



Special Exception – Application

DEADLINE: Initial paper submission and fee must be received by 5:00 PM on the day of the deadline. *Electronic file submission must be provided on a USB with the submittal.* Refer to the Department Meeting Schedule & Submittal Deadline” document provided on the City's website for submission deadlines. **To ensure quality submittal, this project will only be added to the agenda when a complete submission has been provided. If a complete submission is not uploaded by the deadline, the application will be notified via email with an itemized list of outstanding items and/or corrections.**

Application Review Process:

Application Type	Step 1	Step 2	Step 3	Step 4	Step 5
Special Exception	Pre-Application Meeting with Staff	Staff Review	City Commission Review	Resolution from the City Commission	Applicant addresses any conditions & proceeds with the Certificate of Use (COU) application / process

APPLICATION SUBMISSION PROCESS: Upon reception of the **PAPER SUBMISSION** (see below) by Staff. Staff will review to ensure a complete submittal with 5 business days.

SUBMISSION: The following paper documents must be submitted:

PAPER	✓	One (1) completed application with original signatures (All Owners of Record must sign)
	✓	One (1) Affidavit (must be completed by the Landowner)
	✓	One (1) Letter of Authorization (signed by the Landowner), <i>if the Applicant is not the Landowner</i>
		One (1) Letter of Authorization from the Condominium Association, <i>if the property is a condominium</i>
	✓	Application Fee as established by the City Commission. Refer to Chapter 6 – Section. 6-10 – Enumeration of permit fees, regulations and inspection fees. Checks must be made payable to the “City of Lauderhill.”
		A certified copy of the Mailing list of all property owners within 500 feet of the site
	✓	Copy of Deed or Contract to Purchase
	✓	Copy of Lease (for Applicants who are renting)
USB	✓	Written Narrative addressing each review standard & description of the proposed business/use operation
	✓	Legal description of the property (i.e. the subdivision, block & lot; or metes & bounds description)
	✓	One (1) electronic version of the special exception package

Is the property for this application subject to unpaid city liens, fines or fees?
If so, the Landowner must resolve all fees prior to placement on the City Commission agenda.

☐ Yes

☒ No



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Applicability

Article IV – Development Review Requirements

Section 4.6. – Standards for approval:

The City Commission, in reviewing any application for approval of a special exception use, shall consider the following:

- A. The effect of such use on surrounding properties.
- B. The suitability of the use in regard to its location, site characteristics, and intended purpose.
- C. Access, traffic generation and road capacities.
- D. Economic benefits or liabilities.
- E. Demands on utilities, community facilities, and public services.
- F. Compliance with the Comprehensive Land Use Plans for Broward County and/or the City of Lauderhill.
- G. Factors relating to safety, health, and general public welfare.

Information about the Business / Use (to be included in the Narrative)

- Business Description (list all activities conducted at your business)
- Date the business is expected to open.
- Days and Hours of Operation for the Business (include the estimated number of employees on duty per day)
- Estimated number of persons that the business will employ
- List the job titles and approximate salaries for the proposed employees
- Size of the building area that the business will occupy
- Describe how your business will affect the residents who live close by.
- Describe how this business/ use will affect neighboring businesses.
- Explain what site characteristics make this location suitable for your business/ use.
- Explain how this business/ use will affect the community economically.
- Describe any fire hazards associated with the business/ use.
- Describe what security measures the business/ use will require.
- Describe any chemicals, fluids, gases or potentially hazardous substances that the business/ use requires or stores on-site.
- Describe the water demand that the business/ use may require (above “normal” bathroom needs for employees and customers to use toilets and washing).
- Describe any activity the proposed business/ use will utilize city park facilities.
- Describe any activity the proposed business/ use will generate noise, light or vibrations.
- Describe transit, automobile or pedestrian traffic that the proposed business/ use will create in the area.
- Describe any activity of the proposed business/ use may engage in related to alcohol, music or live entertainment.
- Describe any other aspects of the business/ use that may be relevant to the City’s review not requested.



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Additional Information about the Business / Use for Childcare / Schools

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:
9. The transportation services requirements specified in the Florida Administrative Code as may be amended from time-to-time.
10. 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 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.
11. Any other documentation that the Planning and Zoning Director deems relevant to the operation of such facility.



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

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Property Description		
Street Address: 3521 W. Broward Blvd Sctg 107/108	Folio Number(s): 504206 -01- 0120	
Nearest Cross Street:		
Subdivision:	Block:	Lot:

Business Information	
Business Name (if applicable): Medison Medical Center	Business Owner: Monica Schloeter
Mailing Address: 180 NW 62 Street	City, State & Zip Code: Miami FL 33150
Phone Number: 786-350-5583	Email: Medison 46@gmail.com

Applicant, Owner's Representative or Agent	Landowner (Owner of Record)
Business Name (if applicable): Medison Medical Center 2 Inc.	Business Name (if applicable): Oakland Park LLC
Name and Title: Monica Schloeter	Name and Title: Cherylis Heath
Signature: 	Signature:
Date: 11/26/2024	Date: 3/5/2025
Mailing Address: 180 NW 62 Street	Mailing Address: 815 NW 57 Ave #480
City, State & Zip: Miami FL 33150	City, State & Zip Code: Miami FL 33126
Phone Number: 786-350-5583	Phone Number:
Email: Medison 46@gmail.com	Email:
All communication will be sent to the Landowner (Owner of Record) and Applicant.	



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Architect	Engineer
Business Name (if applicable):	Business Name (if applicable):
Name and Title:	Name and Title:
Signature:	Signature:
Date:	Date:
Mailing Address:	Mailing Address:
City, State & Zip:	City, State & Zip Code:
Phone Number:	Phone Number:
Email:	Email:

Attorney	Other
Business Name (if applicable):	Business Name (if applicable):
Name and Title:	Name and Title:
Signature:	Signature:
Date:	Date:
Mailing Address:	Mailing Address:
City, State & Zip:	City, State & Zip Code:
Phone Number:	Phone Number:
Email:	Email:



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Site Data	
Development / Project Name:	
Briefly describe the special exception requested (a project narrative must be submitted separately that explains in greater detail the request & address each review standard 4.6. Standards for approval):	
Additional Information	
Have any other applications been submitted for this site?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If so, list the other applications & provide reference to the Meeting Date/ Results:	
Pre-Application Conference Date:	



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AFFIDAVIT

I AM THE LANDOWNER OF RECORD (OR I HAVE FURNISHED THE CITY OF LAUDERHILL WITH A NOTARIZED LETTER FROM THE LANDOWNER AUTHORIZING ME TO SUBMIT THIS APPLICATION ON THEIR BEHALF), AND DO HEREBY SWEAR OR AFFIRM THE FOLLOWING:

1. THAT ALL OF THE INFORMATION CONTAINED IN THIS APPLICATION AND THE ATTACHMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.
2. 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 TEN (15) DAYS PRIOR TO THE PUBLIC HEARING. 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. I WILL CAUSE THIS SAME SIGN TO BE REMOVED WITHIN SEVEN (7) CALENDAR DAYS AFTER THE HEARING.
3. CONSISTENT WITH THE LAND DEVELOPMENT REGULATIONS, I WILL PROVIDE WRITTEN NOTICE TO ALL PROPERTY OWNERS WITHIN 500 FEET OF THE SUBJECT PROPERTY POSTMARKED NO FEWER THAN 15 CALENDAR DAYS BEFORE THE HEARING DATE. THE SAME WRITTEN NOTICE WILL BE PROVIDED TO ALL LARGE ASSOCIATIONS, BASED ON THE E-MAIL DISTRIBUTION LIST FURNISHED BY THE CITY.

Landowner's Name: Jonathan Five
(or Authorized Official – Owner's Authorization Letter required if not the Owner of Record)

Address: 3521 West Broward Blvd
Lauderhill FL 33312
(City) (State) (Zip Code)

Signature of Owner or Authorized Representative

SWORN AND SUBSCRIBED before me this 03 day of December, 2024 by means of
☐ physical presence or ☒ online notarization.

NOTARY PUBLIC, STATE OF FLORIDA

Alicia Frontela-Barreiro
(Name of Notary Public: Print, stamp, or Type as Commissioned.)



☒ Personally know to me, or
☐ Produced identification:

(Type of Identification Produced)



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ADDITIONAL RESOURCES: REAL ESTATE RESEARCH SERVICES

The following companies have provided the required certified mailing list for previous applicants. This is not a comprehensive list of companies that provide this service, nor shall this be construed as a list of companies the City endorses. This is merely a list of businesses who have provided this service in the past.

Please refer to the yellow pages or internet search engine for additional sources.

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

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 fifteen (15) 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 feet 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:

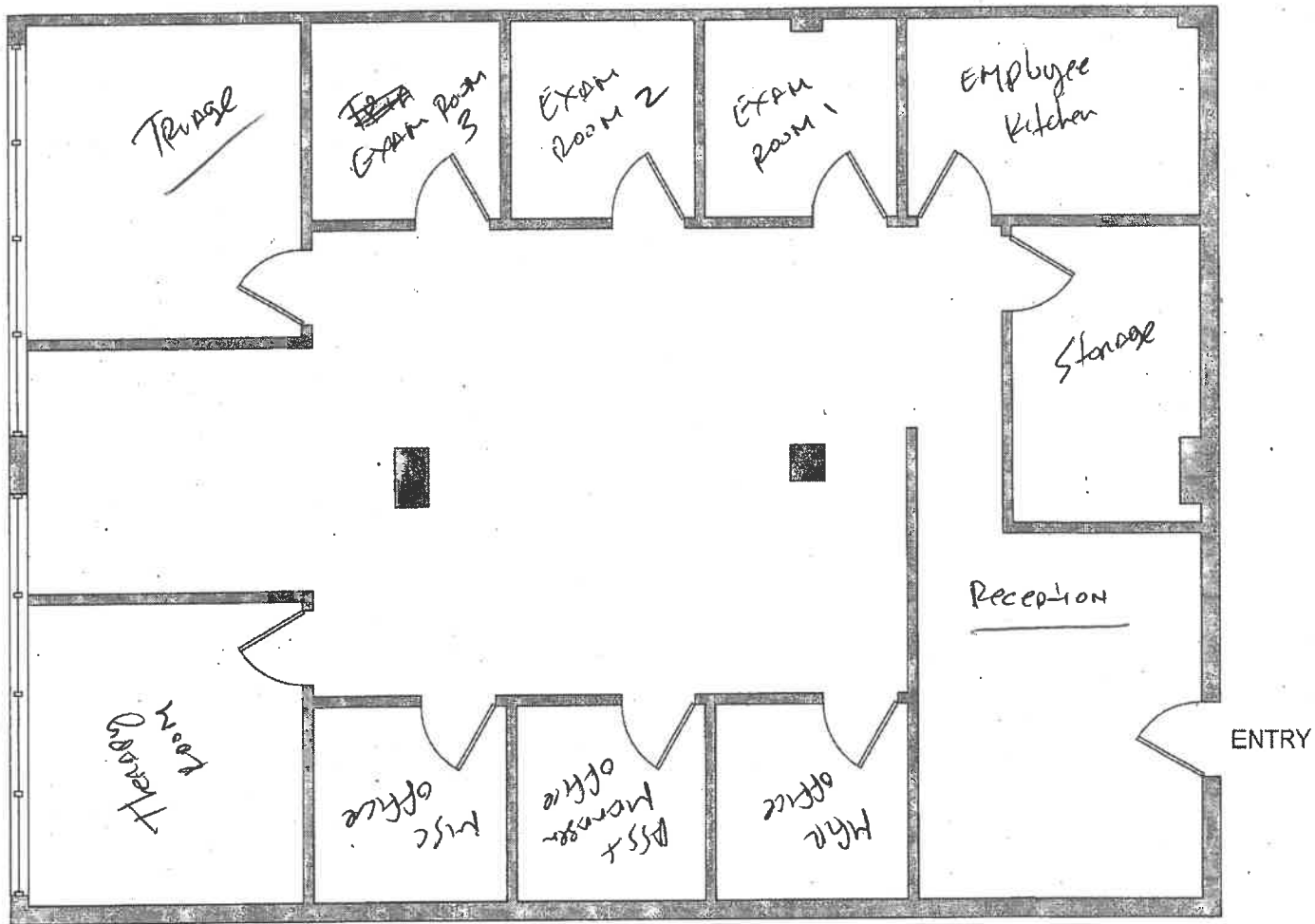
LOCATION:

COMMISSION CHAMBERS

**5581 WEST OAKLAND PARK
BLVD**

LAUDERHILL, FLORIDA

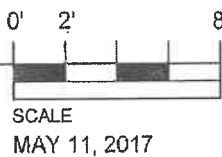
**FOR ADDITIONAL INFORMATION
PLEASE CALL 954-730-3050**



SUITE 107

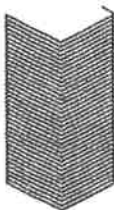
BOMA 2010 - OFFICE
METHOD B

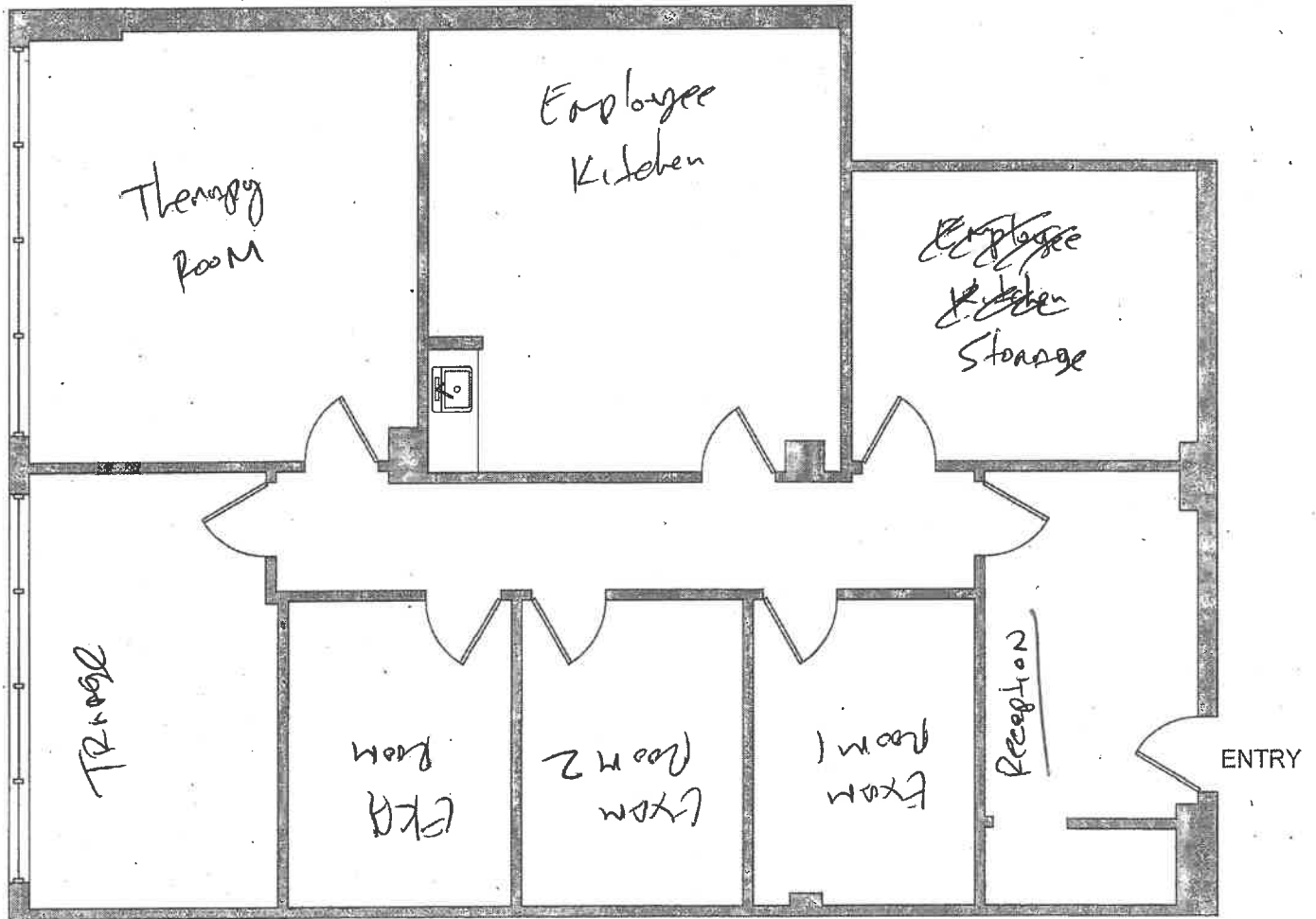
3521 W. BROWARD BLVD.
LAUDERHILL, FL



B.Doc
BUILDING
DOCUMENTATION
SPECIALISTS

1025 S Dixie Hwy Suite 201
Delray Beach, FL 33483
561.901.5733
b-doc.net

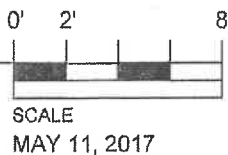




SUITE 108

3521 W. BROWARD BLVD.
LAUDERHILL, FL

BOMA 2010 - OFFICE
METHOD B



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1025 S Dixie Hwy Suite 201
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City of Lauderhill Planning and Zoning Department,

Hi, my name is Monica Schloeter and I am the C.E.O. of Medisun Medical Centers along with my husband Alexis Schloeter. We began our journey in the healthcare field in 2008 with our first Medical Center named Midtown Medical Group in the Miami Design District area. We have thus branched out and now have become Medisun Medical Centers. Our first location as Medisun was opened in 2017 in Little Haiti in Miami and our second location just opened in North Miami in 2024. We have always had our sights set on opening an office in Broward and after much research we were able to finalize a lease located at 3521 West Broward Boulevard Lauderhill FL 33312. We chose this location because of its great visibility and flow of traffic.

We are a primary care facility for geriatric patients open to the public. Our services include primary care physicians, optometry, podiatry, free transportation, and social services. We have contracts with all the major insurance companies. We do not dispense controlled medication from any of our offices. Prescriptions are sent to the nearest pharmacy to be filled. Our hours of operation are M-F 8:00 A.M. to 5 P.M. We will have approximately 12 employees at this location. We will have 1 manager onsite, 2 Nurse Practitioners, 1 Medical Assistant, 3 Front desk attendants, 3 Drivers, 1 Social Services Agent. The range of salary will be \$16 to \$55 dollars per hour. The square footage we will be utilizing is approximately 4200. Our business model will have a positive impact in the surrounding areas being we are an experienced medical facility and will have our doors open for the residents in the community to always fulfill their medical needs. The neighboring businesses will also be impacted positively being that we will cater to the employees for those businesses as well. Our business will impact on the community economically, being that we will hire within the city of Lauderhill to offer full-time positions with benefits for growth for the individuals. The security measures we have in place are ADT for the offices. We do not store hazardous chemicals. The water demand is non applicable since there are communal men's and women's restrooms in the hallway outside of the offices. We will not use the city park facilities. Our business does not generate noise whatsoever. We look forward to serving the City of Lauderhill and it's residences with our services.

Thank you in advance,

Monica Schloeter / Alexis Schloeter

3521 West Broward LLC

2/4/25

To Whom it May Concern,

I, Jonathan Fine, the authorized signatory of 3521 West Broward LLC, the owner of 3521 West Broward Blvd, hereby approve a special exception for Medisun Medical Center 2 Inc. to allow them to use the office space for a medical office / primary care physician with controlled substance licensing in addition to the other licenses required by the state of Florida.

Thank you,

By:

Name: Jonathan Fine

A handwritten signature in black ink, appearing to be 'Jonathan Fine', is written over a horizontal line. The signature is stylized with a large loop and a long horizontal stroke extending to the right.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/5/2024

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 Universal Brokers LLC 410 Lee Blvd Lehigh Acres FL 33936		CONTACT NAME: PHONE (A/C, No, Ext): 239-204-2208 E-MAIL ADDRESS: universalinsurancebroker@gmail.com FAX (A/C, No): 239-790-3990	
INSURED Medisun Medical Center Inc 3521 W Broward Blvd Suite 107, 108 Fort Lauderdale FL 33312-1048		INSURER(S) AFFORDING COVERAGE INSURER A: RSUI Indemnity Company INSURER B: PROGRESSIVE EXPRESS INS CO INSURER C: BiBerks INSURER D: INSURER E: INSURER F:	
		NAIC # 10193	

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			LHM853175	10/27/2024	10/27/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
	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			02816853-1	10/22/2023	10/21/2024	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 10,000 BODILY INJURY (Per accident) \$ 20,000 PROPERTY DAMAGE (Per accident) \$ 10,000 \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N N/A		N9WC508111	3/8/2024	3/8/2025	PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Mal Practice/Professional Liability			LHM853175	10/27/2024	10/27/2025	Limit: \$1,000,000/3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

Oakland Park LLC 815 NW 57th Ave Suite 480 Miami FL 33126-2018	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 <i>Alberto Manzon</i>
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LIST OF EQUIPMENT

1. 5 EXAM BEDS
2. 5 DESKS 5 CHAIRS
3. 2 EKG MACHINES
4. 2 LAB CHAIRS
5. 4 THERAPY BEDS
6. 15 PCS WITH MONITORS
7. 1 CENTRAL PHONE SYSTEM
8. 1 SERVER