

# TOWN OF LAUDERDALE-BY-THE-SEA, FLORIDA Department of Development Services 4501 N. Ocean Boulevard Lauderdale-By-The-Sea, FL 33308 Phone: 954-640-4210 Fax: 954-640-4654

Email: Planning@LBTS-FL.gov www.LBTS-FL.GOV

# **CONDITIONAL USE – LEVEL 1 MODIFICATION CHECKLIST**

In accordance with the Town of Lauderdale-By-The-Sea Unified Land Development Regulations Section 30-126(e) —Conditional Use-Level 1 Modification, the following is a list of the required documentation required for development approval of a Conditional Use-Level 1 Modification application.

## **Items for Submittal:**

- Fee for Conditional Use -Level 1-Modification (See Fee Schedule updated once a year)
- A completed Development Application signed and notarized
- Copy of previously approved Conditional Use Development Order
- Completed responses to the questions on Page 2 of this Application
- Two (2) hard copies of a site plan (as applicable)
- Upon resubmittal of the plans, include a letter response to the Town comment. This is done by providing the comment received from the Town followed by a response by the applicant
- Digital copies of the above referenced documents via email, disk or thumb drive

# **CONDITIONAL USE – LEVEL 1 MODIFICATION STANDARDS**

| Application #:                            | Project Name:   |
|---|---|
| Previous Application #:                   | Previous Development Order #:   |
| The Level 1 Modification for a necessary) | Conditional Use must address the following criteria (attach additional sheet as |
| No adverse effect on the appr             | ved site plan and development plan:   |
|   |   |
|   |   |
|   |   |
|   |   |
| No adverse impact upon adiac              | ent and nearby properties:  |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
| No adverse aesthetic impact w             | hen viewed from a public right-of-way   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
| Administrative Use C                      |   |
| Administrative OSE C                      | "''   |

| Application #:_ |  |
|-----------------|--|
| BTR#:           |  |
|                 |  |

Preliminary Site Plan

O Sidewalk Cafe



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## **DEVELOPMENT APPLICATION**

In accordance with Section 30.111-30.113 of the Town's Unified Land Development Regulations: Development applications are required to be provided before any development permit is issued. Please refer to the Town's website to obtain a copy of the corresponding Application Checklist. Please also refer to the Fee Schedule, updated annually by the Town, as provided on the website which will indicate the cost per application type. Please check the development approval being requested:

O Conditional Use-Sign

| Administrative Adjustment-Level 1 Administrative Adjustment-Level 2 Architectural Review-Preliminary Architectural Review-Final Bicycle Racks Conditional Use Conditional Use Amendment-Level 1 Conditional Use Amendment-Level 2 | Conditional Use-Transfer Fee Construction Time Extension Development Order Extension Encroachment Application Landscape Plan Landscape Plan Amendment Parking Reduction-Level 1 Parking Reduction-Level 2 | Sidewalk Cafe Sidewalk Cafe Modification Site Plan Site Plan Modification-Level 1 Site Plan Modification-Level 2 Tree Removal Variance-Single Family Variance - Other Other |  |  |
|---|---|---|--|--|
| Based on approval being requested, refe   | r to the corresponding checklist and s  | supplemental requirements.  |  |  |
| Project Name:   | Folio Number(s):  |   |  |  |
| Street Address:   |   |   |  |  |
| Subdivision Name:   | Block(s):   | Lot(s):   |  |  |
| Name of Property Owner:   | Address of Property Owner:  |   |  |  |
| Property Owner's Phone Number:  | Property Owner's Email A  | ddress:   |  |  |
| Name of Applicant:  | Address of Applicant:   |   |  |  |
| Applicant Phone Number:   | Applicant Email Address:  |   |  |  |
| Name of Agent (e.g. Contractor) Representi  | ng the Project:   |   |  |  |
| Agent's Address:  | Agent's Phone:  | Email Address:  |  |  |
| Land Use Plan Designation:  | Zoning District:  |   |  |  |
| Existing/Type of Use of the Subject Property:   |   |   |  |  |
| Proposed Use of the Subject Property:<br>As applicable, answer the following:   |   |   |  |  |
| Existing Number of Units:   | Proposed Number of Units:   |   |  |  |
| Existing Square Footage:  | Proposed Square Footage:  |   |  |  |

# **DEVELOPMENT APPLICATION SIGNATURE PAGE**



|                          | Print Name of Property Owner:                                |                             | Date: |
|--------------------------|--|-----------------------------|-------|
| LAUDERDALE<br>BY.THE.SEA | Signature of Property Owner:                                 |                             |       |
| State of Florid          | da:  |                             |       |
| County:                  |  |                             |       |
| SWORN AND S              | SUBSCRIBED before me this                                    | day of, 20                  |       |
| The person sig           | gning is personally known to me or                           | has produced identification |       |
|                          | lame:  | My Commission expire        | rs:   |
|                          | Print Name of Applicant:                                     |                             | Date: |
|                          | Signature of Property Applicant:                             |                             |       |
| State of Florida:        |  |                             |       |
| County:                  |  |                             |       |
|                          | IBSCRIBED before me this<br>ing is personally known to me or |                             |       |
| Print Notary Na          | me:  | My Commission expires:      |       |
| Notary Signatur          | e:   |                             |       |
| FOR ADMINISTRA           | TIVE USE ONLY:   |                             |       |
| Date Application s       | submitted:   |                             |       |
| Date Application f       | ound complete:   |                             |       |
| Pre-Application m        | eeting date:   |                             |       |
| Non-refundable A         | pplication Fee:  |                             |       |
| Cost Recovery Fee        | e:   |                             |       |