



APPLICATION NUMBER  
\_\_\_\_\_

RECEIVED  
MAR 12 2020  
BY: TIF

**SPECIAL EXCEPTION USE APPLICATION  
FOR**

ENTER TYPE OF USE /BUSINESS: Child Care Center

Business Name: Kiddie Care Broward Inc  
Business Address: 3269 W. Broward Blvd  
Lauderhill, FL 33312  
Business Telephone Number: 954 777 4983  
Business Email: jen @ kiddiecarepre.com

**APPLICANT AND CONTACT INFORMATION**

Applicant Name: Jennifer McNally  
Applicant Address: 3269 W. Broward Blvd  
Lauderhill FL 33312  
Applicant Telephone Number: 954 777 4983  
Applicant Mobile Telephone Number: (954) 667 9331 or (954) 946  
Applicant Email address: jen @ kiddiecarepre.com

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

Name: Cheriezson McNally  
Address: 3269 W. Broward Blvd  
Lauderhill, FL 33312  
Telephone Number: 954 777 4983 Mobile 954 305 2449  
Email address: Cheriezson @ Kashier .co

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

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

D/A

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

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

INFORMATION ABOUT THE USE/ BUSINESS

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

Daycare ~~preschool~~ that will provide childcare services from 6 weeks old up until 12 year old. ~~After school~~ After school and Summer camps will be also ~~available~~ available

Date the business opened or is expected to be opened: April - May 2020

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    | <del>6:30 am</del> to <del>6:30 pm</del> ..... closed | <del>4-6</del> |
| Monday    | 6:30 am to 6:30 pm.....                               | 4-6 Emp        |
| Tuesday   | 6:30 am to 6:30 pm.....                               | 4-6 Emp        |
| Wednesday | 6:30 am to 6:30 pm.....                               | 4-6 Emp        |
| Thursday  | 6:30 am to 6:30 pm.....                               | 4-6 Emp        |
| Friday    | 6:30 am to 6:30 pm.....                               | 4-6 Emp        |
| Saturday  | _____ to _____..... closed                            |                |

How many persons will the proposed business employ?

2-6 Employees

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

| Titles         | Salaries           | # of Employees |
|----------------|--------------------|----------------|
| Director       | \$ 24,000 - 29,000 | 1              |
| Teachers       | \$ 19,760 - 20,800 | 4              |
| Teachers Asst. | \$ 17,688 - 18,720 | 1-2            |

Square footage of building space to be occupied by the business : 4131 sq

INFORMATION ABOUT THE SITE

Property Owner Name: Niche Investment Group, LLC  
 Property Owner Street Address: 9415 Sunset Drive  
 City, State & Zip Code: Miami, FL 33173  
 Telephone #: (305) 264-7805 Email: ~~tony~~ tony@tempecc.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: Kiddie Care Broward will provide the residence with child care services that are close and accessible

Describe how this business/use will affect neighboring businesses: We will supply consistent customers on a daily basis

What site characteristics make this location suitable for your use/ business: This location was previously a child care facility

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How will this use/ business affect the community economically?

We will provide neighboring residents with affordable child care services.

ADDITIONAL DEMANDS ON UTILITIES, COMMUNITY FACILITIES, AND PUBLIC SERVICES

Describe any fire hazards associated with your business:

The business will have a ~~safe~~ has a fire system and ~~an~~ smoke detectors installed

Describe what security measures your business will require:

N/A

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:

\_\_\_\_\_  
O/A  
\_\_\_\_\_

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

\_\_\_\_\_  
O/A  
\_\_\_\_\_

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

Legal Description  
\_\_\_\_\_  
\_\_\_\_\_

**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, Ileana M. Davide, 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: Ileana M. Davide

SIGN YOUR NAME: [Signature]

DATE: 2/27/20

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 27 DAY OF February, 2020, BY Ileana M. Davide, WHO IS

PERSONALLY KNOWN TO ME OR WHO HAS PRODUCED

AS IDENTIFICATION AND WHO DID TAKE AN OATH. [Signature]

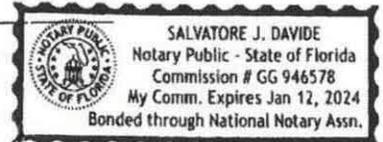
NOTARY PUBLIC

SIGN: \_\_\_\_\_

PRINT: \_\_\_\_\_

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.....   | \$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..... | <del>38.50</del> |

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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**AFFIDAVIT**

I, Jennifer McWally, 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 AN AREA VISIBLE FROM THE STREET AT LEAST TEN (10) DAYS PRIOR TO THE PUBLIC HEARING. MOREOVER, I CERTIFY THAT THE SIGN WILL REMAIN POSTED FOR THE DURATION OF THE TIME REQUIRED FOR THE POSTING ON 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: Jennifer McWally

SIGN YOUR NAME: [Signature]

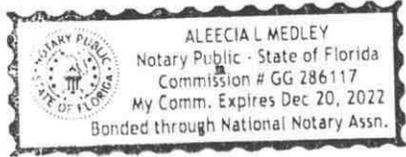
DATE: 3/12/2020

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 12<sup>th</sup> DAY OF March, 20 20, BY Jennifer McWally, WHO IS PERSONALLY KNOWN TO ME OR WHO HAS PRODUCED FLDL AS IDENTIFICATION AND WHO DID TAKE AN OATH.

NOTARY PUBLIC

SIGN: [Signature]

PRINT: Aleecia medley



STATE OF FLORIDA AT LARGE SEAL

MY COMMISSION EXPIRES: 12/20/22

**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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## REAL ESTATE RESEARCH SERVICES

**Alldata Real Estate Systems, Inc.**  
290 NE 51<sup>st</sup> Street  
Ft. Lauderdale, FL  
(954) 772-1800

**Cutro & Associates, Inc.**  
1025 Yale Drive  
Hollywood, FL  
(954) 920-2205

**Florida Real Estate Decisions, Inc.**  
1500 West Cypress Creek Road  
Suite 409  
Ft. Lauderdale, FL  
(954) 761-9003

**Florida Real Estate Decisions, Inc.**  
12765 W. Forest Hill Boulevard  
Suite 1314  
Wellington, FL  
(561) 798-4423

**Florida Real Estate Decisions, Inc.**  
16375 NE 18<sup>th</sup> Avenue  
Suite 300  
Miami, FL  
(305) 757-6884

**\*The above mentioned companies have provided the required certified mailing list for previous applicants.**

**This is not a recommendation just a list of companies who have provided this service in the past.**

**Please refer to the yellow pages for additional sources.**

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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.

