



APPLICATION NUMBER
19-SE-015

PLANNING & ZONING DIVISION

NOV 26 2019

RECEIVED

**SPECIAL EXCEPTION USE APPLICATION
FOR**

ENTER TYPE OF USE /BUSINESS:

Business Name: Kiddie Care Inc
Business Address: 5801 NW 19th Street
Lauderhill, FL 33313
Business Telephone Number: (954) 777-4983
Business Email: jen@kiddiecarepre.com

APPLICANT AND CONTACT INFORMATION

Applicant Name: Jennifer McNally
Applicant Address: 1548 NE 54th St
Pompano Beach, FL 33064
Applicant Telephone Number: 954 940 2362
Applicant Mobile Telephone Number: Same
Applicant Email address: jen@kiddiecarepre.com
jmcnally@kashier.co

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

Name: Cheriezson McNally
Address: 1548 NE 54th St.
Pompano Bch FL 33064
Telephone Number: 954 305 2449 Mobile 954 305 2449
Email address: Cheriezson@Kashier.co

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Name: _____
Address: N/A
Telephone Number: _____ Mobile _____
Email address: _____

INFORMATION ABOUT THE USE/ BUSINESS

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

Daytime Child Care Facility use;
including Before + After care for school
age, Summer Camp

Date the business opened or is expected to be opened: Dec 23 2019

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

Day	Hours	Employees
Sunday	_____ to _____	<u>N/A</u>
Monday	<u>6:30 Am</u> to <u>6:30 pm</u>	<u>6-10 Employees</u>
Tuesday	<u>6:30 Am</u> to <u>6:30 pm</u>	<u>6-10 Employees</u>
Wednesday	<u>6:30 Am</u> to <u>6:30 pm</u>	<u>6-10 Employees</u>
Thursday	<u>6:30 Am</u> to <u>6:30 pm</u>	<u>6-10 Employees</u>
Friday	<u>6:30 Am</u> to <u>6:30 pm</u>	<u>6-10 Employees</u>
Saturday	_____ to _____	<u>6 N/A</u>

How many persons will the proposed business employ?

6-10 Employees

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

Titles	Salaries	# of Emp
Director	25,000 - 30,000	1-2
Teachers	19,760 - 20,800	4-6
Teachers Asst	17,680 - 18,720	3-4

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

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@tempcapital.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 Inc will provide the residence with
Childcare Services that are close & accessible.

Describe how this business/use will affect neighboring businesses: _____
It 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?

It 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 fire system & smoke detectors installed

Describe what security measures your business will require: The business will have 24 hrs monitoring, an alarm system and cameras will be installed

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:

D/A

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

D/A

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

Site plan has been attached so no delays on the plan to improve the drop off + pick up process.

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, 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 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: Jennifer McWally
 SIGN YOUR NAME: [Signature]
 DATE: 11-24-19

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 24 DAY OF November, 20 19, BY Jennifer McWally, WHO IS PERSONALLY KNOWN TO ME OR WHO HAS PRODUCED FDID AS IDENTIFICATION AND WHO DID TAKE AN OATH.

NOTARY PUBLIC SIGN: [Signature]
 PRINT: Gerfson Cimeus

STATE OF FLORIDA AT LARGE  Gerfson Cimeus
 My COMMISSION EXPIRES: My Commission Expires 05/2020
 Commission No. GG 312

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 _____

AFFIDAVIT

I, Ileana 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 Davide
 SIGN YOUR NAME: [Signature]
 DATE: 11-24-19

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 24 DAY OF November, 20 19, BY Ileana Davide, WHO IS PERSONALLY KNOWN TO ME OR WHO HAS PRODUCED _____ AS IDENTIFICATION AND WHO DID TAKE AN OATH.

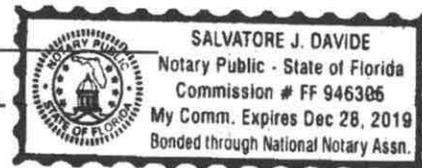
NOTARY PUBLIC

SIGN: [Signature]

PRINT: _____

STATE OF FLORIDA AT LARGE SEAL

MY COMMISSION EXPIRES: _____



YOUR SUBMISSION

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Fees	
Special Exception Use Application Fee.....	\$600.00 \$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: December 9, 2019

TIME: 7pm

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~~

Disconect

~~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~~

Disconect

*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.

