



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

Public Notification - Affidavit

AFFIDAVIT

I DO HEREBY SWEAR OR AFFIRM THE FOLLOWING (INITIAL EACH STATEMENT THAT IS APPLICABLE):

- CM 1. CONSISTENT WITH THE LAND DEVELOPMENT REGULATIONS OF THE CITY OF LAUDERHILL, FLORIDA, 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 **FIFTEEN (15) DAYS** PRIOR TO THE PUBLIC HEARING. MOREOVER, I CERTIFY THE SIGN WILL REMAIN POSTED FOR THE DURATION OF TIME REQUIRED FOR THE PUBLIC HEARING REQUIREMENT, FOR SIGN POSTING OF THE SUBJECT PROPERTY. A PHOTOGRAPH OF THE SIGN POSTED ON THE SUBJECT PROPERTY SHALL BE PROVIDED TO THE CITY OF LAUDERHILL PLANNING AND ZONING DEPARTMENT AT LEAST **SEVEN (7) DAYS PRIOR** TO THE PUBLIC HEARING DATE. I WILL CAUSE THIS SAME SIGN, TO BE REMOVED WITHIN **SEVEN (7) CALENDAR DAYS** AFTER THE HEARING AND PHOTOGRAPH OF THE REMOVED SIGN SHALL BE PROVIDED TO THE PLANNING AND ZONING DEPARTMENT.
- CM 2. CONSISTENT WITH THE LAND DEVELOPMENT REGULATIONS, I HAVE PROVIDED WRITTEN NOTICE TO ALL PROPERTY OWNERS WITHIN 500 FEET OF THE SUBJECT PROPERTY POSTMARKED NO FEWER THAN **15 CALENDAR DAYS BEFORE** THE HEARING DATE.

PROJECT NAME:	DATE OF PUBLIC HEARING:
Medisun Medical Center	7/14/2025
PROJECT LOCATION:	DATE OF POST MARK:
3521 W Broward Blvd	7/26/2025

Name & Title: Christina Mathews
(Name of the Individual Swearing/ Affirming the statement above as true and correct)

Address: 1025 Yale Drive
Hollywood FL 33021
(City) (State) (Zip Code)

[Signature]
(Signature of Individual Swearing/ Affirming the statement above)

SWORN AND SUBSCRIBED before me this 26 day of June, 2025 by means of
☒ physical presence or ☐ online notarization.

April D. Columbus
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)

