

APPLICATION NUMBER

19-SE-003



SPECIAL EXCEPTION USE APPLICATION FOR

ENTER TYPE OF USE /BUSINESS: Private School

Business Name: KRADLE TO KINDERGARTEN PRESCHOOL II

Business Address: 1269 NW 40TH Avenue, # 8-11
LAUDERHILL, FL 33313

Business Telephone Number: 954.835.5228

Business Email: kradletokindergarten@yahoo.com tbbuttsjr@yahoo.com

APPLICANT AND CONTACT INFORMATION

Applicant Name: TOMMIE B. BUTTS, JR.

Applicant Address: 2500 NORTH STATE ROAD 7
LAUDERDALE LAKES, FL 33313

Applicant Telephone Number: 954.835.5228

Applicant Mobile Telephone Number 954.394.1411

Applicant Email address: kradletokindergarten@yahoo.com

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

Name: VERA BUTTS

Address: 5730 NW 54TH TERRACE
TAMARAC, FLORIDA 33319

Telephone Number: 954.835.5228 Mobile: 954.479.4875

Email address: kradletokindergarten@yahoo.com

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Applicant Mobile Telephone Number 954.394.1411

Applicant Email address: tbuttsjr@yahoo.com

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Name: VERA BUTTS

Address: 5730 NW 54TH TERRACE
TAMARAC, FLORIDA 33319

Telephone Number: 954.835.5228 Mobile: 954.479.4875

Email address: kradletokindergarten@yahoo.com

APPLICATION NUMBER

Name: _____

Address: _____

Telephone Number: _____ Mobile _____

Email address: _____

INFORMATION ABOUT THE USE/BUSINESS

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

PROVIDE CHILDCARE TO CHILDREN SIX WEEKS TO

AFTERSCHOOL UP TO THIRTEEN YEARS OLD - MONDAY THROUGH FRIDAY;

PROVIDE CURRICULUM FOR KINDERGARTEN THROUGH GRADE 3 (K-3).

Date the business opened or is expected to be opened: MAY 2015

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	<u>7:00am</u> to 6:00pm	<u>15 - 19</u>
Tuesday	<u>7:00am</u> to 6:00pm	<u>15 - 19</u>
Wednesday	<u>7:00am</u> to 6:00pm	<u>15 - 19</u>
Thursday	<u>7:00am</u> to 6:00pm	<u>15 - 19</u>
Friday	<u>7:00am</u> to 6:00pm	<u>15 - 19</u>
Saturday	<u>7:00am</u> to 6:00pm	<u>15 - 19</u>

How many persons will the proposed business employ?

15 - 19

APPLICATION NUMBER

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

DIRECTOR	\$36,000.00
ADMINISTRATOR	\$33,000.00
TEACHER	\$18,750.00

Square footage of building space to be occupied by the business : 9500

INFORMATION ABOUT THE SITE

Property Owner Name: LAUDERHILL MALL INVESTMENT, LLC.

Property Owner Street Address: 696 NE 125TH STREET

City, State & Zip Code: NORTH MIAMI, FLORIDA 33161

Telephone #: 954.683.7657 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: _____

MINIMUM EFFECT IN A NEGATIVE WAY

EFFECT WILL BE POSITIVE & IN A CONVENIENT WAY.

Describe how this business/use will affect neighboring businesses:

WILL PROVIDE CHILD CARE & SCHOOL CURRICULUM (K-3) FOR PARENTS THAT OWN BUSINESSES IN THE NEIGHBORHOOD, AS WELL AS TO THOSE WHO OWN BUSINESSES IN THE MALL.

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

SAFETY - BEING FAR DISTANCE FROM THE MAIN ROADS. SITE IS SURROUNDED BY AN ABUNDANCE OF PRIVATE & MULTI RESIDENCES.

How will this use/ business affect the community economically?

IT WILL BENEFIT THE COMMUNITY BY PROVIDING EMPLOYMENT FOR THE SURROUNDING RESIDENTS
IN ADDITION TO CHILD CARE SERVICES.

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 ALAARM - BURGLAR ALARM SYSTEMS

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

COMMON - HOUSEHOLD CLEANING CHEMICALS (PRODUCTS).

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

NONE

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

POSSIBLY FIELD TRIPS

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

NONE

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

GENERAL TRAFFIC AS A RESULT OF PICK UP & DROP OFF

Describe any 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:

NONE

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.

APPLICATION NUMBER

AFFIDAVIT

I, TOMMIE B. BUTTS, JR., 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: TOMMIE B. BUTTS, JR.

SIGN YOUR NAME: *Tommie B. Butts Jr*

DATE: 2/19/2019

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 19 DAY OF FEBRUARY, 2019, BY TOMMIE B. BUTTS, JR., WHO IS PERSONALLY KNOWN TO ME OR WHO HAS PRODUCED

AS IDENTIFICATION AND WHO DID TAKE AN OATH

NOTARY PUBLIC

SIGN: *Caroline Remy*

PRINT: Caroline Remy

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.

APPLICATION NUMBER

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.

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**

REAL ESTATE RESEARCH SERVICES

**Alldata Real Estate Systems, Inc.
290 NE 51st 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 18th 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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Address: _____

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PRINT YOUR NAME: TOMMIE B. BUTTS, JR.

SIGN YOUR NAME: _____

DATE: _____

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS ___ DAY OF _____, 20_____, BY _____, WHO IS PERSONALLY KNOWN TO ME OR WHO HAS PRODUCED _____ AS IDENTIFICATION AND WHO DID TAKE AN OATH.

NOTARY PUBLIC

SIGN: _____

PRINT: _____

STATE OF FLORIDA AT LARGE SEAL

MY COMMISSION EXPIRES:

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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

APPLICATION NUMBER

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.

**SPECIAL EXCEPTION USE APPLICATION
ADDITIONAL REQUIREMENTS
FOR**

CHILD CARE/SCHOOLS

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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.
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Attachment C

KRADLE TO KINDERGARTEN PRESCHOOL II

Inventory of Fixtures and Equipment

PLAYGROUND

2 slides
1 Swing Set
3 climbing Equipment
1 Merry-Go Round
2 Play Houses
10 Tricycles
Outdoor Shade Equipment

INSIDE

12 Toilets
8 Sinks
4 Shower/Tubs
1 Laundry Sink
Tables and Chairs
Desks
5 Computers
Storage Cabinets



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/19/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Synergy Insurance Group 7771 W Oakland Park Blvd #122 Sunrise, FL 33351	CONTACT NAME: Nikki Sciacca PHONE (A/C, No, Ext): (954)792-3660 E-MAIL ADDRESS: nsciacca@synergyins.net	FAX (A/C, No): (954)791-8019
	INSURER(S) AFFORDING COVERAGE	
INSURED Kradle to Kindergarten, Inc. 2500-2512 N State Rd 7 Lauderdale Lakes FL 33313	INSURER A: Western World Insurance Company.	
	INSURER B: Progressive Insurance Company	
	INSURER C: Safepoint Insurance Company	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	Y		ORJBW-M	09/17/2018	09/17/2019	EACH OCCURRENCE \$ 1,000,000.00
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000.00						
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	Y		03265769-4	09/04/2018	09/04/2019	COMBINED SINGLE LIMIT (Ea accident) \$
	BODILY INJURY (Per person) \$ 50,000.00						
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$						EACH OCCURRENCE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N					WC STATUTORY LIMITS OTHER
C	Contents			SPCP0001055-03	09/17/2018	09/17/2019	E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Certificate Holder is listed as an additional insured.						

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CERTIFICATE HOLDER Early Learning Coalition of Broward County 6301 NW 5 Way Suite 3400 Fort Lauderdale FL 33309	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
---	--