



APPLICATION NUMBER
19-SE-011

RECEIVED
SEP 25 2019
BY:

SPECIAL EXCEPTION USE APPLICATION FOR

ENTER TYPE OF USE / BUSINESS: *Prescribed Pediatric Extended Care Center*

Business Name: Pedipecc, Inc

Business Address: 3810 Inverrary Blvd. Suite 101-104, Lauderhill, FL 33319

Business Telephone Number: 305-948-5683

Business Email: dmiller@pedistat.com

APPLICANT AND CONTACT INFORMATION

Applicant Name: Daniel Miller

Applicant Address: 4236 Alton Rd, MB FL 33140

Applicant Telephone Number: 305-623-1222

Applicant Email address: dmiller@pedistat.com

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

Name: _____

Address: _____

Telephone Number: _____

Email address: _____

Name: _____

APPLICATION NUMBER

Address: _____

Telephone Number: _____

Email address: _____

INFORMATION ABOUT THE USE/ BUSINESS

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

PPEC is a Pediatric Prescribed Extended Care where we provide medical care and therapy for children with special needs.

Date the business opened or is expected to be opened: May 2003

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	__7__ to __7__	20
Tuesday	__7__ to __7__	20
Wednesday	__7__ to __7__	20
Thursday	__7__ to __7__	20
Friday	__7__ to __7__	20
Saturday	_____ to _____	_____

How many persons will the proposed business employ: 20

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

- Office Manager- 20/hr
- Registered Nurse- 26/hr
- CNA: 11/hr
- EMT: 13/hr

Square footage of building space to be occupied by the business : 6476 sf

INFORMATION ABOUT THE SITE

Property Owner Name: CDM Property Investments LLC

Property Owner Street Address: 2901 W Cypress Creek Rd. Suite 104

City, State & Zip Code: ft. Lauderdale, FL 33309

Telephone #: 954-900-5436 ext 4585 Email mpocras@cimarelli.com

THE EFFECTS OF YOUR USE/BUSINESS ON THE COMMUNITY

Describe how your business will affect the residents who live close by: The proposed Business will have no impact expected

Describe how this business/use will affect neighboring businesses:

N/A

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

Location and Size

How will this use/ business affect the community economically?
It wont

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: Fire and Security Alarm

Describe any chemicals, fluids, gases or potentially hazardous substances that your business will use or store on site: Medical Oxygen

Describe any activity in your business that will use water other than normal washing and toilet use

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

**Describe transit, automobile or pedestrian traffic that your business will create in the area:
Approximately four Medicaid non emergency transportation vans transport the majority of the children to the center**

Describe Noneany 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: This is a pediatric medial day care providing essential services to sepcail needs children in the community

ATTACH THESE DOCUMENTS TO THIS APPLICATION

1. Site Plan
2. Floor Plan
3. Inventory of Fixtures and Equipment
4. Legal Description

ADDITIONAL DOCUMENTS REQUIRED AT TIME OF SUBMISSION

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.

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AFFIDAVIT

I, Daniel Miller, 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: Daniel Miller

SIGN YOUR NAME: [Signature]

DATE: 9/25/19

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 25th DAY OF September, 20 19, BY Daniel Miller, WHO IS

PERSONALLY KNOWN TO ME OR WHO HAS PRODUCED AS IDENTIFICATION AND WHO DID TAKE AN OATH

NOTARY PUBLIC

SIGN: [Signature]

PRINT: MARA PORRAS



BERTHA MARA PORRAS
Commission # GG 316138
Expires July 5, 2023
Bonded Thru Budget Notary Services

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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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.