the event that the exercise of this authorization for any reason results in an overpayment for invoices actually due and payable to me, I hereby authorize The City to either: **A)** debit my above-identified account for an amount not to exceed said overpayment, or **B)** withhold a sum equal to the overpayment from my next disbursement of supplier invoice payment.

Print Name: _____ Title: _____

Signature: _____ Date: _____

*** If vendor elects to opt out of the EFT program, there will be a three dollar (\$3) check issue fee. The fee, will be deducted from each check issued to the vendor.**

Attachments (if applicable):

W-9 (Required) Insurance Other: Related Party Transaction Verification (Required)

Business Type(Please Attach Support Documentation)

Minority Owned Small Business Local Business Woman-Owned

Disabled Veteran