

WELLINGTON

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3

Planning, Zoning & Building Department

12300 Forest Hill Blvd., Wellington, FL 33414 (561) 791-4000 pzapplications@wellingtonfl.gov

CONDITIONAL USE APPLICATION

INSTRUCTIONS TO APPLICANTS:

1. Please complete all questions on the application. If not applicable, indicate with N/A.
2. Provide required attachments as shown on the attached checklist.
3. Filing Fees to be paid:

I. PROPERTY OWNER AND AGENT INFORMATION

Address: 12180 S. Shore Blvd Suite 104 City: Wellington ST: FL Zip: 33414

Phone: 561-798-4160 FAX: 561-798-4162

Applicant (if other than owner): W & W V LLC

Address: SAME City: Palm Beach ST: FL Zip: 33480

Phone: _____ FAX: _____

Agent & Company Name: _____

Address: _____ City: _____ ST: _____ Zip: _____

Phone: _____ FAX: _____

Consultants: If applicable to your request, please attach a separate list of all consultants that will provide information on this request. You should include the name, address, telephone number, and fax number as well as the type of professional service provided.

II. CONDITIONAL USE REQUEST

Include a brief description of proposed use(s) including density/intensity and summary of request: _____

The applicant is requesting the use of Medical located in building A, B, E & C (In-line Retail Buildings). The use will not make up more then 15,000 SF of the buildings.

III. PROPERTY LOCATION

A. Is the subject property located within one mile of another municipality? yes no

If 'yes' please specify: _____

B. Property Control Number (PCN): If additional PCNs, list on a separate sheet and attach to the application.

PCN: [7][3]--[4][1]--[4][4]--[1][3]-[0][9]-[0][0][6]-[0][0][0][0] * Sec attached.

C. Section: 13 Township: 44 Range: 41 Total Acreage of Subject Property 15.89

D. Project Name: Village Green Center

E. Project Address: 2877, 2863 400-100, 2815 100-200, 2803 100-300, 2793 100-500, 2789 100-200 S. State Road 7, Wellington FL 33414

F. General Location Description (proximity to closest major intersection in miles or fractions thereof):

The subject site is located on the West side of SR7, Between Stribling and Royal Blvd.

Conditional Use Application

Supplemental Information

III Property Location

B. PCN's

1. 73-41-44-13-09-001-0000
2. 73-41-44-13-09-002-0000
3. 73-41-44-13-09-002-0010
4. 73-41-44-13-09-003-0000
5. 73-41-44-13-09-004-0000
6. 73-41-44-13-09-005-0000
7. 73-41-44-13-09-006-0000

IV. LAND USE AND ZONING INFORMATION

- A. Zoning Designation: CC Future Land Use Designation: CC
 B. Existing Use(s) on Property: Retail, Office, Restaurant, Bank, Medical
 C. Proposed Use(s): Medical

V. PROJECT HISTORY

(List in sequence from first zoning application to most recent – attach additional page if necessary):

Petition Number	Request	Action	Date	Resolution Number
SEE ATTACHMENT				

VI. ADJACENT PROPERTIES

Adjacent Property to the:	Land Use Designation	Zoning Designation	Existing Use(s) of Property	Approved Use(s) of Property*	Petition & Resolution Number
NORTH	LSMU	MUPD & PUD	Wellington Green Mall	Commercial	
SOUTH	Inst/Public Facility	Comm Fac/RTS/SE	Row Crops/Vacant	Open Space	
EAST	Residential C	PUD	Residential	Residential	ORD 98-23
WEST	Residential C/LR2	AR/SE/PUDSE	Residential	Residential	

- * If adjacent land supports a previous approval by Wellington, please include a brief description of the approved use(s) and the approved square footage or number of dwelling units.

VII. COMPLIANCE

(Attach additional sheets if necessary)

- A. Is property in compliance with all previous conditions of approval and/or applicable Code requirements? If no, please explain, yes no : _____
- B. Code Enforcement Case Number(s): _____

VIII. TABULAR DATA

PROJECT DATA	LAST BCC OR VC APPROVAL	LAST DRC APPROVAL	REQUIRED PER CODE	PROPOSED	+/- CHANGE
Acreage (total gross)	15.89 AC	15.89 AC	1 AC	15.89 AC	0
Acreage (total net)	15.89 AC	15.89 AC	1 AC	15.89 AC	0
Lot Frontage (ROW feet)	1230.41	1230.41		1230.4	0
Lot depth (maximum)	660.00	660.00	200.00	660.00	0
Lot Width (minimum)	456.07	456.07	100.00	456.07	0
Total Dwelling Units (du's)					
# of Single Family (SF)					
# of Zero Lot Line (ZLL)					
# of Townhouses (TH)					
# of Multi-Family (MF)					
Density					

Total Sq. Footage	117,185	117,185		117,185	0
Commercial SF	117,185	117,185		117,185	0
Industrial SF	-				
Other SF	-				
# of Rooms				249	0
# of Seats	249	249			
# of Beds					
# of Children				6	0
# of Drive-Thru Lanes	6	6			0
Floor Area Ratio (FAR)	.17	.17	.35	.17	0
% Lot Coverage	13.36%	13.36%	25%	13.36%	0
Maximum Structure Height	35'	35'	35'	35'	0
Impervious Surface Area	11.78 AC	11.78 AC	≤ 12.71 AC	11.78 AC	0
Open Space Area	4.12 AC	4.12 AC	≥ 3.10 AC	4.12 AC	0
Recreation Area	-				
Preserve Area	-				
Civic Area	-				
Institutional Area	-				
Total Parking Spaces	667	667	664	667	0
Handicap Parking Spaces	20	20	14	20	0
# of Access Points/Roads					
# of Loading Areas/Spaces	7	7	6	7	0
Accessory Structures (% FAR)					
Setbacks: Front/Rear	53.5'/58.4'	53.5'/58.4'	30'/30'	53.5'/58.4'	0
Side Interior/Side Corner	42.5'	42.5'	30'	42.5'	0

IX. APPLICANT'S STATEMENT OF JUSTIFICATION
(Attach additional sheets if necessary)

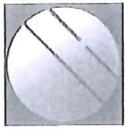
The applicant is to explain how the request conforms to the following:

A. That the proposed request is consistent with all elements of the Comprehensive Plan.

All request are consistent with all elements of the Comprehensive Plan.

B. That the proposed request is in compliance with Section 6.6 of the LDR (Supplementary Regulations).

The proposed request is in compliance with Section 6.6 of the LDR.



Cotleur & Hearing

Landscape Architects | Land Planners | Environmental Consultants

1934 Commerce Lane · Suite 1 · Jupiter, Florida · 33458 · Ph 561.747.6336 · Fax 561.747.1377 · www.cotleurhearing.com · Lic# LC-C000239

Project History

Petition Number	Request	Action	Date	Resolution Number
	Annexation	Approved	02-25-2004	ORD 2003-36
	FLUM	Approved	10-26-2004	ORD 2003-32
2004-001	FLUM Amendment	Approved	05-22-2007	ORD 2006-22
2004-004 REZ2	Rezoning AR to CC	Approved	04-22-2008	ORD 2008-08
2004-001 MP2	Master Plan Approval	Approved	05-27-2008	RESO R2008-58
2004-001 CU1	Conditional Use- FF	Approved	06-22-2010	RESO R2010-39
2004-001 ASA1	Site Plan Amendment	Certified	12-20-2010	
2011-025 ASA2	Site Plan Amendment	Certified	08-24-2011	
	Master Sign Plan	Approved	07-20-2011	
2012-053 ASA4	Site Plan Amendment	Approved	04-10-2013	ORD 2013-04, RESO R2013-15
2013-025 ASA5	Site Plan Amendment	Approved	05-22-2014	ORD 2013-04, RESO R2013-15
2013-65 ASA6	Site Plan Amendment	Approved	12-9-2013	ORD 2013-04 RESO R2013-15

C. That the proposed request will ensure general compatibility with adjacent properties and other property in the district (use and character).

The proposed request will ensure general compatibility with all adjacent properties and other properties in the district.

D. That the design of the proposed request will minimize adverse effects, including visual impact and intensity of the proposed use on adjacent lands.

The design of the proposed request does not change what is currently on the property and therefore does not visually impact the intensity of the proposed use on the adjacent lands.

E. That satisfactory provisions have been made for public facilities.

There are no changes to the public facilities due to this change.

F. That the design of the proposed request will minimize environmental impacts, including but not limited to water, air, stormwater management, wildlife, vegetation, wetlands and natural functioning of the environment.

The design of the proposed request does not change what is currently approved and built on the site therefore it does not have any environmental impacts.

G. That the proposed request will result in logical, timely and orderly development patterns.

The proposed request does not change the logical, timely and orderly development pattern that is currently in effect on the property.

H. That the proposed request complies with all Code standards for use, layout, function and general development characteristics.

The proposed request will comply with all Code standards for Medical use. The parking ratio is the same for Medical and Retail 1/200.

I. That the proposed request is not out of scale with the needs of the neighborhood or Wellington.

The proposed request is not out of scale with the needs of the neighborhood since the project is surrounded by residential homes all in need of Medical uses.

OWNER ACKNOWLEDGEMENT

I/We: Patricia Holloway, member, do hereby swear/affirm that I/we am/are the owner(s) of the property referenced in this application

I/We certify that the above statements and the statements or showings made in any paper or plans submitted herewith are true to the best of my/our knowledge and belief. Further, I/we understand that this application, attachments and fee become part of the official record of the Planning & Zoning Department of Wellington and the fee is not refundable. I/We understand that any knowingly false information given by me/us will result in the denial, revocation or administrative withdrawal of the application or permit. I/We further acknowledge that additional information may be required by Wellington in order to process this application.

I/We further consent to Wellington to publish, copy or reproduce any copyrighted document for any third party submitted as part of this application.

Signature(s) of Owner(s) Patricia Holloway, member
Print Name(s) PATRICIA HOLLOWAY member

CONSENT STATEMENT
Owner to complete if using agent/representative

I/We, the aforementioned owner(s), do hereby give consent to Patricia Holloway to act on my/our behalf to submit this application, all required material and documents, and attend and represent me/us at all meetings and public hearings pertaining to the request(s) and property I/we own described in the attached application. Furthermore, as owner(s) of the subject property, I/we hereby give consent to the party designated above to agree to all terms or conditions that may arise as part of the approval of this application for the proposed use.

Signature(s) of Owner(s) Patricia Holloway

Print Name(s) _____

NOTARY

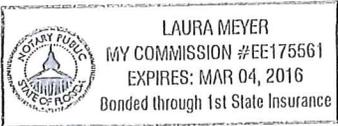
STATE OF FLORIDA
COUNTY OF Palm Beach

The foregoing instrument was acknowledged before me this 9th day of July, 2015 by Patricia Holloway. He/She is personally known to me or has produced _____ as identification and did/did not take an oath.

Laura Meyer My Commission Expires: 3/4/2016
(Signature of Notary)

Laura Meyer
(Name – Must be typed, printed, or stamped)

(NOTARY'S SEAL OR STAMP)



NOTICE AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Palm Beach

Before me this day personally appeared Patricia Holley who being duly sworn, deposes and says:

1. The accompanying Property Owners List is, to the best of his/her knowledge, a complete and accurate list of all property owners, mailing addresses and property control numbers as recorded in the latest official tax rolls of the Palm Beach County Property Appraiser for all property within five hundred (500) feet of the below described parcel of land.
2. The accompanying Property Owners List included, to the best of his/her knowledge, all affected municipalities and/or counties, in accordance with Wellington notice requirements and/or policies.
3. A tax map highlighting the properties located within five hundred feet of the parcel of land that is the subject of the request is attached as part of this application. The accompanying Property Owner's list contains the required information for all properties highlighted on the tax map.
4. Public notice, which is his/her obligation to provide, will be in accordance with Wellington requirements

The property in question is: legally described as follows see attached legal description

Patricia Holley
Signature

Patricia Holley
Print, type or stamp name here

NOTARY

STATE OF FLORIDA
COUNTY OF Palm Beach

The foregoing instrument was acknowledged before me this 10th day of July, 2015
By Patricia Holley, who is personally known to me or has produced
_____ as identification and who did/did not take an oath.

Laura Meyer
Signature of person taking Acknowledgement

Laura Meyer
Printed Signature

My Commission Expires:

