



TOWN OF LAUDERDALE-BY-THE-SEA, FLORIDA
Department of Development Services
4501 N. Ocean Boulevard Lauderdale-By-The-Sea, FL 33308
Phone: 954-640-4210 Fax: 954-640-4654
Email: Planning@LBTS-FL.gov
www.LBTS-FL.GOV

ADMINISTRATIVE ADJUSTMENT – LEVEL 2

In accordance with the Town of Lauderdale-By-The-Sea Unified Land Development Regulations Section 30-128 – Administrative Adjust Level 2, the following is a list of the required documentation required for development approval of an Administrative Adjustment Level-2 application.

Items for Submittal:

- Fee for Administrative Adjustment Level 2 + Deposit (See Fee Schedule – updated once a year)
- A completed Development Application signed and notarized
- Completed responses to the questions on Page 2 of this Application
- Two (2) boundary surveys signed and sealed. The survey must be current within 60 days of submittal of this application and drawn to scale. The survey must identify the following:
 - Distance of structure from property line
 - Distance between structures
 - Identify property lines
 - Existing setbacks
 - Easements
 - Adjacent right-of-way
 - On the survey, indicate the area subject to the Administrative Adjustment
- Two (2) hard copies of a site plan signed and sealed by an Architect or Engineer and drawn to scale. The site plan must identify the following:
 - All improvements and structures on the subject parcel
 - Proposed improvements which necessitates the adjustment
 - Note: for single-family and duplex properties, the site plan does need to be drawn to scale. Site plans are not necessary for adjustment involving existing buildings.
- Upon resubmittal of the plans, include a letter response to the Town comment. This is done by providing the comment received from the Town followed by a response by the applicant
- Digital copies of the above referenced documents – via email, disk or thumb drive

ADMINISTRATIVE ADJUSTMENT PROCEDURES OR STANDARDS

Project Name: _____

Code Section from which Administrative Adjustment is sought: _____

On a separate page:

1. Provide a description of the request; and
2. Describe how the administrative adjustment request meets the criteria as established in Section 30-128 of the Code of Ordinances and stated below:
 - a. The Administrative Adjustment does not result in an increase in allowable density;
 - b. The Administrative Adjustment does not provide for building height that exceeds the zoning code standards;
 - c. In no way does the Administrative Adjustment allow a structure's footprint to encroach upon an established recorded or platted easement and/or the Town's right-of-way;
 - d. The Administrative Adjustment furthers a minimum of one of the following conditions:
 - i. Required to compensate for some unusual aspect of the development site or the proposed development; or
 - ii. Supports an objective from the purpose statements of the zoning district where located; or
 - iii. Proposed to protect sensitive natural resources or save healthy existing trees; or
 - iv. Supports Mid-Century Modern Architecture; or
 - v. Utilized to create a view corridor or other benefit to the Community; or
 - vi. Required to legalize the existing nonconforming footprint, overhangs, roof cornices, eaves or exterior balconies; or
 - vii. Required to allow a setback which matches the existing building's current side or rear setback, overhangs, roof cornices, eaves or exterior balconies; or
 - viii. Required for an expansion, addition or modification to an existing structure where that expansion, addition, or modification will not increase the footprint of the existing structure.
 - e. The Administrative Adjustment will not substantially interfere with the convenient and enjoyable use of adjacent lands, and will not pose a danger to the public health or safety,
 - f. The requested Administrative Adjustment is not incompatible with the character of development in the surrounding area, and will not result in incompatible uses.
 - g. Any adverse impacts, including but not limited to reductions in view corridors, resulting from the administrative Adjustment will be mitigated to the maximum extent practicable.
 - h. The Administrative Adjustment is consistent with the comprehensive plan.

For Administrative Parking Adjustments, an Administrative Parking Adjustment may be approved, in whole in part, upon a finding that there is sufficient available parking that is open to the public and is judged adequate to accommodate the parking reduction request within a reasonable walking distance of the subject property along a practical and usable pedestrian route.

Administrative Use Only	
Date Application Submitted: _____	Date Found Complete: _____
Pre-Application Meeting Date: _____	Board of Adjustment Meeting Date: _____
Town Commission Meeting Date: _____	Application Number: _____

Application #: _____
BTR#: _____



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DEVELOPMENT APPLICATION

In accordance with Section 30.111-30.113 of the Town's Unified Land Development Regulations: Development applications are required to be provided before any development permit is issued. Please refer to the Town's website to obtain a copy of the corresponding Application Checklist. Please also refer to the Fee Schedule, updated annually by the Town, as provided on the website which will indicate the cost per application type. Please check the development approval being requested:

- | | | |
|---|--|--|
| <input type="radio"/> Abandonment | <input type="radio"/> Conditional Use-Sign | <input type="radio"/> Preliminary Site Plan |
| <input type="radio"/> Administrative Adjustment-Level 1 | <input type="radio"/> Conditional Use-Transfer Fee | <input type="radio"/> Sidewalk Cafe |
| <input type="radio"/> Administrative Adjustment-Level 2 | <input type="radio"/> Construction Time Extension | <input type="radio"/> Sidewalk Cafe Modification |
| <input type="radio"/> Architectural Review-Preliminary | <input type="radio"/> Development Order Extension | <input type="radio"/> Site Plan |
| <input type="radio"/> Architectural Review-Final | <input type="radio"/> Encroachment Application | <input type="radio"/> Site Plan Modification-Level 1 |
| <input type="radio"/> Bicycle Racks | <input type="radio"/> Landscape Plan | <input type="radio"/> Site Plan Modification-Level 2 |
| <input type="radio"/> Conditional Use | <input type="radio"/> Landscape Plan Amendment | <input type="radio"/> Tree Removal |
| <input type="radio"/> Conditional Use Amendment-Level 1 | <input type="radio"/> Parking Reduction-Level 1 | <input type="radio"/> Variance-Single Family |
| <input type="radio"/> Conditional Use Amendment-Level 2 | <input type="radio"/> Parking Reduction-Level 2 | <input type="radio"/> Variance - Other |
| | | <input type="radio"/> Other _____ |

Based on approval being requested, refer to the corresponding checklist and supplemental requirements.

Project Name: _____ Folio Number(s): _____

Street Address: _____

Subdivision Name: _____ Block(s): _____ Lot(s): _____

Name of Property Owner: _____ Address of Property Owner: _____

Property Owner's Phone Number: _____ Property Owner's Email Address: _____

Name of Applicant: _____ Address of Applicant: _____

Applicant Phone Number: _____ Applicant Email Address: _____

Name of Agent (e.g. Contractor) Representing the Project: _____

Agent's Address: _____ - _____ Agent's Phone: _____ - _____ Email Address: _____

Land Use Plan Designation: _____ Zoning District: _____

Existing/Type of Use of the Subject Property: _____

Proposed Use of the Subject Property: _____

As applicable, answer the following:

Existing Number of Units: _____ Proposed Number of Units: _____

Existing Square Footage: _____ Proposed Square Footage: _____



DEVELOPMENT APPLICATION SIGNATURE PAGE

Print Name of Property Owner: _____ Date: _____

Signature of Property Owner: _____

State of Florida: _____

County: _____

SWORN AND SUBSCRIBED before me this _____ day of _____, 20__

The person signing is _____ personally known to me or _____ has produced identification _____

Print Notary Name: _____

My Commission expires: _____

Notary Signature: _____

Print Name of Applicant: _____ Date: _____

Signature of Property Applicant: _____

State of Florida: _____

County: _____

SWORN AND SUBSCRIBED before me this _____ day of _____, 20__

The person signing is _____ personally known to me or _____ has produced identification _____

Print Notary Name: _____

My Commission expires: _____

Notary Signature: _____

FOR ADMINISTRATIVE USE ONLY:

Date Application submitted: _____

Date Application found complete: _____

Pre-Application meeting date: _____

Non-refundable Application Fee: _____

Cost Recovery Fee: _____