



APPLICATION NUMBER

18-SE-014

SPECIAL EXCEPTION USE APPLICATION FOR

ENTER TYPE OF USE /BUSINESS:

Charter High School

Business Name: Adademic Solutions Academy, Inc. a Florida not for profit

Business Address: 7805 Patriot Street
Lake Worth, FL 33463

Business Telephone Number: (954) 708-3141

Business Email: akinlock@asacharterschools.org

APPLICANT AND CONTACT INFORMATION

Applicant Name: Building Hope Parkside Foundation

Applicant Address: 910 17th Street NW #1100
Washington, DC 20006

Applicant Telephone Number: 202-457-1999

Applicant Mobile Telephone Number: 786-877-8694

Applicant Email address: hrojas@bhope.org

FILL IN BELOW THE CONTACT INFORMATION FOR ANYONE ELSE WHO SHOULD
RECEIVE COPIES OF NOTICES /CORRESPONDENCE

Name: Andrew Kinlock

Address: 7805 Patriot Street
Lake Worth, FL 33463

Telephone Number: (954) 708-3141 **Mobile:** (954) 708-3141

Email address: akinlock@asacharterschools.org

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Name: Debbie M. Orshefsky, Esq.

Address: 515 East Las Olas Blvd. Suite 1200
Fort Lauderdale, Florida 33301

Telephone Number: 954-468-7871 Mobile

Email address: Debbie.Orshefsky@HKLAW.com

INFORMATION ABOUT THE USE/ BUSINESS

Business Description (Please list all activities conducted at your business):

Academic Solutions Academy (ASA) is a not for profit educational entity operating a public charter high school (grades 9-12) in Broward County for over 5 years. The mission of ASA is to provide students an innovative alternative option to obtaining a high school diploma while preparing them to become self-motivated individuals, and to compete in secondary or post-secondary educational opportunities. ASA provides computer based instruction and direct instruction that allows students to work in a self-paced environment. Students have the option of flexible scheduling to fit their needs; the Lauderhill ASA school will conduct two 5-hour educational sessions per day with a maximum of 350 students per session.

Date the business opened or is expected to be opened: August 2019

The Days and Hours of operation for the business :

LIST NEXT TO EACH DAY, THE HOURS
YOU WILL BE OPEN

LIST NEXT TO EACH DAY THE
OF EMPLOYEES ON DUTY

Sunday	Closed to Closed		
Monday	7 A.M. to 5 P.M.		10
Tuesday	7 A.M. to 5 P.M.		10
Wednesday	7 A.M. to 5 P.M.		10
Thursday	7 A.M. to 5 P.M.		10
Friday	7 A.M. to 5 P.M.		10
Saturday	Closed to Closed		10

How many persons will the proposed business employ?

10-12

How will this use/ business affect the community economically?

This use will help educate our workforce and an educated workforce is critical to our economy.

ADDITIONAL DEMANDS ON UTILITIES, COMMUNITY FACILITIES, AND PUBLIC SERVICES

Describe any fire hazards associated with your business: None

Describe what security measures your business will require: See attached Security Plan.

Describe any chemicals, fluids, gases or potentially hazardous substances that your business will use or store on site: None

Describe any activity in your business that will use water other than normal washing and toilet use: None

Describe any activity in your business that will utilize City park facilities: None

Describe any activity in your business that will generate noise, light or vibration: None

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Describe transit, automobile or pedestrian traffic that your business will create in the area:
See Traffic Report submitted with Application.

Describe any activity in your business that will involve alcohol, music or live entertainment:
None

Describe any other aspects of your business about which you feel that the reviewer should know:

ATTACH THESE DOCUMENTS TO THIS APPLICATION

1. Site Plan
2. Floor Plan
3. Inventory of Fixtures and Equipment
4. Legal Description
5. Certified Mailing list with two (2) sets of labels for all property owners within 300 feet of the site.
6. Copy of Lease (For Applicants who are renting)
7. Copy of Deed or Contract to Purchase (For Applicant who own or intends to own)
8. Letter from property owner authorizing you to apply for a special exception.

NOTE: STAFF MAY REQUIRE ADDITIONAL INFORMATION.

AFFIDAVIT

I, Debbie M. Orshofsky, Esq., DO HEREBY SWEAR OR AFFIRM

1. THAT ALL OF THE INFORMATION CONTAINED IN THIS APPLICATION AND THE ATTACHMENTS IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.
2. CONSISTENT WITH THE LAND DEVELOPMENT REGULATIONS OF THE CITY OF LAUDERHILL, FLORIDA, SPECIFICALLY, SCHEDULE E, SUBSECTION 5.(9), PARAGRAPH (B), I WILL CAUSE A SIGN AT LEAST THREE (3) SQUARE FEET IN SIZE TO BE POSTED ON THE SUBJECT PROPERTY FACING AND VISIBLE FROM THE STREET AT LEAST TEN (10) DAYS PRIOR TO THE PUBLIC. MOREOVER, I CERTIFY THE SIGN WILL REMAIN POSTED FOR THE DURATION OF THE TIME REQUIRED FOR THE POSTING OF THE SUBJECT PROPERTY AND A PHOTOGRAPH OF THE SIGN POSTED ON THE SUBJECT PROPERTY WILL BE PROVIDED TO THE CITY OF LAUDERHILL PLANNING AND ZONING DEPARTMENT AT LEAST SEVEN (7) DAYS PRIOR TO THE PUBLIC HEARING.
3. I WILL CAUSE THIS SAME SIGN TO BE REMOVED WITHIN SEVEN (7) CALENDAR DAYS AFTER THE HEARING.

PRINT YOUR NAME: Debbie M. Orshofsky, Esq.

SIGN YOUR NAME: Debbie M. Orshofsky, Esq.

DATE: 9/25/18

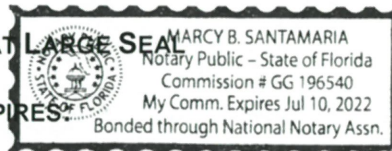
THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 24th DAY OF September, 20 18, BY Debbie M. Orshofsky, WHO IS PERSONALLY KNOWN TO ME OR WHO HAS PRODUCED _____ AS IDENTIFICATION AND WHO DID TAKE AN OATH.

NOTARY PUBLIC

SIGN: Marcy B. Santamaria

PRINT: _____

STATE OF FLORIDA AT **LARGE SEAL**
 MY COMMISSION EXPIRES _____



YOUR SUBMISSION

1. The original application with Attachments 1 -8 .
2. A check made payable to the City of Lauderhill for the appropriate fee amount.