

**BOARD OF ADJUSTMENT
CITY OF MARGATE, FLORIDA**

BA # 12-17
HEARING DATE 6-6-17

VARIANCE REQUEST

PART I. TO BE COMPLETED BY PETITIONER

Applicant: Cotter Christian Date: 4/10/2017

Relationship to Subject Property: Authorized Representative

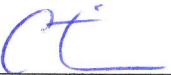
Address of Property: 1695 Banks Road, Margate, Florida 33063

Legal Description: Parcel "A", "Haig & Duke Plat", recorded in plat book 175, page 131,
Broward County, Florida, in the City of Margate, containing 66,821 sf (1.534 acres) more or less.

Describe Variance Requested: Allow a 27 foot setback along Banks Road
instead of the 35 foot setback required.

List Details of Hardship: The setback of the proposed sports field structure
varies from about 27'-2" to 51' due to the curve in Banks Road at that location.

We are requesting the setback reduction to allow adequate space
for the programmed sports fields under the proposed roof cover.


Signature of Applicant

Phone # 954-969-3638

6280 W. Atlantic Blvd.
Address

Fax# 954-935-5211

PART II. TO BE COMPLETED BY THE ECONOMIC DEVELOPMENT DEPT.

Describe request and how it varies from the Code: _____

Section of Code involved: _____ Zoning of Property: _____

Have plans been submitted to and approved by the Building Department? _____

Additional Comments: _____

By: _____ Date: _____
Economic Development Director

PART III. TO BE COMPLETED AFTER BOARD OF ADJUSTMENT ACTION.

Board Action: Approved _____ Denied _____ Tabled to: _____

List Any Special Conditions: _____

Chairman of the Board of Adjustment

Date

Secretary of the Board of Adjustment

Date

PROPERTY OWNER CERTIFICATION AND PERMISSION TO PROCEED

I hereby certify that I am the owner of the property located at 1695 BANKS ROAD, MARGATE

being the subject property for this variance application, and I give authorization to

COTTER CHRISTIAN to file this petition for the said
variance.

DIANE COLONNA, EXEC. DIRECTOR
Print owner's name
MARGATE COMMUNITY REDEVELOPMENT AGENCY

Diane Colonna
Signature of owner

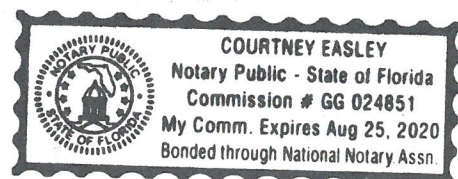
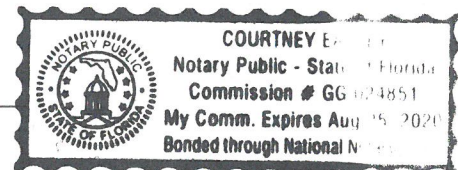
Subscribed and sworn to before me this 12th day of April
20 17.

Courtney Easley
Signature of Notary

Courtney Easley
Print or type name of Notary

☒ Personally known to me

☐ Produced identification



*** City of Margate ***
CUSTOMER RECEIPT ***

Batch ID: RRODI 4/25/17 00 Receipt no: 108464

Type	SvcCd	Description	Amount
EQ		ECDV MISCELLANEOUS	
	Qty	1.00	\$200.00

CITY OF MARGATE/CRA
5790 MARGATE BLVD
VARIANCE REQUEST BA#-12-17
FOR 1695 BANKS ROAD
BY COTTER CHRISTIAN
MARGATE CRA
6280 W. ATLANTIC BLVD
954-969-3638
CCHRISTIAN@MARGATEFL.COM

Tender detail

CK Ref#:	186159	\$200.00
Total tendered:		\$200.00
Total payment:		\$200.00

Trans date: 4/26/17 Time: 12:41:17

HAVE A GREAT DAY!

City of Margate
*** CUSTOMER RECEIPT ***

Batch ID: RR0DI 4/25/17 00 Receipt no: 108465

Type	SvcCd	Description	Amount
EB		ECDV BANNERS	
	Qty	1.00	\$150.00

CITY OF MARGATE
5790 MARGATE BLVD
MARGATE, FL 33063
PUBLIC HEARING SIGN BOND
VARIANCE REQUEST BA-12-17
FOR 1695 BANKS ROAD
BY COTTER CHRISTIAN
MARGATE CRA
6280 W. ATLANTIC BLVD
954-969-3638
CCHRISTIAN@MARGATEFL.COM

Tender detail

CK Ref#:	186160	\$150.00
Total tendered:		\$150.00
Total payment:		\$150.00

Trans date: 4/26/17 Time: 12:44:41

HAVE A GREAT DAY!

PUBLIC HEARING SIGN REMOVAL BOND AGREEMENT
In accordance with Ordinance #1500.485

I, COTTER CHRISTIAN,
Petitioner of record and on behalf of the property
owner, hereby agree that subject public hearing
sign shall be removed within two (2) business days
following a final determination by the governing
body. Further, it is understood that by complying
with this section, the \$150 cash bond will be
returned to the Petitioner of record.

If said public hearing sign is not removed in two
(2) business days, I hereby authorize the
Administration of the City of Margate to remove
said sign, billing the costs of the removal of the
sign to the owner of the property.

I understand that the \$150 (one hundred fifty
dollar) cash bond shall be forfeited and applied
against the cost of removal to the City of Margate
if said public hearing sign is not removed in two
(2) business days.

MARGATE COMMUNITY REDEVELOPMENT AGENCY
Business Name

1695 BANKS ROAD
Street location

CT
Signature

4-10-12
Date

OFFICE USE ONLY	
Date of Decision:	_____
Tabled to date certain?	_____
Two Business Days (after decision)	_____
COMPLIED?	Y N
If Yes, initiate check request to Finance (601-0000-220.18-00).	
If No, inform Finance to deposit bond (001-0000-369.90-01).	
_____ Signature / Date	

Copy to Petitioner, Finance Department
Original to File