



PLANNING & ZONING DIVISION

AUG 26 2025

RECEIVED

City of Lauderhill
Development Services Department / Planning & Zoning Division
3300 Inverrary Blvd., Lauderhill, FL 33319
Phone: 954.730.3050

Special Exception – Application

DEADLINE: Initial paper submission and fee must be received by 5:00 PM on the day of the deadline. *Electronic file submission must be provided on a USB with the submittal.* Refer to the Department Meeting Schedule & Submittal Deadline" document provided on the City's website for submission deadlines. **To ensure quality submittal, this project will only be added to the agenda when a complete submission has been provided. If a complete submission is not uploaded by the deadline, the application will be notified via email with an itemized list of outstanding items and/or corrections.**

Application Review Process:

Application Type	Step 1	Step 2	Step 3	Step 4	Step 5	Step 6
Special Exception	Pre-Application Meeting with Staff	Staff Review	Staff provides Applicant with the required language & tentative meeting date for mailed notice & sign.	City Commission Review	Resolution from the City Commission	Applicant addresses any conditions & proceeds with the Certificate of Use (COU) application / process

APPLICATION SUBMISSION PROCESS: Upon reception of the **PAPER SUBMISSION** (see below) by Staff. Staff will review to ensure a complete submittal with 5 business days.

SUBMISSION: The following paper documents must be submitted:

PAPER	One (1) completed application with original signatures (All Owners of Record must sign)	
	One (1) Affidavit (must be completed by the Landowner)	
	One (1) Letter of Authorization (signed by the Landowner), <i>if the Applicant is not the Landowner</i>	
	One (1) Letter of Authorization from the Condominium Association, <i>if the property is a condominium</i>	
	Application Fee as established by the City Commission. Refer to Chapter 6 – Section. 6-10 – Enumeration of permit fees, regulations and inspection fees. Checks must be made payable to the “City of Lauderhill.”	
	Copy of Deed or Contract to Purchase	
	Copy of Lease (for Applicants who are renting)	
	Written Narrative addressing each review standard & description of the proposed business/use operation	
	Legal description of the property (i.e. the subdivision, block & lot; or metes & bounds description)	
USB	One (1) electronic version of the special exception package	
PUBLIC NOTICES	TO BE PROVIDED <u>AFTER</u> INITIAL SUBMITTAL & STAFF REVIEW:	
		Public Notification Affidavit – Posted Sign at Property (Information for sign provided by City Staff)
	Proof of Sign Posted on Property (refer to page 8 of this application for additional details & requirements): Photograph of posted sign must be submitted to Planning and Zoning Division no less than fifteen (15) days prior to hearing date.	
		Public Notification Affidavit – Mailed Notices (Information for letter provided by City Staff)
	A certified copy of the Mailing (refer to page 8 of this application for additional details & requirements): A list of all property owners within 500 feet of the site must be provided to Planning and Zoning Division no less than fifteen (15) days prior to hearing date.	

Is the property for this application subject to unpaid city liens, fines or fees?
If so, the Landowner must resolve all fees prior to placement on the City Commission agenda.

☐ Yes

☐ No



Special Exception – Application

Applicability

Article IV – Development Review Requirements

Section 4.6. – Standards for approval:

The City Commission, in reviewing any application for approval of a special exception use, shall consider the following:

- A. The effect of such use on surrounding properties.
- B. The suitability of the use in regard to its location, site characteristics, and intended purpose.
- C. Access, traffic generation and road capacities.
- D. Economic benefits or liabilities.
- E. Demands on utilities, community facilities, and public services.
- F. Compliance with the Comprehensive Land Use Plans for Broward County and/or the City of Lauderhill.
- G. Factors relating to safety, health, and general public welfare.

Information about the Business / Use (to be included in the Narrative)

- Business Description (list all activities conducted at your business)
- Date the business is expected to open.
- Days and Hours of Operation for the Business (include the estimated number of employees on duty per day)
- Estimated number of persons that the business will employ
- List the job titles and approximate salaries for the proposed employees
- Size of the building area that the business will occupy
- Describe how your business will affect the residents who live close by.
- Describe how this business/ use will affect neighboring businesses.
- Explain what site characteristics make this location suitable for your business/ use.
- Explain how this business/ use will affect the community economically.
- Describe any fire hazards associated with the business/ use.
- Describe what security measures the business/ use will require.
- Describe any chemicals, fluids, gases or potentially hazardous substances that the business/ use requires or stores on-site.
- Describe the water demand that the business/ use may require (above "normal" bathroom needs for employees and customers to use toilets and washing).
- Describe any activity the proposed business/ use will utilize city park facilities.
- Describe any activity the proposed business/ use will generate noise, light or vibrations.
- Describe transit, automobile or pedestrian traffic that the proposed business/ use will create in the area.
- Describe any activity of the proposed business/ use may engage in related to alcohol, music or live entertainment.
- Describe any other aspects of the business/ use that may be relevant to the City's review not requested.



Special Exception – Application

Additional Information about the Business / Use for Childcare / Schools

1. Provide evidence of financial responsibility: Submit monthly profit and loss statements for a 1 year period and a bank statement showing sufficient resources to cover any losses.
2. Provide evidence of ownership of the property or a contract or option to purchase or lease.
3. Provide evidence of a letter submitted to the Department of Public Services, Social Services Division, acknowledging your desire operate a child care facility.
4. Evidence of past job and education experience or both showing that the applicant and employees of the applicant are qualified to operate a child care facility.
5. List of all persons with a financial interest in the facility, along with affidavits from each stating whether or not that person was ever convicted of a crime. Also provide a copy of each person's driver's license and social security number.
6. The owner or operator of any child care facility shall annually provide proof that said facility has obtained and will continue in effect a Comprehensive General Liability Insurance Policy in the minimum amount of three hundred thousand dollars (\$300,000.00) for bodily injury and property damage. Proof of such insurance policy shall be provided to the Finance Department in conjunction with the filing of the Local Business Tax Receipt application. Said owner or director shall also provide the Finance Department thirty (30) days prior notice of the expiration or cancellation of said insurance policy.
7. Demonstrate conformance with the usable indoor floor space, outdoor play area, staff-to-child ratio, and toilet and bath facility requirements in Florida Administrative Code Section 65C-22.002, as may be amended from time-to-time.
8. If transportation services are provided, the following requirements shall apply:
9. The transportation services requirements specified in the Florida Administrative Code as may be amended from time-to-time.
10. Annually provide proof that said facility has obtained and will continue in effect a Comprehensive General Liability Insurance Policy in the minimum amount of one million dollars (\$1,000,000.00) for bodily injury and property damage. Proof of such insurance policy shall be provided to the Finance Department in conjunction with the filing of the Local Business Tax Receipt application. Said owner or director shall also provide the Finance Department thirty (30) days prior notice of the expiration or cancellation of said insurance policy.
11. Any other documentation that the Planning and Zoning Director deems relevant to the operation of such facility.



Special Exception – Application

Property Description		
Street Address: 4966 N. PINE ISLAND ROAD	Folio Number(s): 4941 1601 9200	
Nearest Cross Street:		
Subdivision: City of Lauderhill Sec 1 81-4B TRC	Block:	Lot:

Business Information	
Business Name (if applicable): SOUTH FLORIDA WELLNESS & CLINICAL RESEARCH INSTITUTE	Business Owner: LEROY A REYNOLDS IVONNE MARIA REYNOLDS
Mailing Address: 2964 N STATE RD #7	City, State & Zip Code: MARGATE, FLORIDA, 33063
Phone Number: 954-649-8878	Email: LReynolds@SFCRI.net.

Applicant, Owner's Representative or Agent	Landowner (Owner of Record)
Business Name (if applicable): SOUTH FLORIDA WELLNESS & CLINICAL RESEARCH INSTITUTE	Business Name (if applicable): ATRIUM LAUDERHILL SHOPPING CENTER, LTD
Name and Title: LEROY A. REYNOLDS, RPH CEO	Name and Title: GREGORY ATRIA PRESIDENT
Signature:	Signature: * SEE NEXT PAGE *
Date: 8/6/2025	Date:
Mailing Address: 8995 PARKLAND BAY DR.	Mailing Address: 2525 HOLLYWOOD BLVD
City, State & Zip: PARKLAND, FL. 33076	City, State & Zip Code: HOLLYWOOD, FLORIDA, 33020
Phone Number: 954-649-8878	Phone Number: 954-684-4446
Email: LReynolds@SFCRI.net	Email: gregnemat@aol.com.
All communication will be sent to the Landowner (Owner of Record) and Applicant.	



City of Lauderdale
Development Services Department / Planning & Zoning Division
3300 Inverrary Blvd., Lauderdale, FL 33319
Phone: 954.730.3050

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Property Description		
Street Address:	Folio Number(s):	
4966 N. PINE ISLAND ROAD		
Nearest Cross Street:		
Subdivision:	Block:	Lot:

Business Information	
Business Name (if applicable): SOUTH FLORIDA WELLNESS & CLINICAL RESEARCH INSTITUTE	Business Owner: LEROY A. REYNOLDS IVONNE MARIA REYNOLDS
Mailing Address: 2964 N STATE RD #7	City, State & Zip Code: MARGATE, FLORIDA, 33063
Phone Number: 954-649-8878	Email: LReynolds@SPERI.net.

Applicant, Owner's Representative or Agent	Landowner (Owner of Record)
Business Name (if applicable): SOUTH FLORIDA WELLNESS & CLINICAL RESEARCH INSTITUTE	Business Name (if applicable): ATRIUM LAUDERHILL SHOPPING CENTER, LTD
Name and Title: LEROY A. REYNOLDS, RPH CEO	Name and Title: GREGORY ATRIA PRESIDENT
Signature:	Signature:
Date: 8/1/2025	Date: 8/1/25
Mailing Address: 8475 PARKLAND BAY Dr.	Mailing Address: 2525 HOLLYWOOD BLVD
City, State & Zip: PARKLAND, FL. 33076	City, State & Zip Code: HOLLYWOOD, FLORIDA, 33020
Phone Number: 954-649-8878	Phone Number: 954-684-4446
Email: LReynolds@SPERI.net	Email: gregnorman@aol.com.
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Special Exception – Application

Architect	Engineer
Business Name (if applicable): N/A	Business Name (if applicable): N/A
Name and Title:	Name and Title:
Signature:	Signature:
Date:	Date:
Mailing Address:	Mailing Address:
City, State & Zip:	City, State & Zip Code:
Phone Number:	Phone Number:
Email:	Email:

Attorney	Other
Business Name (if applicable): N/A	Business Name (if applicable): N/A
Name and Title:	Name and Title:
Signature:	Signature:
Date:	Date:
Mailing Address:	Mailing Address:
City, State & Zip:	City, State & Zip Code:
Phone Number:	Phone Number:
Email:	Email:



Special Exception – Application

Site Data		
Development / Project Name: South Florida Clinical Research Institute		
Briefly describe the special exception requested (a project narrative must be submitted separately that explains in greater detail the request & address each review standard 4.6. Standards for approval):		
The Request For a special Exception For south Florida Clinical Research Institute to operate and provide the Residents of lauderhill the gate way not only utilize Research as a healthcare option, but to also participate in innovative high Quality and ethical clinical research.		
Additional Information		
Have any other applications been submitted for this site?	Yes	No X
If so, list the other applications & provide reference to the Meeting Date/ Results:		
Pre-Application Conference Date: 07-01-2025		



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AFFIDAVIT

I AM THE LANDOWNER OF RECORD (OR I HAVE FURNISHED THE CITY OF LAUDERHILL WITH A NOTARIZED LETTER FROM THE LANDOWNER AUTHORIZING ME TO SUBMIT THIS APPLICATION ON THEIR BEHALF), AND DO HEREBY SWEAR OR AFFIRM THE FOLLOWING:

- ☒ 1. THAT ALL OF THE INFORMATION CONTAINED IN THIS APPLICATION AND THE ATTACHMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.
- ☒ 2. CONSISTENT WITH THE LAND DEVELOPMENT REGULATIONS OF THE CITY OF LAUDERHILL, FLORIDA, 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 FIFTEEN (15) DAYS PRIOR TO THE PUBLIC HEARING. 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. I WILL CAUSE THIS SAME SIGN TO BE REMOVED WITHIN SEVEN (7) CALENDAR DAYS AFTER THE HEARING AND PHOTOGRAPH OF THE REMOVED SIGN SHALL BE PROVIDED TO THE PLANNING AND ZONING DEPARTMENT.
- ☒ 3. CONSISTENT WITH THE LAND DEVELOPMENT REGULATIONS, I WILL PROVIDE WRITTEN NOTICE TO ALL PROPERTY OWNERS WITHIN 500 FEET OF THE SUBJECT PROPERTY POSTMARKED NO FEWER THAN 15 CALENDAR DAYS BEFORE THE HEARING DATE.

Landowner's Name: Atrium Lauderhill Shopping Center L+D
(or Authorized Official – Owner's Authorization Letter required if not the Owner of Record)

Address: 4966 N. Pine Island Rd. #20
Lauderhill Florida 33351
(City) (State) (Zip Code)

Cary Atria
Signature of Owner or Authorized Representative

STATE OF FLORIDA – BROWARD COUNTY

SWORN AND SUBSCRIBED before me this 5 day of AUGUST, 2025 by means of
☒ physical presence or ☐ online notarization. BY GREGORY ATRIA

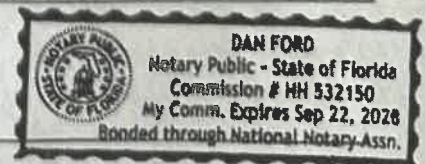
NOTARY PUBLIC, STATE OF FLORIDA

(Name of Notary Public: Print, stamp, or Type as Commissioned.)

☐ Personally know to me, or

☒ Produced identification:

FL DRIVER LICENSE
(Type of Identification Produced)





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ADDITIONAL RESOURCES: **REAL ESTATE RESEARCH SERVICES**

The following companies have provided the required certified mailing list for previous applicants. This is not a comprehensive list of companies that provide this service, nor shall this be construed as a list of companies the City endorses. This is merely a list of businesses who have provided this service in the past. Please refer to the yellow pages or internet search engine for additional sources.

**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**

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 fifteen (15) 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 feet 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:

**CITY OF LAUDERHILL
COMMISSION CHAMBERS
5581 WEST OAKLAND PARK BLVD
LAUDERHILL, FL 33313**

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