

DEPARTMENT OF DEVELOPMENT SERVICES



PRE-APPLICATION CONCEPTUAL OVERVIEW



Tel: (954) 921-3471
Fax: (954) 921-3347

Scheduled appointment with a planner required for all submittals.

This Conceptual Overview sheet shall be completed in full and submitted with all applicable documents to the Planning Division (Room 315), two business days prior to the conference.

Each package shall be complete and stapled.

Pre-application Conference

- Dates:
 NOVEMBER 9, 2015
 DECEMBER 14, 2015
 JANUARY 11, 2016
 FEBRUARY 8, 2016
 MARCH 14, 2016
 APRIL 11, 2016
 MAY 9, 2016
 JUNE 13, 2016
 JULY 11, 2016
 AUGUST—RECESS
 SEPTEMBER 12, 2016
 OCTOBER 10, 2016
 NOVEMBER 14, 2016
 DECEMBER 12, 2016
 Dates are subject to change

Provide one complete 11"X17" set, including the following documents and drawings: Conceptual Overview (including site and project description), Survey, Preliminary Site Plan, and Elevations, to the Planning Division two business days prior to the conference. An additional 10 sets (11"X17") shall be provided at the time of the Conference.

Site and Project Data

Proposed Project Name: Braverman Eye Center Signs
 Proposed Project Address: 1050 N. Federal Hwy. Hollywood, FL 33020
 Folio Number(s): 514210.00.0320
 Proposed Project located within: CRA - Beach District CRA - Downtown District
 State Road 7 Corridor Other: _____
 Land Use Designation: Commercial Zoning District: _____
 Gross Lot Area: _____ Net Lot area: _____
 Existing Use of Property: Dept. of Conventions
 Existing Number of Units: N/A Existing Commercial Area: N/A
 Current Assessed Value of: Land: \$ 500,000.00 Building(s): \$ 500,000.00
 Proposed Use: Medical Office
 Total Number of Residential Units: N/A Average Size of Units: N/A
 Estimated Average Sale Price/Rent per Unit: \$ N/A Sale Rent
 Total Number of Hotel Rooms: N/A Average Size of Hotel Rooms: N/A
 Area of Commercial/Retail Use: N/A Area of Restaurant Use: N/A
 Area of Office Use: 11,118 SF Area of Industrial Use: N/A
 Estimated Average Rent per Square Foot: \$ 16.00/SF
 Estimated Date of Completion (If Phased, Estimated Date of Each Phase): October 2016
 Estimated Value of Improvement: \$ 500,000 - Estimated Value at Completion: \$ 1,500,000 -
 Permitted Building Height: _____ Proposed Building Height: _____
 Required Setbacks: Front: _____ Proposed Setbacks: Front: _____
 Sides: _____ Sides: _____
 Rear: _____ Rear: _____
 Required Parking Spaces: 45 Proposed Parking Spaces: 45
 Name of Developer/Property Owner: KTB One Inc.
 Address of Developer/Property Owner: 935 East Hallandale Beach Blvd 33009
 Telephone: 954.458.2112 Fax: 954.458.7182 Email Address: VSPDOCP@HOL.COM
 Name of Consultant/Representative/Tenant (circle one): Braverman Eye Center
 Telephone: 954.458.2112 Email Address: VSPDOCP@HOL.COM

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Site and Project Description

Describe Existing Use of Property and Buildings (Example: Site currently contains 40 residential units for rent; 10,000 s.f. of retail; vacant lot; etc.) Use additional Sheets if Necessary.

This building was previously used by the Department of corrections. It is now being renovated to be used by the Braverman Eye Center as a medical office

Describe all applicable requests for this project, such as variances, flex or reserve units, zoning changes, special exceptions, or incentives. If applicable, provide justification for each. Use additional sheets if necessary.

Rather than just 1 sign, we request 3 signs for greater visibility to visually impaired patients and guests on the north south and east elevation. We will change the faces on the existing monument sign.

Provide any additional information about the proposed project. Use additional sheets if necessary.

Please see layouts provided.