



**Small-Scale Map Amendment
Application
For Amendment of
Future Land Use Map Designation**



Instructions: Please review the document "Comprehensive Plan Future Land Use Map Amendment Process and Application Information for The City of Tallahassee and Leon County" prior to completing this application.

A pre-application conference with TLCPD staff must be completed prior to the application deadline.

A. APPLICANT INFORMATION

Applicant Name: Brevard Street Properties Inc

Address: 1104 Old Bainbridge Rd
Tallahassee, FL 32303

Telephone: 850-524-2105

E-mail Address wlaban@aol.com

Property located in: City Unincorporated County

Tax I.D.(s) #: 212534 B0070 + 212534 B0071

Parcel size (acres): .127

Current Future Land Use Map designation: BP

Requested Future Land Use Map designation: CU

B. REQUIRED ATTACHMENTS

The items below are required components of a complete application. Information on preparing these items is included in the document "Comprehensive Plan Future Land Use Map Amendment Process and Application Information for The City of Tallahassee and Leon County." Please include each item as a numbered attachment to your application. Initial each item on this application to indicate that it is complete and attached.

- WA Attachment 1: Completed pre-application conference form
- WA Attachment 2: Completed "Affidavit of Ownership & Designation of Agent" form
- WA Attachment 3: Copy of legal description or deed (acreage should be estimated at end)
- WA Attachment 4: Completed Rezoning Application necessary to implement the proposed land use change, available at <https://www.talgov.com/place/pln-luapps.aspx>. The fee for the rezoning application will be collected after the Local Planning Agency Public Hearing.

- WA Attachment 5: Completed School Impact Analysis Form.
- X Attachment 6: Potable Water and Sanitary Sewer capacity and availability letter.
- WA Attachment 7: Transit service analysis
- X Attachment 8: Answers to the questions below regarding the proposed change on a separate page:

1. Why do you want to change the Future Land Use Map?
2. Is your request compatible with adjacent and nearby properties?
3. Are there any existing code violations associated with the subject property?
4. How does your request further the concepts reviewed in the Vision Statement for the Comprehensive Plan? This is an opportunity to explain to citizens and elected officials how the requested change fits into the larger vision provided by the Comprehensive Plan. The Vision Statement is available at the link below.

https://www.talgov.com/Uploads/Public/Documents/place/comp_plan/tlc-cp00-introd.pdf

C. OPTIONAL ATTACHMENTS


The Planning Department encourages applicants to address the two optional attachments below. Please initial the attachments included in your application.

- X Attachment 9: Informal Neighborhood Meeting Form
- Attachment 10: Sustainable Development Pattern Survey

D. ADDITIONAL APPLICATION REQUIREMENTS

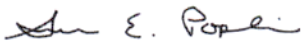
Initial each item on this application to indicate that it is complete.

- X An electronic version of the completed application, attachments, and supporting documentation shall be submitted to the Planning Department via e-mail to sherri.calhoun@talgov.com prior to the application deadline.
- X Application fee paid to the City of Tallahassee or Leon County Board of County Commissioners.
- X Commitment to pay the rezoning application fee after the Local Planning Agency Public Hearing.

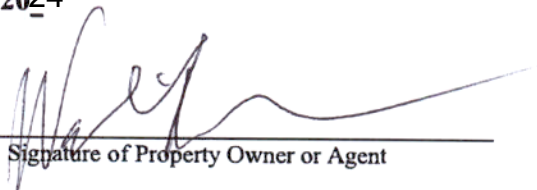
 **APPLICATION DEADLINE:**
Friday, September 20, 2024 5:00 PM (EST)

Applicants' signature below certifies that the applicant understands that the Future Land Use Map Amendments may require a rezoning; environmental analysis and other permit approvals before development activity can begin. Call the Land Use Administration Division of the Planning Department at 850-891-6400 for information on the rezoning process.

Received by the Tallahassee-Leon County Planning Department
 on the 29th day of August, 2024



Staff Signature



Signature of Property Owner or Agent



**Pre-Application Conference Form
For Amendment of Future Land Use Map Designation**



Instructions: This form is to be completed during the required pre-application conference. A signed copy of the completed form must be included with your application.

Deadline for pre-application conferences for this amendment cycle is **Wednesday, September 13, 2023**. Please contact the Planning Department in advance to schedule a pre-application conference by calling (850) 891-6400.

Applicant Name: WALID ABULABAN Date: 07-16-2024

Telephone: (850) 524 2105 E-mail (optional) wlaban@aol.com

Property located in: City Unincorporated County

Tax I.D. #: 212534 80070 & 212534 80071 Parcel size (acres): 0.27

Current Future Land Use Map designation: RESIDENTIAL PRESERVATION

Requested Future Land Use Map designation: CENTRAL URBAN

Small Scale Amendment (50 acres or fewer) or
 Large Scale Amendment (more than 50 acres)

Maximum development: Residential units: 5 Nonresidential square feet: 5400

Conference Review Items

- Provide application packet
- Review required attachments
- Review optional attachments
- Review additional application requirements
- Review completeness requirement

- Application sufficiency determination (Insufficient information may cause application to be continued to the next cycle)
- Applicant's responsibility to pay for rezoning after the Local Planning Agency Public Hearing

Notes:

REZONING RP-2 to CU-18

Planner

Applicant



TALLAHASSEE-LEON COUNTY PLANNING DEPARTMENT
Applicant's Affidavit of Ownership & Designation of Agent



I. OWNERSHIP

I, Manal Abulaban, hereby attest to ownership of the property described below:

Parcel I.D. Number(s) 212534 B0570

Location address: 1104 Old Burnbridge Rd Tallahassee, FL 32303

for which this Application is submitted.

The ownership, as recorded on the deed, is in the name of: Brevard Street Properties Inc

Please complete the appropriate section below:

Individual

Corporation

Partnership

Provide Names of Officers:

Manal Abulaban

Khaledeh Wasem

Provide Names of General Partners:

Dept. of State Registration No.:

P99000000331

Name/Address of Registered Agent:

Walid Abulaban

2029 Carthage Way
Tallahassee, FL 32308

II. DESIGNATION OF APPLICANT'S AGENT (Leave blank if not applicable)

As the owner of the above designated property and the applicant for which this affidavit is submitted, I wish to designate the below named party as my agent in all matters pertaining to the location address. In authorizing the agent named above to represent me, or my company, I attest that the application is made in good faith and that any information contained in the application is accurate and complete to the best of my knowledge and belief.

Applicant's Agent: Walid Abulaban

Address: 2029 Carthage Way Tallahassee, FL 32308

Contact Person: _____ Telephone No. and E-Mail: 850-524-2155 wlaban@aulic.com

III. NOTICE TO OWNER

A. All changes in Ownership & Applicant's Agent prior to issuance shall require new affidavit. If ownership changes the new owner assumes the obligations and the original applicant is released from responsibility for actions taken by others after the change in ownership.

B. If the Owner intends the Designation of Applicant's Agent to be limited in any manner, please indicate the limitation below. (i.e., Limited to obtaining a certificate of concurrency for the parcel; limited to obtaining a land use compliance certificate; etc.)

IV. ACKNOWLEDGEMENT

Individual

Corporation

Partnership

Brevard Street Properties Inc

Print Corporation Name

By: [Signature]
Signature

Print Name: Mamad Abulabw

Its: President

Address: 2029 Cantigny Way Tallahassee FL 32308

Phone No.: 850-524-7105

E-mail: wlabun@aol.com

Print Partnership Name

By: _____
Signature

Print Name: _____

Its: _____

Address: _____

Phone No.: _____

E-mail: _____

Signature _____
Print Name: _____
Address: _____
Phone No.: _____
E-mail: _____

Please use appropriate notary block.

STATE OF Florida
COUNTY OF Leon

Individual

Corporation

Partnership

Before me, this 19th day of August, 2024, personally appeared Manel Qasen Abulabw who executed the foregoing instrument, and acknowledged before me that same was executed for the purposes therein expressed.

Before me, this _____ day of _____, 20____, personally appeared _____ of _____, a _____ corporation, on behalf of the corporation, who executed the foregoing instrument and acknowledged before me that same was executed for the purposes therein expressed.

Before me, this _____ day of _____, 20____, personally appeared _____ partner/agent on behalf of _____, a _____ partnership, who executed the foregoing instrument and acknowledged before me that same was executed for the purposes therein expressed.

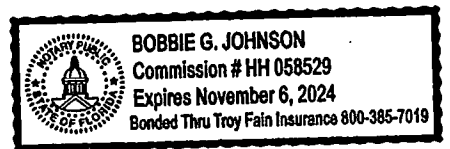
Personally known _____; or
Produced identification
Type of identification produced:
Florida Drivers License

Bobbie G. Johnson
Signature of Notary

Print Name: Bobbie G. Johnson
Notary Public

(NOTARY STAMP)

My commission expires: November 6, 2024



Attachment 3

Attach a legal description or a copy of the deed for the subject property

Harlem

South part of Lot 7 Less W 20 FT

Lot 8 Less W 20 FT

OR 1418/2102 1603/1072
RESP

City of Tallahassee
Application for Rezoning Review



**City of Tallahassee
APPLICATION FOR
REZONING REVIEW**

The undersigned, owner of the hereinafter-described property, hereby petitions the City of Tallahassee for the following amendment to the Official Zoning Map:

Change in Zoning District Write in the name of the current zoning district(s) in which the property is currently located and the zoning district(s) you are requesting that this property be located within.

From: RP 2

To: CU 18

Location: The property is designated by the following Leon County Property Tax identification number(s): 212534 BWT0 + 212534 BWT1

Project Name: _____ **Total Acreage:** 0.27

Legal Description: Attach a legal description of the property requested to be rezoned.

Disclaimer: Granting of requested zoning district does not grant the applicant all development rights prescribed within the zoning district. Subsequent permitting, preliminary site plan and plat review, and final plat review may limit the ability to construct allowable land uses as well as construct allowable land uses to the maximum intensity and/or density of the approved zoning district. All proposed development shall be subject to the applicable land development regulations including, but not limited to the *Tallahassee Land Development Code, Environmental Management Ordinance, and the Concurrency Management System Policy and Procedures Manual.*

An electronic version of this application and all supporting documentation shall be submitted via email in PDF format to beth.perrine@talgov.com. Once the application has been reviewed and deemed complete, staff will email the applicant/agent instructions on how to submit the application fee. Once the application fee is paid, staff will then email the sign posting information to the applicant/agent. The application is considered complete once the application fee and sign posting has been processed. The direct notice and advertising fee will be billed separately once these items are completed.

City of Tallahassee
Application for Rezoning Review

Submitted By:

Owner's Name(s):

Name: Manal Abdulaban Phone: 850-524-2105
Email: wlaban@aol.com Fax: _____
Street: 2029 Cantigny Way
City: Tallahassee ST: FL Zip+4: 32308

Agent's Name(s):

Name: Walid Abdulaban Phone: 850-524-2105
Email: wlaban@aol.com Fax: _____
Street: 2029 Cantigny Way
City: Tallahassee ST: FL Zip+4: 32308

Optionee's Name(s):


Name: _____ Phone: _____
Email: _____ Fax: _____
Street: _____
City: _____ ST: _____ Zip+4: _____

Please provide identification of any individual, neighborhood association, or business association with which you have voluntarily met prior to submission of this application.

City of Tallahassee
Application for Rezoning Review

Letter of Understanding

I Manel Abdulwa (print name) as the property owner or authorized property owner representative have read and understand the City of Tallahassee Application for Rezoning Review Information Packet and acknowledge submittal of a rezoning application from RP (district) to CR (district).

 Signature 8/19/24 Date
Property Owner/Authorized Representative

_____ Witness _____ Date

_____ Witness _____ Date



TALLAHASSEE - LEON COUNTY PLANNING
DEPARTMENT



APPLICANT'S AFFIDAVIT OF OWNERSHIP &
DESIGNATION OF AGENT

I. Ownership.

I, Manuel Abulaban, hereby attest to ownership of the property described below:

Parcel I.D. Number(s) 212534 B0070 & 212534 B0071

Location address: 1104 Old Bainbridge Rd
Tallahassee, FL 32303

for which this Application is submitted.

The ownership, as recorded on the deed, is in the name of:

Brenard Street Paperies Inc

Please complete the appropriate section below:

Individual

Corporation

Partnership

Provide Names of Officers:

Provide Names of General Partners:

<u>Manuel Abulaban</u>	<u>Manuel Abulaban</u>		
	<u>Khaledieh Qasem</u>		

Dept. of State Registration No.:
P9900000331

Name/Address of Registered Agent:
Walid Abulaban
2029 Canbyng way
Tallahassee, FL 32308

II. Designation of Applicant's Agent. (Leave blank if not applicable)

As the owner of the above designated property and the applicant for which this affidavit is submitted, I wish to designate the below named party as my agent in all matters pertaining to the location address. In authorizing the agent named above to represent me, or my company, I attest that the application is made in good faith and that any information contained in the application is accurate and complete to the best of my knowledge and belief.

Applicant's Agent: Walid Abulaban
Address: 2029 Canbyng way Tallahassee, FL 32308
Contact Person: _____ Telephone No.: 850-524-7105

III. Notice to Owner.

- A. All changes in Ownership & Applicant's Agent prior to issuance shall require new affidavit. If ownership changes the new owner assumes the obligations and the original applicant is released from responsibility for actions taken by others after the change in ownership.
- B. If the Owner intends the Designation of Applicant's Agent to be limited in any manner, please indicate the limitation below. (i.e., Limited to obtaining a certificate of concurrency for the parcel; limited to obtaining a land use compliance certificate; etc.) _____

IV. Acknowledgement.

Individual

Signature
Print
Name: _____
Address: _____
Phone No.: _____

Corporation

Prevard Street Properties Inc
Print Corporation Name
By: [Signature]
Signature
Print
Name: Manal Abdulaban
Its: President
Address: 2024 Century Way
Tallahassee, FL 32308
Phone No.: 850-524-2105

Partnership

Print Partnership Name
By: _____
Signature
Print
Name: _____
Its: _____
Address: _____
Phone No.: _____

Please use appropriate notary block.

STATE OF Florida
COUNTY OF Leon

Individual

Before me, this 19th day of August, 2024, personally appeared Manal Qasem Abdulaban who executed the foregoing instrument, and acknowledged before me that same was executed for the purposes therein expressed.

Corporation

Before me, this _____ day of _____, 20____, _____ personally appeared _____ of _____, a _____ corporation, on behalf of the corporation, who executed the foregoing instrument and acknowledged before me that same was executed for the purposes therein expressed.

Partnership

Before me, this _____ day of _____, 20____, personally appeared _____, partner/agent on behalf of _____, a partnership, who executed the foregoing instrument and acknowledged before me that same was executed for the purposes therein expressed.

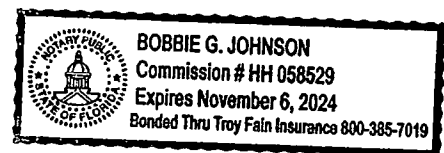
Bobbie G. Johnson
Signature of Notary

Print Name: Bobbie G. Johnson
Notary Public

(NOTARY STAMP)

My commission expires: November 6, 2024

Personally known _____; or
Produced identification .
Type of identification produced:
Florida Drivers License



Affidavit Waiving Concurrency for a Preliminary Development Order- Rezoning

Submit to Planning Department at Frenchtown Renaissance Building, 3rd Floor, with request for Rezoning

I, Walid Abulaban, owner or agent of the property described below:

Parcel ID Number: 212534 BWO70 + 212534 BWO71

Location Address: 1104 Old Bainbridge Rd Tallahassee, FL 32303

do hereby elect to waive concurrency review associated with the proposed preliminary development order (rezoning) of the above referenced project, pursuant to Section 3.1.1 of the Concurrency Management System Policy and Procedures Manual.

In waiving the concurrency review, I acknowledge that I understand the following:

- 1) Final development orders for the subject property are subject to a concurrency determination; and
- 2) No rights to obtain final development orders, nor any other rights to develop the subject property have been granted or implied by the City's approval of the preliminary development order without a concurrency determination of the public facilities.

ACKNOWLEDGEMENT

STATE OF Florida
COUNTY OF Leon

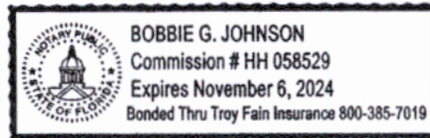
Before me, this 29th day of August, 2024, personally appeared Walid Abulaban, owner/agent who executed the foregoing instrument, and acknowledged to me that the same was executed for the purposes therein expressed.

Personally known _____; or

Produced Identification

Type of Identification produced:

Florida Drivers License



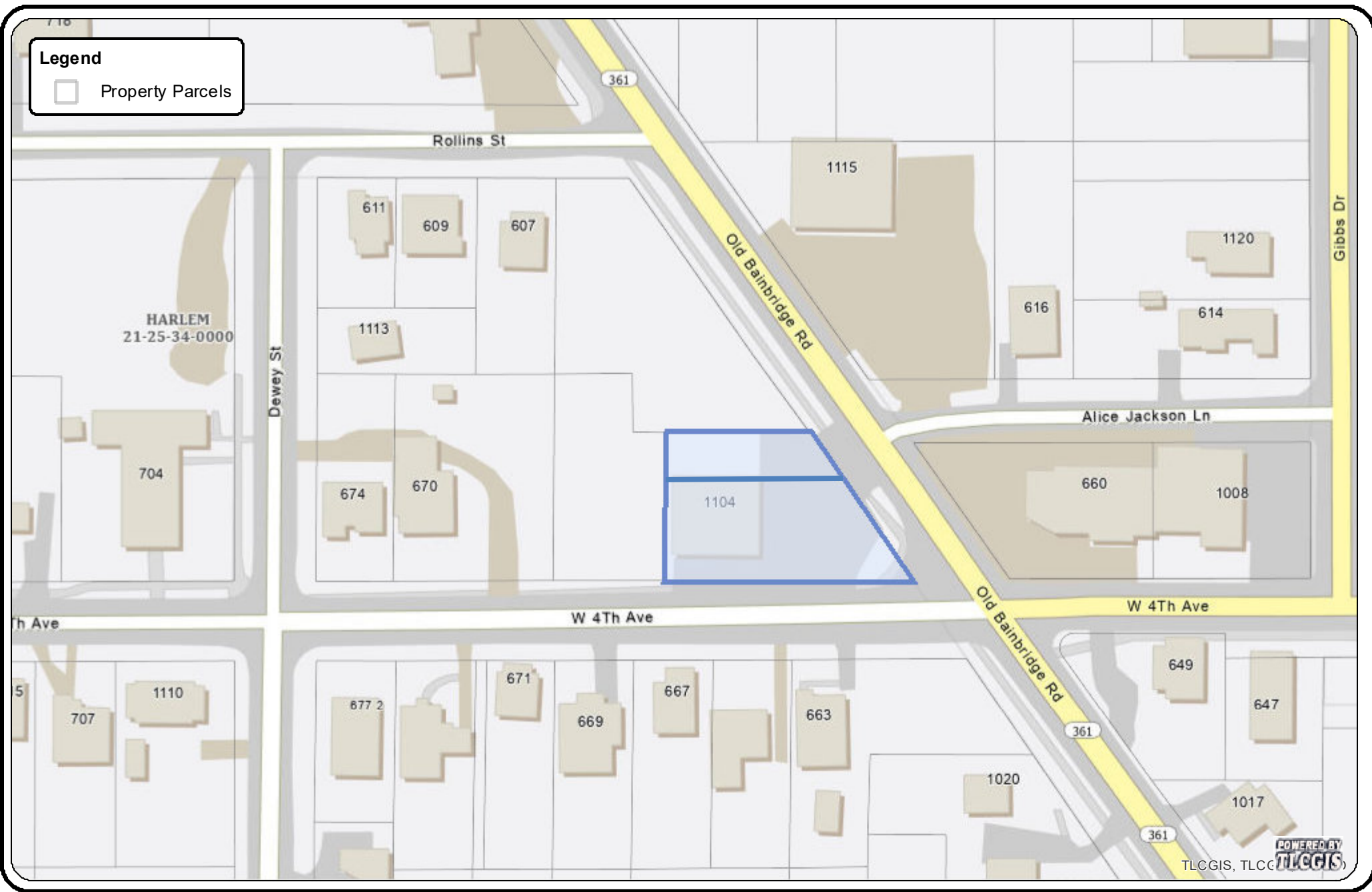
Bobbie G. Johnson
(Notary Public)

Walid Abulaban
(Owner/Agent Signature)

Print Name: Bobbie G. Johnson

Print Name: Walid Abulaban

My Commission Expires: Nov. 6, 2024



Brevard St. Properties

DISCLAIMER

This product has been compiled from the most accurate source data from Leon County, the City of Tallahassee, and the Leon County Property Appraiser's Office. However, this product is for reference purposes only and is not to be construed as a legal document or survey instrument. Any reliance on the information contained herein is at the user's own risk. Leon County, the City of Tallahassee, and the Leon County Property Appraiser's Office assume no responsibility for any use of the information contained herein or any loss resulting therefrom.



Scale:	Tallahassee/Leon County GIS Management Information Services Leon County Courthouse 301 S. Monroe St, P3 Level Tallahassee, FL 32301 850/606-5504 http://www.tlccgis.org
Not To Scale:	
Date Drawn:	
August 30, 2024	

SCHOOL IMPACT ANALYSIS FORM

Agent Name: <u>Wahid Abdulhaseeb</u>	Date:	
Applicant Name: <u>Bevard Street Properties</u>	Telephone: <u>905-524-2105</u>	
Address: <u>1104 Old Bainbridge Rd</u>	Fax:	
	Email: <u>wahid@asl.com</u>	
① Location of the proposed Comprehensive Plan Amendment or Rezoning:		
Tax ID #: <u>212534 B070</u>		
Property address: <u>1104 Old Bainbridge Rd</u>		
Related Application(s):		
② Type of requested change:		
<input checked="" type="checkbox"/> Comprehensive plan land use amendment that permits residential development.		
<input checked="" type="checkbox"/> Rezoning that permits residential development.		
<input type="checkbox"/> Nonresidential land use amendment adjacent to existing residential development.		
<input type="checkbox"/> Nonresidential rezoning adjacent to existing residential development.		
<input type="checkbox"/> None of the above		
③ Proposed change in Future Land Use and Zoning classification:		
<input checked="" type="checkbox"/> Comprehensive plan land use From: <u>RP</u> To: <u>CU</u>		
<input checked="" type="checkbox"/> Zoning From: <u>RP 2</u> To: <u>CU 18</u>		
Planning Department staff use only:		
④ Maximum potential number of dwelling units allowed by the request:		
Number of acres: <u>2.7</u>		
Number of dwelling units allowed per acre: _____		
Maximum number of dwelling units allowed: _____		
Type(s) of dwelling units: _____		
Leon County Schools staff use only:		
⑤ School concurrency service areas (attendance zones) in which property is located.		
Elementary:	Middle:	High:
Present capacity _____ %	_____ %	_____ %
Post Development capacity _____ %	_____ %	_____ %

This form is required by §8.3 of the Public School Concurrency and Facility Planning Interlocal Agreement as adopted on September 1, 2006 by the City of Tallahassee, Leon County, and Leon County School Board. Pursuant to §6.4 of the Agreement, the City or County will transmit the School Impact Analysis Form to a designated employee of the School Board for review at the same time the application is submitted to all departments for review.



Attachment 6

Attach the potable water and sanitary sewer capacity and availability analysis

- The analysis should be based on the **maximum development potential of the requested category.**
- Contact City of Tallahassee Utilities Department at (850) 891-6105 or Talquin Electric Cooperative at (850) 627-7651 and provide them with a copy of your completed Pre-Application Conference Form indicating the maximum development potential.



September 03, 2024

1104 Old Bainbridge Rd.
Attn: Esperanza Abulaban
Awwad & Associates
Tax & Accounting
1435 Piedmont Dr E unit 102
Tallahassee, FL 32308

**Re: Availability of Water and Sewer at Parcel No. 21-25-35-B-007-0, and 21-25-35-B-007-1
(Old Bainbridge Rd., and 4TH Avenue.)**

Mr. Abulaban

The City of Tallahassee is the provider for water and sewer to serve the parcel listed above. Water and Sewer Facilities are available. The City owns and maintains the systems which is located within the Old Bainbridge Rd., and 4TH Avenue, Right of Ways and within the surrounding area.

Should you require any further assistance, please contact me.

UNDERGROUND UTILITIES & PUBLIC INFRASTRUCTURE

Demetri Williams

Demetri Williams
Engineering Tech. IV – Water & Sewer Development Review
300 S Adams St., Box 26
Tallahassee, FL 32301
O: 850-891-6102
C: 448-500-1825

TRANSIT SERVICE ANALYSIS FORM

Agent Name: Waleed Abdulaw Applicant Name: Brevard Street Properties Address: 1104 Old Bainbridge Rd Tallahassee, FL 32303	Date: 7/16/24 Telephone: 850-524-2105 Fax: Email: wabulaw@aol.com
--	--

① **Location of the proposed Comprehensive Plan Amendment or Rezoning:**

Tax ID #: 212534 B270
Property address: 1104 Old Bainbridge Rd
Related Application(s):

② **The proposed site is located within 1/4 mile of a stop for the following bus routes:**

Weekday Routes

- Azalea
- Big Bend
- Dogwood
- Evergreen
- Forest
- Gulf
- Hartsfield
- Killearn
- Live Oak
- Moss
- Park
- Red Hills
- San Luis
- Southwood
- Tall Timbers
- Trolley

Campus Routes

- Seminole Express
- Venom Express

Other Routes

- Other _____
- None of the above

Maps and route schedules are available on the StarMetro website at
<http://www.talgov.com/starmetro/starmetro-routes.aspx>

Attachment 8

Attach the Applicant Statement

Answer the questions on a separate sheet(s) - these questions provide the applicant with an opportunity to explain why the requested change is needed, impacts of the change, and consistency with our community's Comprehensive Plan.

1. Why do you want to change the Future Land Use Map?
2. Is your request compatible with adjacent and nearby properties?
3. Are there any existing code violations associated with the subject property?
4. How does your request further the concepts reviewed in the Vision Statement for the Comprehensive Plan? This is an opportunity to explain to citizens and elected officials how the requested change fits into the larger vision provided by the Comprehensive Plan. The Vision Statement is available at the link below.
https://www.talgov.com/Uploads/Public/Documents/place/comp_plan/tlc-cp00-introd.pdf

The proposed commercial use aligns with the principle of utilizing the land to its highest and best use. It will unlock the property's full potential, driving growth and development in the surrounding area. The area was originally zoned as commercial so the property was built based on that and was previously used in that manner.

The zoning change will have minimal impact on any nearby residential areas. The proposed commercial use is compatible with the surrounding land uses and supports the overall planning goals for the area.

No existing code violations are associated with the property.

Informal Neighborhood Meeting Form for Developments and Land Use Changes

The Planning Department strongly encourages applicants for development approval or land use changes adjacent to single family residential land uses to meet informally with adjacent neighbors or the Neighborhood/Homeowner's Association(s) to provide an early opportunity for dialogue. The applicant and/or neighborhood(s) may use this attachment, at their discretion, to indicate to relevant Departments and recommending bodies the outcome of any discussions.

Please answer the questions below, using additional pages if necessary

Type of application: **Comp. Plan Amendment** **Rezoning** **Development**

Formal title of application: Time Saver Commercial Store

Name of writer: _____ Date: _____

Writer's affiliation (applicant/association/other): _____

1. Did the applicant meet with the affected Neighborhood/ Homeowner's Association(s) or other residents?

Yes No

A. Title of the Association(s): Frenchtown Neighborhood Improvement Association + neighborhood CAT
B. Name of neighborhood(s): Frenchtown
C. Dates of meeting(s): 8/12/24 + 8/15/24
D. Number of residents/representatives present at each meeting: 7 and 3

3. What initial concerns did the neighborhood or representatives communicate?

Old Main Road is already like a major artery. As such, traffic impacts were not a concern. The community would love to have neighborhood scale businesses along the road to capture the economics of the traffic.

4. If any, how did the applicant revise plans in to address the above concerns?

N/A

5. If revisions were made, did they resolve concerns of the neighbors/representatives?

All concerns were resolved Some concerns were resolved but not others
 No concerns were resolved

6. If plans were revised, what continuing or new concerns did the neighborhood communicate?

Please see response in item #3

7. Can the continuing or new concerns be alleviated through a reasonable revision of plans?

Yes No

8. Is the applicant willing to continue discussions with the neighbors or representatives?

Yes No