



Community Development Department – Planning Division
1601 NW 136 Avenue, Sunrise, FL 33323 P: 954.746.3270 F: 954.746.3287

CHECKLIST FOR EXTERIOR ELEVATION CHANGES

PLEASE NOTE:

YOU ARE REQUIRED TO HAVE A PRE-APPLICATION MEETING PRIOR TO SUBMITTAL. CALL COMMUNITY DEVELOPMENT AT (954) 746-3286 TO SCHEDULE AN APPOINTMENT. SUBMITTALS ARE NOT ALLOWED ON THE SAME DAY AS THE PRE-APPLICATION MEETING. APPLICATION FEES, EXCLUDING NOTIFICATION FEES, MUST BE PAID IN FULL AT TIME OF SUBMITTAL.

1. Application of Exterior Changes Approval form, executed by property owner (1 original and 11 copies).
2. Twelve (12) copies of the legal description/survey of the site.
3. Twelve (12) copies of plans drawn to scale, showing all the building facades, including color notation(s), and color chips identifying color changes.
4. Twelve (12) copies of a letter describing the request.
5. Twelve (12) sets of photographs of the existing building(s).
6. Check or money order made payable to the City of Sunrise, in the amount indicated by the CITY OF SUNRISE FEE SCHEDULE, [FEE SCHEDULE](#)
7. Applicants must file their application according to the attached schedule. Applications must be approved by the Planning & Zoning Board and the City Commission. Your presence at all meetings is required.
8. All pages submitted shall have the same orientation, be consistently scaled, and include the standard title block that is provided by Community Development. [Title Block \(.dwg file for CAD\)](#) In the lower right hand corner of each page, there must be a blank space that is at least 3.5” x 5.5” in size for the City Approval Stamp. All plans are to be folded to their maximum ability, with the title block facing outwards.
9. When submitting packets to the City, please have the above items collated into individual sets in the following order attached to the top left of the plan set:
 - Application Form
 - Letter Describing Request
 - Affidavits/Owner's Sworn to Consent
 - Photographs



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APPLICATION FOR EXTERIOR ELEVATION CHANGES

1. Name of Business _____
Name of Applicant _____
Company Name _____
Address _____
Telephone No. _____ Fax No. _____
Email Address _____

Contact Person/Agent _____
Company Name _____
Address _____
Telephone No. _____ Fax No. _____
Email Address _____
(IF AGENT, SUBMIT LETTER OF AUTHORIZATION)

2. Name of Property Owner _____
Company Name _____
Address _____
Telephone No. _____ Fax No. _____
Email Address _____

3. Address of the Property _____
4. Legal Description of Property Covered by this Application

5. Folio Number (with recent copy of tax bill) _____
6. Is this hearing being requested as a result of a violation notice or summons?
 Yes____ No____ If yes, in whose name was the violation or summons notice served?

 Nature of Violation _____

7. Zoning _____ Acres _____

<u>For Office Use Only:</u>
Staff Reviewer _____
<input type="checkbox"/> 12 Sets of Plans : __ Signed and sealed __ In required order __ Folded __ City title block __ Consistent scale
<input type="checkbox"/> Review Fee _____ <input type="checkbox"/> Technology Fee _____
<input type="checkbox"/> Applicant Request Letter (12)
<input type="checkbox"/> Property Owner Consent Letter (12)
<input type="checkbox"/> 11" x 17" reduced color renderings of all elevations of any buildings.
<input type="checkbox"/> 11" x 17" materials board

DISCLOSURE OF OWNERSHIP AFFIDAVIT

All owners must separately complete this affidavit and list their name, business address and percentage of ownership of any owner of the real property that is the subject matter of this application. All parties who have a financial interest, either directly or indirectly, in the subject real property, including but not limited to, all shareholders, beneficiaries to a trust, partners to any partnership agreement, and members of an investment group involving local participation must provide a separate affidavit.

The undersigned hereby represents that he/she is an owner of the subject property and that the names, addresses, and ownership percentages of each owner are set forth below:

Property Owner Name, Business Address and Ownership Percentage

Property Address/Legal Description

Signature

Print Name

State of _____,

County of _____:

Sworn and subscribed to before me, a Notary Public, by _____, this ____ day of _____ 20____, who is either personally known to me or who has produced _____ as identification.

My Commission Expires:

Notary Public for the State of _____

Print Name: _____