APPLICATION NUMBER
21-SE-010

PLANNING & ZONING DIVISION

MAY 04 2021

RECEIVED

SPECIAL EXCEPTION USE APPLICATION FOR

ENTER TYPE OF USE /BUSINESS:

Business Name: Truist

Business Address: 1771 NW 40th Avenue Lauderhill, FL 33313

Business Telephone Number: 954 733 0907

Business Email: macoffey@bbandt.com

APPLICANT AND CONTACT INFORMATION

Applicant Name: Maria Coffey

Applicant Address: 3649 W Oakland Park Blvd Floor 2 Lauderdale Lakes, FL 33311

Applicant Telephone Number: 727 803 0080

Applicant Mobile Telephone Number 727 803 0080

Applicant Email address: macoffey@bbandt.com

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

Name: Phillip Dixon

Address: 1771 NW 40th Avenue Lauderhill, FL 33313

Telephone Number: 954 733 0907 **Mobile** 954 733 0907

Email address: pdixon@bbandt.com

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Name: NA

Address: NA

Telephone Number: NA **Mobile** NA

Email address: NA

INFORMATION ABOUT THE USE/ BUSINESS

Business Description (Please list all activities conducted at your business):
Financial Institution, Drive Thru (3 lanes), ATM

Date the business opened or is expected to be opened: 4/7/21

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	NA	to NA	NA
Monday	8 am	to 6 pm	5-15
Tuesday	8 am	to 6 pm	5 -15
Wednesday	8 am	to 6 pm	5 -15
Thursday	8 am	to 6:00 pm	5 -15
Friday	8 am	to 6 pm	5 -15
Saturday	8 am	to 1 pm	5 -15

How many persons will the proposed business employ? 5 -15

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List the job titles and approximate salaries for the proposed employees?
Branch Manager, Branch Bankers, Tellers - 70K, 50K, 40K

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

INFORMATION ABOUT THE SITE

Property Owner Name: 2634 Pierce LLC

Property Owner Street Address: 171 N State Road 7 Lauderhill, FL 33313

City, State & Zip Code: _____

Telephone #: 954 357 6835 **Email** commercialtri@bcpa.net
MACoffey@bbandt.com

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

Describe how your business will affect the residents who live close by:
personal and commercial financial services

Describe how this business/use will affect neighboring businesses:
personal and commercial financial services

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

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How will this use/ business affect the community economically?
personal and commercial financial services

ADDITIONAL DEMANDS ON UTILITIES, COMMUNITY FACILITIES, AND PUBLIC SERVICES

Describe any fire hazards associated with your business: NA

Describe what security measures your business will require: NA

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

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

Describe any activity in your business that will utilize City park facilities: NA

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

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

NA

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

NA

Describe any other aspects of your business about which you feel that the reviewer should know: business already operating at location, BB&T bank. BB&T and SunTrust merged and new bank name is Truist, EIN 56-1074313.

ATTACH THESE DOCUMENTS TO THIS APPLICATION

1. Site Plan ✓
2. Floor Plan n/a
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) n/a
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, Maria Coffey, 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: Maria Coffey

SIGN YOUR NAME: [signature]

DATE: 4/13/2021

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 13th DAY OF April, 20 21, BY Maria Coffey, WHO IS PERSONALLY KNOWN TO ME OR WHO HAS PRODUCED FDL AS IDENTIFICATION AND WHO DID TAKE AN OATH.

NOTARY PUBLIC

MARGARET L. FORREST
Notary Public - State of Florida
Commission # GG 237715
My Comm. Expires Jul 12, 2022
Bonded through National Notary Assn.

SIGN: [signature]

PRINT: MARGARET - L. FORREST

STATE OF FLORIDA AT LARGE SEAL

MY COMMISSION EXPIRES: July 12, 2022

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.....$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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SPECIAL EXCEPTION USE APPLICATION
ADDITIONAL REQUIREMENTS
FOR

CHILD CARE/SCHOOLS

THE FOLLOWING REQUIREMENTS ARE IN ADDITION TO THOSE LISTED ON THE SPECIAL EXCEPTION USE APPLICATION. PLEASE SUBMIT THE FOLLOWING WITH YOUR APPLICATION (1 COPY ONLY):

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:
    a. The transportation services requirements specified in the Florida Administrative Code as may be amended from time-to-time.
    b. 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

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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.

9. Any other documentation that the Planning and Zoning Director deems relevant to the operation of such facility.