



City of Lauderhill
 Planning & Zoning Department
 5581 W. Oakland Park Blvd., Lauderhill, FL 33313
 Phone: 954.730.3050

General Development – 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 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. ✓ |
| | 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> |
| | 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, <i>when applicable</i> ✓ |
| | One (1) complete signed and sealed plan package – <i>Additional copies may be required depending on the type of application & approval process. Contact Staff for submittal requirements</i> ✓ |
| USB | One (1) electronic version of the plan package. |



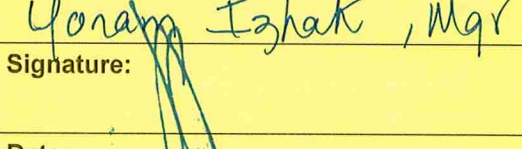
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Type of Development Review (Check all that apply)

| Request / Consideration | | | |
|--|--|---------------------------------|--|
| <input type="checkbox"/> Administrative Relief | <input type="checkbox"/> Waiver | <input type="checkbox"/> Appeal | <input checked="" type="checkbox"/> Text Amendment |
| <input type="checkbox"/> Vested Rights | <input type="checkbox"/> Development Agreement | <input type="checkbox"/> Other: | |

| Property Description | | |
|--|--------|----------------------------------|
| Street Address: 3990 NW 16th Street | | Folio Number(s): 494231240040 |
| Nearest Cross Street: southeast corner of State Road 7 and NW 16th Street | | |
| Subdivision: Industrial "100" Unit Two | Block: | Lot: |

| Applicant, Owner's Representative or Agent | Landowner (Owner of Record) |
|---|--|
| Business Name (if applicable): Miskel Backman LLP | Business Name (if applicable): Lauderhill Mall Investment, LLC |
| Name and Title: Hope Calhoun; Sara Thompson | Name and Title: Yoram Izhak, Mgr |
| Signature:  | Signature:  |
| Date: 9/23/24 | Date: 09/19/24 |
| Mailing Address: 14 SE 4th Street, Suite 36, Boca Raton, FL 33432 | Mailing Address: 4200 NW 16 STREET |
| City, State & Zip: Boca Raton, FL 33432 | City, State & Zip Code: LAUDERHILL, FL 33313 |
| Phone Number: 561-405-3324; 561-405-3363 | Phone Number: Contact agent |
| Email: hcalhoun@miskelbackman.com; sthompson@miskelbackman.com | Email: Contact agent |
| All communication will be sent to the Landowner (Owner of Record) and Applicant, unless otherwise requested. Indicate who should be provided with copies of written correspondence: | |
| <input type="checkbox"/> Architect | <input type="checkbox"/> Engineer |
| <input checked="" type="checkbox"/> Attorney | <input type="checkbox"/> Other |



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| 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): See Agent Info Above | 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: |



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| Site Data | | | |
|---|--------------------|--|---|
| <small>*Acres should be rounded to the nearest tenth.</small> | | <small>**Square feet for non-residential developments should be rounded to the nearest thousand.</small> | |
| Gross Acres*: | Net Acres*: | Number of units (Residential): | Total square feet of the building** (Non-Residential): |
| 0.80 | 0.80 | | 2,362 sq ft |
| Development / Project Name: 3990 NW 16th St | | | |
| Proposed development by use & intensity: Medical Marijuana Dispensary Center | | | |
| Briefly describe the proposed scope of work/ improvements (a project narrative must be submitted separately that explains in greater detail the full project scope): | | | |
| Text Amendment to the City's Land Development Code to permit medical marijuana dispensary centers within the City subject to certain restrictions. | | | |

| Additional Information | |
|--|---|
| Have any other applications been submitted for this site? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| If so, list the other applications & provide reference to the Meeting Date/ Results: | |
| Pre-Application Conference Date: | |



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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.

Landowner's Name: Lauderhill Mall Investment, LLC
(or Authorized Official – Owner's Authorization Letter required if not the Owner of Record)

Address: 4200 NW 16 STREET
Lauderhill FL 33313
(City) (State) (Zip Code)

Signature of Owner or Authorized Representative

SWORN AND SUBSCRIBED before me this 19 day of September, 2024 by means of
☒ physical presence or ☐ online notarization.

NOTARY PUBLIC, STATE OF FLORIDA

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

- ☒ Personally know to me, or
☐ Produced identification:

(Type of Identification Produced) Notary Assn.

