

APPLICATION NUMBER



SPECIAL EXCEPTION USE APPLICATION FOR

ENTER TYPE OF USE /BUSINESS:

Business Name: TRADES CONNECTION DOMINO CLUB/TEAM OF FORT LAUD.

Business Address: 7557 WEST OAKLAND PARK LAUDER HILL
FLORIDA 33319

Business Telephone Number: 754-246-2546

Business Email: GLENVILLE PETRIE@GMAIL.COM

APPLICANT AND CONTACT INFORMATION

Applicant Name: GLENVILLE L PETRIE *Vilaree Petrie.*

Applicant Address: 2841 NW 26 STREET FORT LAUDERDALE
FLORIDA 33311

Applicant Telephone Number: 754 246 2548

Applicant Mobile Telephone Number 754 246-2548

Applicant Email address: GLENVILLE PETRIE@GMAIL.COM

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

Name: GLENVILLE SR PETRIE

Address: 2841 NW 26 STREET FORT LAUD FL 33311

Telephone Number: 561-4808230 Mobile _____

Email address: GLENVILLE PETRIE@GMAIL.COM

APPLICATION NUMBER

Name: _____

Address: _____

Telephone Number: _____ Mobile _____

Email address: _____

INFORMATION ABOUT THE USE/ BUSINESS

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

DOMINO GAMES AND PETER PARTY FOR
CELEBRATION

Date the business opened or is expected to be opened: _____

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	<u>2.P.M to 2.A.M</u>	<u>ONE (1)</u>
Monday	<u>2.P.M to 2.A.M</u>	<u>ONE (1)</u>
Tuesday	<u>2.P.M to 2.A.M</u>	<u>ONE (1)</u>
Wednesday	<u>2.P.M to 2.A.M</u>	<u>ONE (1)</u>
Thursday	<u>2.P.M to 2.A.M</u>	<u>ONE (1)</u>
Friday	<u>2.P.M to 2.A.M</u>	<u>ONE (1)</u>
Saturday	<u>2.P.M to 2.A.M</u>	<u>ONE (1)</u>

How many persons will the proposed business employ?

ONE (1)

APPLICATION NUMBER

List the job titles and approximate salaries for the proposed employees?

BARTENDER \$10 N/A

Square footage of building space to be occupied by the business : 1250 SQFT

INFORMATION ABOUT THE SITE

Property Owner Name: SAM OZ

Property Owner Street Address: 6020 NW 91ST AVE

City, State & Zip Code: PARKLAND FL 33067-3723

Telephone #: 954 796 4000 Email _____

STANDARDS FOR APPROVAL THE EFFECTS OF YOUR USE/BUSINESS ON THE COMMUNITY

Describe how your business will affect the residents who live close by:

THIS BUSINESS WILL NOT AFFECT THE RESIDENT BECAUSE WE
WILL BE PLAYING INSIDE

Describe how this business/use will affect neighboring businesses:

THIS WILL NOT AFFECT NEIGHBORING BUSINESSES IN
ANY NEGATIVE WAY

What site characteristics make this location suitable for your use/ business:

THE SURROUNDING BUSINESS IN THE AREA AND THE PARKING
ALSO THE PARK

How will this use/business affect the community economically?

IT WONT AFFECT THERE BUSINESS IN ANY WAY SHAPE OR FORM

ADDITIONAL DEMANDS ON UTILITIES, COMMUNITY FACILITIES, AND PUBLIC SERVICES

Describe any fire hazards associated with your business: THERE WILL BE NO FIRE HAZARDOUS MATERIALS ON THE PREMISES

Describe what security measures your business will require: IT REQUIRES BURGLAR ALARM / CAMERAS

Describe any chemicals, fluids, gases or potentially hazardous substances that your business will use or store on site: THIS BUSINESS WILL NOT USE OR STORE ANY OF THE ABOVE

Describe any activity in your business that will use water other than normal washing and toilet use THERE IS NO ACTIVITY IN THIS BUSINESS WILL BE USE WATER THAN NORMAL WASHHAND AND TOILET USE

Describe any activity in your business that will utilize City park

facilities: THERE WILL BE NO ACTIVITY IN THIS BUSINESS TO USE THE CITY PARK

Describe any activity in your business that will generate noise, light or vibration:

THERE NOTHING TO GENERATE NOISE OR VIBRATION IN THIS BUSINESS

APPLICATION NUMBER

Describe transit, automobile or pedestrian traffic that your business will create in the area:

THIS BUSINESS WILL BRING LOTS OF PEDESTRIAN AND TRAFFIC TO THE AREA

Describe any activity in your business that will involve alcohol, music or live entertainment:

WE WILL BE CELEBRATING AFTER GAMES

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

THEY ARE NO MORE ASPECT

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.

APPLICATION NUMBER

AFFIDAVIT

I, _____, 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: _____

SIGN YOUR NAME: _____

DATE: _____

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS ____ DAY
 OF _____, 20 _____, BY _____, WHO IS
 PERSONALLY KNOWN TO ME OR WHO HAS PRODUCED _____
 AS IDENTIFICATION AND WHO DID TAKE AN OATH.

NOTARY PUBLIC

SIGN: _____

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.

APPLICATION NUMBER

Fees	
Special Exception Use Application Fee.....	\$600.00
Cost of Mailing (minimum amount or actual cost of mailing, whichever is greater).....	90.00
Criminal Background Check(for child/elder care facility, game room or convenience store) PER PERSON.....	38.50

Should you have any questions concerning this application, please call Planning and Zoning at 954-730-3050.

SIGN SPECIFICATIONS:

Sign will be three (3) feet by three (3) feet in size and of a durable material. The applicant is required to post the sign on the property for which approval is sought at least ten (10) days before the public hearing. No permit shall be required for such sign. The sign shall be posted upon the property so as to face, and be visible from, the street upon which the property is located.

SIGN must be WHITE background, BLACK letters.

SIGN must be securely attached to two, 2" x 4" posts (with nails or screws), and must be a minimum of 3' above ground level.

POSTS shall be set a minimum of 18" below ground level.

**CITY OF LAUDERHILL
NOTICE
OF
PUBLIC HEARING**

SPECIAL EXCEPTION

DATE:
TIME:
LOCATION:
**COMMISSION CHAMBERS
5581 WEST OAKLAND PK BLVD
LAUDERHILL, FLORIDA**

**FOR ADDITIONAL INFORMATION
PLEASE CALL 954-730-3050**

754) 246 2548

APPLICATION NUMBER

REAL ESTATE RESEARCH SERVICES

Alldata Real Estate Systems, Inc.
290 NE 51st Street
Ft. Lauderdale, FL
(954) 772-1800

Cutro & Associates, Inc.
1025 Yale Drive
Hollywood, FL
(954) 920-2205

Florida Real Estate Decisions, Inc.
1500 West Cypress Creek Road
Suite 409
Ft. Lauderdale, FL
(954) 761-9003

Florida Real Estate Decisions, Inc.
12765 W. Forest Hill Boulevard
Suite 1314
Wellington, FL
(561) 798-4423

Florida Real Estate Decisions, Inc.
16375 NE 18th Avenue
Suite 300
Miami, FL
(305) 757-6884

*The above mentioned companies have provided the required certified mailing list for previous applicants.

This is not a recommendation just a list of companies who have provided this service in the past.

Please refer to the yellow pages for additional sources.