CONDITIONAL USE APPROVAL (CA) PETITION
ADMINISTRATIVE ZONING REVIEW COMMITTEE

PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION:

<table>
<thead>
<tr>
<th><strong>NAME OF PETITIONER:</strong></th>
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<tbody>
<tr>
<td><strong>ADDRESS:</strong></td>
<td></td>
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<tr>
<td><strong>PHONE NUMBER:</strong></td>
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<tr>
<td><strong>NAME OF PROPERTY OWNER (if other than petitioner):</strong></td>
<td></td>
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<tr>
<td><strong>ADDRESS:</strong></td>
<td></td>
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<tr>
<td><strong>PHONE NUMBER:</strong></td>
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<tr>
<td><strong>LEGAL DESCRIPTION OF PROPERTY:</strong></td>
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<td><strong>PETITIONER'S RELATIONSHIP TO PROPERTY:</strong></td>
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<td><strong>CURRENT ZONING OF PROPERTY:</strong></td>
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<td><strong>REQUESTED CONDITIONAL USE:</strong></td>
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<tr>
<td><strong>DESCRIBE &amp; CITE SPECIFIC CODE SECTION:</strong></td>
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According to Section 250153 of the Coral Springs Land Development Code, a CONDITIONAL USE shall be granted only after a finding that the following requirements are met (including those specified in other areas of the code).

State in detail:
How does this proposed use NOT negatively impact adjacent residential areas?

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

How does this proposed use NOT negatively impact other existing or proposed uses?

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

How does this proposed use further the goals, objectives and policies of the Coral Springs Comprehensive Plan?

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

How does this proposed use satisfy the buffering requirements stated in Section 250153(6)(c) and any
Effective as of 10/01/2019
other applicable Coral Springs Land Development Code Section?

________________________________________________________________________________________

________________________________________________________________________________________

How does this proposed use satisfy all other requirements provided within the Coral Springs Land Development Code relative to that conditional use?

________________________________________________________________________________________

________________________________________________________________________________________

APPLICATION IS NOT COMPLETE AND WILL NOT BE PROCESSED UNTIL THE FOLLOWING ARE PROVIDED AND DEEMED COMPLETE BY THE PLANNING DEPARTMENT:

1. Site, landscape, and buffer plans of subject property, including one (1) digital copy (PDF file) of site plan on CD or by e-mail.
2. Two (2) 11”x17” sets of site plan and location map of subject property for actual submission to Redevelopment Committee
3. Proposed hours of operation.
4. Proposed use restrictions.
5. Consent of owner(s), including proof of ownership.
6. $1,000.00 petition fee, plus notification and recordation fees to be determined by the City Clerk (954)344-1065.

This is to certify that I am the owner of the subject property described in the conditional use petition. I have read this petition and the statements contained herein are true and correct to the best of my knowledge.

SIGNATURE OF PROPERTY OWNER: ____________________________________________________________

ADDRESS: ________________________________________________________________________________

As owner, I authorize ______________________________________________________________ to act as my agent in this matter.

PRINT NAME, ADDRESS AND PHONE NUMBER OF REPRESENTATIVE, if applicable

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

_______________________________   _____ Personally known

NOTARY PUBLIC   _____ Produced Identification

My Commission Expires: _____________   _____ Did take an oath

Type of ID:______________________________   _____ Did NOT take an oath

TO BE COMPLETED BY THE COMMUNITY DEVELOPMENT DEPARTMENT

ACCEPTED BY: ____________________________________________________________________________

DATE ACCEPTED: __________________________________________________________________________

PETITION #: _____________________________________________________________________________