

**SPECIAL EXCEPTION USE AFFIDAVIT OF  
COMPLIANCE WITH CONDITIONS OF APPROVAL**

[Christos Doctors Inn Walk-In Healthcare, LLC] (24-SE-003)

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I, CHRISTOPHER SMITH, being sworn, do hereby certify and affirm that the following statements are true:

I have read in its entirety the [Christos Doctors Inn Walk-In Healthcare, LLC & 24-SE-003] Development Review Report, any Supplemental Development Review Reports, and all attachments and exhibits associated with the special exception use application filed with the City of Lauderhill, Florida Planning and Zoning Division and understand its contents. *I further acknowledge that Special Exception Use applications are reviewed and will be subject to approval by the Lauderhill City Commission in a quasi-judicial hearing and my attendance at the hearing, or the attendance of my representative or designee, is required to ensure all facts pertaining to the matter are put on record.*

I have read and understand the below described conditions of approval and voluntarily agree to comply with all said conditions. I understand that no Special Exception will be executed or approved in final until and unless this signed Affidavit is submitted to the City:

1. This Special Exception Use Development Order allows for no controlled substance prescriptions to anyone other than a patient in connection with a medical procedure performed or to be performed.
2. The Office, Medical, with Controlled Substance Provider use is restricted to a total of 1,085 square feet as indicated in the lease agreement. The expansion, alteration, enlargement or removal to another location of this use is prohibited and shall be unlawful unless the City Commission amends this development order to allow such expansion, alteration, enlargement or removal to another location. Notwithstanding the above, through the site plan modification process, the City Commission delegates to the Development Review Committee (DRC) the authority to allow the floor plan to be altered; however, the DRC is without authority to allow the expansion, enlargement, reduction or removal of the use to another location.
3. This Special Exception Use Development Order for Office, Medical with Controlled Substance Provider shall be specifically granted to Christos Doctors Inn Walk-In Healthcare and shall cover the licensed practitioners of Christos Doctors Inn Walk-In Healthcare (to include both employee practitioners and independent contractors working for Christos Doctors Inn Walk-In Healthcare where for clarification, such independent contractor bills under the billing number of Christos Doctors Inn Walk-In Healthcare and the patients are patients of record of Christos Doctors Inn Walk-In Healthcare, and such development order cannot be assigned, leased, subleased, transferred or otherwise conveyed to another entity. Any

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PLANNING & ZONING DIVISION

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APR 29 2024 N/F

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change of corporate ownership affecting 51% percent or more of the interest of the business or any of its assets in any manner shall trigger this provision. Further, this special exception use development order shall automatically expire and become null and void if any entity other than Christos Doctors Inn Walk-In Healthcare operates the medical space. All practitioners, employees, agents and independent contractors are subject to and covered by the express terms and conditions of the Special Exception Use Development Order.

4. The general days and hours of operation are six (6) days a week, Monday through Saturday 9:00 a.m. to 6:00 p.m., Sundays 2:00 p.m. to 6:00 p.m.. Any increase in hours of operation is prohibited and shall be unlawful unless the City Commission amends this development order to allow such increase.
5. Christos Doctors Inn Walk-In Healthcare shall be required to comply with, and operate in accordance with, all standards and requirements by the State of Florida, the Florida Board of Medicine, and the City when operating a Medical Office with Controlled Substance Practitioner.
6. Complaints to Code Enforcement, Police or the Florida Board of Medicine may cause the SEU approval to be reviewed by the City Commission for possible revocation.
7. Any violation of these conditions of approval may result in a public hearing before the City Commission and may result in the modification, suspension or revocation of this special exception use development order or its conditions or both.
8. If there are any code enforcement violations or liens, this Special Exception Use Development Order may be brought before the City Commission to be reconsidered, at which time the development order, or the conditions of approval, may be subject to modification, suspension and/or revocation.
9. Any special exception approval granted by the City Commission shall expire one hundred eighty (180) days after the date of approval, unless a development permit or site plan approval is applied for within the one hundred eighty-day period.
10. If a use which has been granted a special exception shall cease to operate for a continuous period of one (1) year, the special exception approval shall expire.

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11. The owner shall execute a trespass agreement for the police department to keep on file for enforcement.

Any violation of these conditions may result in a public hearing before the City Commission in order to determine whether this special exception use development order should be revoked, suspended or modified.

I understand that I am swearing or affirming under oath the truthfulness of the claims made in this affidavit and that the punishment for knowingly making a false statement may include the modification, suspension or revocation of any resolution adopting the special exception use application and any certificate of use associated with the special exception use approval.

Print your name: CHRISTOPHER SMITH

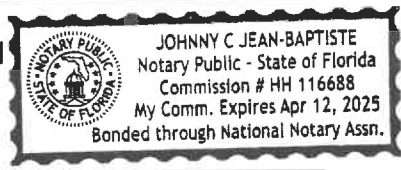
Sign your name: *Christopher Smith*  
Date signed: 04/23/2024

The foregoing instrument was acknowledged before me this 23 day of APRIL, 2024, by CHRISTOPHER SMITH, who is personally known to me or who has produced DRIVER LICENSE as identification and who did take an oath.

Notary public Print your name: JOHNNY C. JEAN-BAPTISTE

Sign your name: *JCB*

State of Florida at Large Seal



My Commission Expires: \_\_\_\_\_