



APPLICATION NUMBER

21-SE-007

PLANNING & ZONING DIVISION

MAR 01 2021 NF

RECEIVED

## SPECIAL EXCEPTION USE APPLICATION FOR

ENTER TYPE OF USE /BUSINESS:

Business Name: Interventional Pain M.D.

Business Address: 7501 West Oakland Park Blvd Suite 101  
Lauderhill FL 33319.

Business Telephone Number: 954-749-4121

Business Email: Sdklmt06 @ Yahoo. Com.

### APPLICANT AND CONTACT INFORMATION

Applicant Name: Vincent Popa

Applicant Address: 7501 West Oakland Park Blvd Suite 101  
Lauderhill FL 33319.

Applicant Telephone Number: 954-749-4121

Applicant Mobile Telephone Number \_\_\_\_\_

Applicant Email address: Sdklmt06 @ Yahoo.com.

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

Name: Scott Kushner

Address: 7501 West Oakland Park Blvd Suite 101  
Lauderhill FL 33319

Telephone Number: 954-749-4121 Mobile 954-864-7055.

Email address: Sdklmt06 @ Yahoo.com.

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Mobile \_\_\_\_\_

Email address: \_\_\_\_\_

INFORMATION ABOUT THE USE/ BUSINESS

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

Perform various procedures mostly for spine pain, like Cervical and Lumbar epidurals, Facet Injections, Radio Frequency Ablations. All of these procedures are done at a surgical center only exams will be done in the office. I do not prescribe narcotics for chronic pain management because they do not resolve the cause of pain. By doing these spine procedures, I am addressing directly the cause that creates the pain and therefore there is no need to prescribe narcotics unless I perform surgery where the recommendation is to prescribe a few days of narcotics for post operative pain control.

Date the business opened or is expected to be opened: ASAP.

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 \_\_\_\_\_ to \_\_\_\_\_ .....

Monday 9 to 5 .....

Tuesday 9 to 1 .....

Wednesday 9 to 5 .....

Thursday 9 to 1 .....

Friday 9 to 5 .....

Saturday \_\_\_\_\_ to \_\_\_\_\_ .....

How many persons will the proposed business employ?

Two

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

TBD

Square footage of building space to be occupied by the business : 2000 sq ft-

INFORMATION ABOUT THE SITE

Property Owner Name: Ray Real Estate Ventures Inc.  
Property Owner Street Address: 17415 E Hallandale Beach Blvd. unit 503  
City, State & Zip Code: Hallandale Beach FL 33009  
Telephone #: 305-206-8318 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: It will provide quality medical care for residents.

Describe how this business/use will affect neighboring businesses: there are alot of local nearby businesses that our patients could benefit from. I think it's nice to keep the business for neighbors in the same city.

What site characteristics make this location suitable for your use/ business: Our office is in a direct bus route through Lauderdale making it easily accessible for Lauderdale residents

How will this use/ business affect the community economically?

It will help to increase the tax base by bringing in more business tax.

ADDITIONAL DEMANDS ON UTILITIES, COMMUNITY FACILITIES, AND PUBLIC SERVICES

Describe any fire hazards associated with your business: N/A.

Describe what security measures your business will require: Currently we have an alarm system.

Describe any chemicals, fluids, gases or potentially hazardous substances that your business will use or store on site: N/A

Describe any activity in your business that will use water other than normal washing and toilet use: N/A.

Describe any activity in your business that will utilize City park facilities: N/A

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

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

Will create automobile and pedestrian traffic typical to any doctors office.

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

N/A.

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

My goal is to provide quality care to the residents of Lauderhill.

**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.**

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# AFFIDAVIT

I, Vincent Popa, 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: Vincent Popa

SIGN YOUR NAME: [Signature]

DATE: 2-10-2021

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 10 DAY OF February, 2021, BY Vincent Popa, WHO IS PERSONALLY KNOWN TO ME OR WHO HAS PRODUCED

AS IDENTIFICATION AND WHO DID TAKE AN OATH.

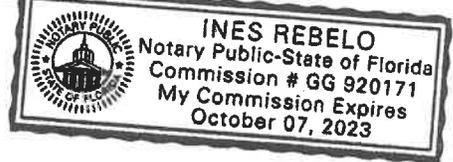
NOTARY PUBLIC

SIGN: [Signature]

PRINT: Ines Rebelo

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.

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<b>Fees</b>	
Special Exception Use Application Fee.....	\$800.00
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**

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