PLEASE FURNISH FOLIO NUMBER

30-4914-001-2920
2930.

P. H. File No. _____ Sec. _____ Twp. _____ Rge. _____

Processor _____ Date: ZAB _____ CC _____

TO BE FILLED OUT BY APPLICANT: (Please Print)

1. Name of applicant (Property Owner or Lessee with Owner's Sworn-to-Consent).

Raul Medina, Jr.

2. LEGAL DESCRIPTION OF THE PROPERTY COVERED BY THE APPLICATION
   a. if subdivided, provide lot, block, complete name of subdivision, plat book and page number.
   b. if metes and bounds description, provide complete description, (including section, township, and range).
   c. submit a copy of a survey if property is odd-shaped (1" to 300' scale).
   d. if separate requests apply to different areas, provide the legal description of each area covered by a separate request.

12 &
Lot 13 Block 13 J.G. Headi Farms Unit A Plat Book 46 Page 13 less the South 50' feet thereof.

3. Address or location of subject property: none Lot 46 is NEC of SW 42 ST & SW 132 AVE.

4. Size of property: 140.50 ft. X 294.76 ft. Acres ~~[illegible]~~ 2 AC

5. Date subject property acquired (XX) or leased ( ) 10th day of July, 19 84. Term of lease _____ years/months.

6. Does property owner own contiguous property to the subject property? If so, give complete legal description of entire contiguous property.

~~Lot 12 Block 13 JGH Headi Farm Unit A Plat Book 46 Page 13~~
N/A

METROPOLITAN DADE COUNTY

PLEASE FURNISH FOLIO NUMBER

30-4914-001-2920
-2930

Sec. 14 Twp. 54 Rge. 39.

Date Received Stamp

PLEASE TYPE OR PRINT LEGIBLY, IN INK, ALL INFORMATION ON APPLICATION.

1. Name of Applicant Raul Medina, Jr.

   a. if applicant is owner, give name exactly as recorded on deed.
   b. if applicant is lessee, attach copy of lease and Owner's Sworn-to-Consent form.
   c. if applicant is corporation, partnership, limited partnership, or trustee, a separate Disclosure of Interest form must be completed.

Mailing Address 6605 N.W. 74th Avenue

City Miami State Florida Zip 33166

Tel.# (during working hours) (305) 888-4100 .

2. Name of Property Owner Raul Medina, Jr.

Mailing Address 6605 N.W. 74th Avenue

City Miami State Florida Zip 33166

Tel. # (during working hours) (305) 888-4100 .

3. Contact Person ~~Raul Medina, Jr.~~ Al Cardenas

Mailing Address ~~6605 N.W. 74th Avenue~~ 201 S. Biscayne Blvd #2600

City Miami State Florida Zip ~~33166~~ 33131

Tel. # (during working hours) [redacted] .

4. LEGAL DESCRIPTION OF THE PROPERTY COVERED BY THE APPLICATION.

   a. if subdivided, provide lot, block, complete name of subdivision, plat book and page number.
   b. if metes and bounds description, provide complete description, including section, township and range.
   c. submit six (6) copies of a survey, if property is odd-shaped (1" to 300' scale).
   d. if separate requests apply to different areas, provide the legal description of each area covered by a separate request.

12 ℄

Lot 13 Block 13 J.G. Headi Farms Unit A Plat Book 46 Page 13 less the South 50' feet thereof

5. Address or location of subject property:

6. Size of property: 140.50 ft. X 294.76 ft. Acres .94

7. Date subject property acquired (XX) or leased ( ) 10th day of July, 19 84. Term of lease _____ years/months.

8. Does property owner own contigous property to the subject property? If so, give complete legal description of entire contiguous property.

Lot 12 Block 13 UGH Heardi Farms Unit A Plat Book 46 Page 13

N/A

9. Is there an option to purchase ( ) or lease ( ) the subject property or property contiguous thereto? ( ) yes or (XX) no

If yes, who are the potential purchasers or lessees?

10. Present zoning classification(s): ~~EU-M~~ EU-1 & RU-5A

11. REQUEST COVERED UNDER THIS APPLICATION:

Please check the appropriate box and give a brief description of the nature of the request in the space provided.

( ) District Boundary Change (s):
Zone classifications requested RU-5A

( ) Unusual Use

( ) Use Variance

( ) Non-Use Variance

( ) Special Exception

( ) Modification of previous resolution/plan

12. Has a public hearing been held on this property within the last year? No.

If yes, applicant's name

Date of hearing

Nature of hearing

Decision of hearing

Resolution #

13. Is this hearing being requested as a result of a violation notice?

( ) yes (XX)no

If yes, give name to whom violation notice was served

Nature of violation

14. Are there any existing structures on the property? ( ) yes (XX) no

If yes, briefly describe

15. Is there any existing use on the property? ( )yes (XX)no

If yes, what is the use and when was it established? Use

Established

Date: _____

Public Hearing No: _____

I hereby acknowledge that I am aware that the Department of Environmental Resources Management (DERM), the Public Works Department, and other County agencies review zoning applications and proffer comments that may affect their scheduling and outcome. These comments sometimes include requirements for an additional public hearing before the Environmental Quality Control Board, or other County Boards, and/or the prior preparation and execution of agreements to run with the land which are recorded. In addition to these agencies, I also understand that the South Florida Building Code may contain requirements that affect my ability to obtain a building permit (Building and Zoning Department 10th Floor) for my project, even if my zoning application is approved at public hearing. Contact with the above mentioned agencies is advised during the hearing process. Further, I understand that the cases of Machado v. Musgrove and McGaw v. Metropolitan Dade County may affect my public hearing application. I acknowledge receipt of copies of these cases for my reference.

(Signature)

Notary: Sworn to and subscribed before me this

5th day of April 1997.

Emily Farmer
Notary Public - State of Florida

My Commission expires 4-18-2000

OFFICIAL NOTARY SEAL
EMILY FARMER
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. CC548763
MY COMMISSION EXP. APR. 18,2000

OWNER OR TENANT AFFIDAVIT

I, Raul Medina, being first duly sworn, depose and say that I am the owner/tenant of the property described and which is the subject matter of the proposed hearing; that all the answers to the questions in this application, and all sketch data and other supplementary matter attached to and made a part of the application are honest and true to the best of my knowledge and belief. I understand this application must be completed and accurate before a hearing can be advertised.

X _____
Signature

Sworn to and subscribed to before me this 5th day of APRIL, 1997. _____
Notary Public

Commission Expires: 4-18-2000

OFFICIAL NOTARY SEAL
EMILY FARMER
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. CC548753
MY COMMISSION EXP. APR. 18,2000

****

CORPORATION AFFIDAVIT

We, _____, being first duly sworn depose and say that we are the President/Vice-Presdent, and Secretary/Asst. Secretary of the aforesaid corporation, and as such, have been authorized by the corporation to file this application for public hearing; that all answers to the questions in said application and all sketches, data and other supplementary matter attached to and made a part of this application are honest and true to the best of our knowledge and belief; that said corporation is the owner/tenant of the property described herein and which is the subject matter of the proposed hearing. We understand this application must be complete and accurate before a hearing can be advertised.

_____
President's Signature (Corp. Seal)

ATTEST: _____
Secretary's Signature

Sworn to and subscribed to before me this _____ day of _____, 19 ____. _____
Notary Public

Commission Expires _____

****

PARTNERSHIP AFFIDAVIT

We, the undersigned, being first duly sworn depose and say that we are partners of the herein after named partnership, and as such, have been authorized to file this application for a public hearing; that all answers to the questions in said application and all sketches, data, and other supplementary matter attached to and made a part of this application are honest and true to the best of our knowledge and belief; that said partnership is the owner/tenant of the property described herein which is the subject matter of the proposed hearing. We understand this application must be complete and accurate before a hearing can be advertised.

_____
(Name of Partnership)

By _____ _____% By _____ _____%

By _____ _____% By _____ _____%

Sworn to and subscribed to before me this _____ day of _____, 19 ___. _____
Notary Public

Commission Expires _____

****

ATTORNEY AFFIDAVIT

I, _____, being first duly sworn, depose and say that I am a State of Florida Attorney at Law, and I am the Attorney for the Owner of the property described and which is the subject matter of the proposed hearing; that all the answers to the questions in this application, and all sketch data and other supplementary matter attached and made a part of this application are honest and true to the the best of my knowledge and belief. I understand this application must be complete and accurate before a hearing can be advertised.

_____
Signature

Sworn to and subscribed to before me this _____ day of _____, 19 ___. _____
Notary Public

Commission Expires _____

OWNERSHIP AFFIDAVIT

INDIVIDUAL (FEE OWNER)

I, Raul Medina Jr., being first duly sworn, depose and say that I am the legal owner of record of the property described and which is the subject of the proposed hearing.

THIS AFFIDAVIT IS SUBJECT TO PENALTIES OF LAW (PERJURY) AND TO POSSIBLE VOIDING OF ANY ZONING ACTION GRANTED AT A PUBLIC HEARING.

(Signature)

Sworn to and subscribed before me,

this 7TH day of April, 1997.

Notary Public, State of Florida at Large

My Commission Expires:

OFFICIAL NOTARY SEAL
CARLOS GILLET
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. CC428106
MY COMMISSION EXP DEC. 20,1998