

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.

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: _____

Proposed Project Address: _____

Folio Number(s): _____

Proposed Project located within: CRA - Beach District CRA - Downtown District
 State Road 7 Corridor Other: _____

Land Use Designation: _____ Zoning District: _____

Gross Lot Area: _____ Net Lot area: _____

Existing Use of Property: _____

Existing Number of Units: _____ Existing Commercial Area: _____

Current Assessed Value of: Land: \$ _____ Building(s): \$ _____

Proposed Use: _____

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): _____

Estimated Value of Improvement: \$ _____ Estimated Value at Completion: \$ _____

Permitted Building Height: _____ Proposed Building Height: _____

Required Setbacks: Front: _____ Proposed Setbacks: Front: _____

Sides: _____ Sides: _____

Rear: _____ Rear: _____

Required Parking Spaces: _____ Proposed Parking Spaces: _____

Name of Developer/Property Owner: _____

Address of Developer/Property Owner: _____

Telephone: _____ Fax: _____ Email Address: _____

Name of Consultant/Representative/Tenant (circle one): _____

Telephone: _____ Email Address: _____

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



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.

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.

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