



# City of Hialeah Gardens

## Application for Development Technical Review Committee

10001 N.W. 87th Avenue, Hialeah Gardens, FL 33016  
Phone (305) 558-3862, (305) 558-4114 Fax (305) 698-7236

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Date: \_\_\_\_\_

1. Applicant: \_\_\_\_\_

2. Applicant Mailing Address:

\_\_\_\_\_  
Telephone: Business ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_  
Cellular ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

3. Property Owner: \_\_\_\_\_

4. Property Owner Mailing Address:

\_\_\_\_\_  
Telephone: Business ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_  
Cellular ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

5. Address of the proposed project: \_\_\_\_\_

6. Folio # \_\_\_\_\_

7. Purpose for T.R.C. (Please Specify): \_\_\_\_\_  
\_\_\_\_\_

8. All Applicants must submit the following items with this application:

a. Seven (7) copies of floor plan

b. Proof of ownership or warranty deed.

c. Applicants are required to schedule a pre-application conference/concept review with Zoning Department staff in order to avoid conflict, waste and expense if a concept plan needs to be changed.

d. Liquor Survey (7 copies) of 2,500 feet from a church or place of religious worship or school and 1,500 feet from a place of business having an existing, un-abandoned, legally established alcoholic beverage use that permits consumption.

9. Processing fee \$750.00 (non-refundable).

**A copy of this application should be included with each folded package that is submitted.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Signature of Property Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Property Owner