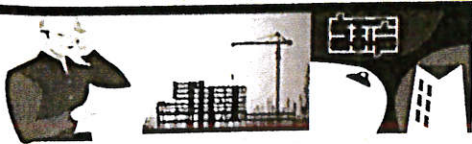


DEPARTMENT OF DEVELOPMENT SERVICES



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

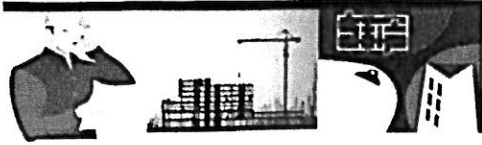
Provide one complete 11"X17" set, including the following documents and drawings: Conceptual Overview (including site and project description), Survey, Preliminary Site Plan, and Elevations, to the Planning Division two business days prior to the conference. An additional 10 sets (11"X17") shall be provided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

Site and Project Data

Proposed Project Name: Core Learning Center
 Proposed Project Address: 6523 Taft Street Hollywood, FL 33024
 Folio Number(s): 514111180026
 Proposed Project located within: CRA - Beach District CRA - Downtown District
 State Road 7 Corridor Other: _____
 Land Use Designation: Commercial Zoning District: C-3
 Gross Lot Area: 48,148 Net Lot area: _____
 Existing Use of Property: Vacant
 Existing Number of Units: _____ Existing Commercial Area: _____
 Current Assessed Value of: Land: \$ 481,480 Building(s): \$ 199,480
 Proposed Use: Daycare
 Total Number of Residential Units: _____ Average Size of Units: _____
 Estimated Average Sale Price/Rent per Unit: \$ _____ Sale Rent
 Total Number of Hotel Rooms: _____ Average Size of Hotel Rooms: _____
 Area of Commercial/Retail Use: _____ Area of Restaurant Use: _____
 Area of Office Use: _____ Area of Industrial Use: _____
 Estimated Average Rent per Square Foot: \$ _____
 Estimated Date of Completion (If Phased, Estimated Date of Each Phase): August 2016
 Estimated Value of Improvement: \$ 100,000 Estimated Value at Completion: \$ _____
 Permitted Building Height: _____ Proposed Building Height: _____
 Required Setbacks: Front: _____ Proposed Setbacks: Front: _____
 Sides: _____ Sides: _____
 Rear: _____ Rear: _____
 Required Parking Spaces: 1,270 SQ FT. Proposed Parking Spaces: _____
 Name of Developer/Property Owner: Taft Medical Realty
 Address of Developer/Property Owner: 6517 Taft Street #205
 Telephone: 954-326-1811 Fax: N/A Email Address: scott@scottjtaylor.net
 Name of Consultant/Representative/Tenant (circle one): Scott Taylor
 Telephone: see above Email Address: see above

2600 Hollywood Boulevard, Room 315 • P.O. Box 229045 • Hollywood, FL 33022-9045
 Phone (954) 921-3471 • Fax (954) 921-3347 • www.hollywoodfl.org

DEPARTMENT OF DEVELOPMENT SERVICES



PRE-APPLICATION CONCEPTUAL OVERVIEW

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.

Existing commercial space is currently vacant. The buildings exteriors are to remain the same. This is an interior renovation only. The renovations includes additional walls, fire exits, etc.

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.

~~No Special Requests are being requested~~

Special exception is being requested
for a Daycare facility.

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