



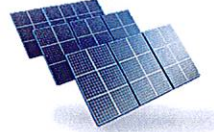
Development Services Department
Planning and Zoning Division
(954)457-1378
Zoning Permit Review for
Mechanical Equipment



A/C units



Pool filters/pump



Solar panels



Generators/etc.

Pursuant to the City of Hallandale Beach Code of Ordinances, Chapter 32, Section 32-552 (c), Accessory mechanical equipment such as air conditioning, pool filters/pump or water sprinkler units may project up to four feet into a required front, side or rear yard setback, provided a minimum of three feet of setback remains beyond the projection in RS or RD zones and a minimum of three feet of clear passage remains at all times. Window air conditioning units may project up to 18 inches into any required yard setback area.

- (1) All ground-mounted mechanical equipment must be screened from the public view by landscaping, fence, or other buffering. All ground-mounted mechanical equipment installed before October 28, 2001, is considered nonconforming and exempt from the screening and buffering requirements of this subsection.
- (2) All roof-mounted mechanical equipment must be screened from the public view so as not to be visible from street level. All roof mounted mechanical equipment installed before October 28, 2001, is considered nonconforming and exempt from the screening and buffering requirements of this subsection.

*****Please complete this section for Zoning review*****

Mechanical equipment location?

- Roof Mounted
 Ground Mounted
 Wall Mounted

Other: _____

Number of stories in building: _____.

If less than 8 stories, must provide a picture from street view to prove the equipment is screened from public view.

How will the equipment be screened from public view?

Please select the screening options and specify the details about screening materials, height, etc., and related permit number if applicable.

- Landscaping
 Fence
 Other buffering



City of Hallandale Beach
Building Permit Review

Planning and Zoning Division
Phone: (954)457-1378

Submittal Date: _____

2nd Submittal Date: _____

3rd Submittal Date: _____

ZONING REVIEW APPLICATION

Permit #: _____

Folio # (Required): _____

Owner's Name: _____ Phone: _____

Architect: _____ Phone: _____

Contractor: _____ Phone: _____

Site Location (Job Address): _____

Existing Use of property (Check one of the following):

- () Vacant Lot () Commercial () Residential () Single Family () Duplex
- () Industrial () other () Multi-Family _____ No. of Units

Name of Existing Establishment: _____

Type of Business: _____

Permit Requested for (Specify scope of work): _____

FOR OFFICIAL USE ONLY

FIRST SUBMISSION	ZONING OF PROPERTY:	REVIEW DATE:
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Above request has been: () Approved () Conditionally Approved () Disapproved

By: _____ Zoning Fee: _____

SECOND SUBMISSION	ZONING OF PROPERTY:	REVIEW DATE:
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Above request has been: () Approved () Conditionally Approved () Disapproved

By: _____ Zoning Fee: _____

THIRD SUBMISSION	ZONING OF PROPERTY:	REVIEW DATE:
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Above request has been: () Approved () Conditionally Approved () Disapproved

By: _____ Zoning Fee: _____