**City of Lauderhill**
Development Services Department / Planning & Zoning Division
3300 Inverrary Blvd., Lauderhill, FL 33319
**Phone:** 954.730.3050

# 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 | Step 6 |
|---|---|---|---|---|---|---|
| **Special Exception** | Pre-Application Meeting with Staff | Staff Review | Staff provides Applicant with the required language & tentative meeting date for mailed notice & sign. | 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 <u>paper</u> 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), *if the Applicant is not the Landowner* |
| | N/A | One (1) Letter of Authorization from the Condominium Association, *if the property is a condominium* |
| | ✓ | 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." |
| | ✓ | Copy of Deed or Contract to Purchase |
| | ✓ | Copy of Lease (for Applicants who are renting) |
| | ✓ | 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) |
| **USB** | | One (1) electronic version of the special exception package |
| **PUBLIC NOTICES** | **TO BE PROVIDED <u>AFTER</u> INITIAL SUBMITTAL & STAFF REVIEW:** | |
| | | **Public Notification Affidavit – Posted Sign at Property** (Information for sign provided by City Staff) |
| | | Proof of Sign Posted on Property (refer to page 8 of this application for additional details & requirements): Photograph of posted sign must be submitted to Planning and Zoning Division no less than fifteen (15) days prior to hearing date. |
| | | **Public Notification Affidavit – Mailed Notices** (Information for letter provided by City Staff) |
| | | A certified copy of the Mailing (refer to page 8 of this application for additional details & requirements): A list of all property owners within 500 feet of the site must be provided to Planning and Zoning Division no less than fifteen (15) days prior to hearing date. |

**Is the property for this application subject to unpaid city liens, fines or fees?** ☐ **Yes** ☐ **No**
***If so, the Landowner must resolve all fees prior to placement on the City Commission agenda.***

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# Special Exception – Application

## 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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# Special Exception – Application

## 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
Development Services Department / Planning & Zoning Division
3300 Inverrary Blvd., Lauderhill, FL 33319
Phone: 954.730.3050

# Special Exception – Application

| Property Description | | |
|---|---|---|
| **Street Address:** 7173 West Oakland Park Blvd | **Folio Number(s):** 494122260021 | |
| **Nearest Cross Street:** OAKLAND PARK BLVD & INVERRARY BLVD WEST | | |
| **Subdivision:** | **Block:** | **Lot:** |

| Business Information | |
|---|---|
| **Business Name (if applicable):** Angel touch therapy LLC | **Business Owner:** Melitza Horta |
| **Mailing Address:** 3104 Island Drive | **City, State & Zip Code:** miramar FL 33023 |
| **Phone Number:** 786 445-8890 | **Email:** melitza.horta@Gmail.com |

| Applicant, Owner's Representative or Agent | Landowner (Owner of Record) |
|---|---|
| **Business Name (if applicable):** Angel touch therapy LLC | **Business Name (if applicable):** Ptolemaios Property, LP Care of Levy Realty Advisors LLC |
| **Name and Title:** Melitza Horta CEO | **Name and Title:** Josh Levy COO |
| **Signature:** | **Signature:** |
| **Date:** Aug 5, 2025 | **Date:** Aug 6, 2025 |
| **Mailing Address:** 7173 west Oakland Park Blvd | **Mailing Address:** 4901 NW 17th Way, Ste 103 |
| **City, State & Zip:** Fort Lauderdale FL 33313 | **City, State & Zip Code:** Ft. Lauderdale, FL 33309 |
| **Phone Number:** 786 445-8890 | **Phone Number:** 954 491-5505 |
| **Email:** melitza.horta@Gmail.com | **Email:** Josh@Levyral.COM |
| **All communication will be sent to the Landowner (Owner of Record) and Applicant.** | |

**City of Lauderhill**
Development Services Department / Planning & Zoning Division
3300 Inverrary Blvd., Lauderhill, FL 33319
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# Special Exception – Application

| 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:** |

**City of Lauderhill**
Development Services Department / Planning & Zoning Division
3300 Inverrary Blvd., Lauderhill, FL 33319
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# Special Exception – Application

| Site Data |
|---|
| **Development / Project Name:** Education tutoring |
| **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):** |
| my project is a tutoring service created to help the kids that are in need or struggling |
| |
| |

| Additional Information | | | | |
|---|---|---|---|---|
| **Have any other applications been submitted for this site?** | | Yes | | No |
| **If so, list the other applications & provide reference to the Meeting Date/ Results:** | | | | |
| **Pre-Application Conference Date:** 7/22/2025 | | | | |

**City of Lauderhill**
Development Services Department / Planning & Zoning Division
3300 Inverrary Blvd., Lauderhill, FL 33319
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## Special Exception – Application

# 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:**

JL 1. THAT ALL OF THE INFORMATION CONTAINED IN THIS APPLICATION AND THE ATTACHMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

JL 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 FIFTEEN (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 AND PHOTOGRAPH OF THE REMOVED SIGN SHALL BE PROVIDED TO THE PLANNING AND ZONING DEPARTMENT.

JL 3. CONSISTENT WITH THE LAND DEVELOPMENT REGULATIONS, I WILL PROVIDE WRITTEN NOTICE TO ALL PROPERTY OWNERS WTIHIN 500 FEET OF THE SUBJECT PROPERTY POSTMARKED NO FEWER THAN 15 CALENDAR DAYS BEFORE THE HEARING DATE.

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

**Address:** 4901 NW 17th Way, Ste 103

Ft. Lauderdale (**City**) FL (**State**) 33309 (**Zip Code**)

JL
*Signature of Owner or Authorized Representative*

**SWORN AND SUBSCRIBED** before me this 6 day of August, 2025 by means of

[X] physical presence or [ ] online notarization.

Melissa Presser
**NOTARY PUBLIC, STATE OF FLORIDA**

Melissa Presser
*(Name of Notary Public: Print, stamp, or Type as Commissioned.)*

Melissa Presser
Comm.: HH 524655
Expires: Jun. 7, 2028
Notary Public - State of Florida

[X] Personally know to me, or
[ ] Produced identification: _____
*(Type of Identification Produced)*

## 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:**

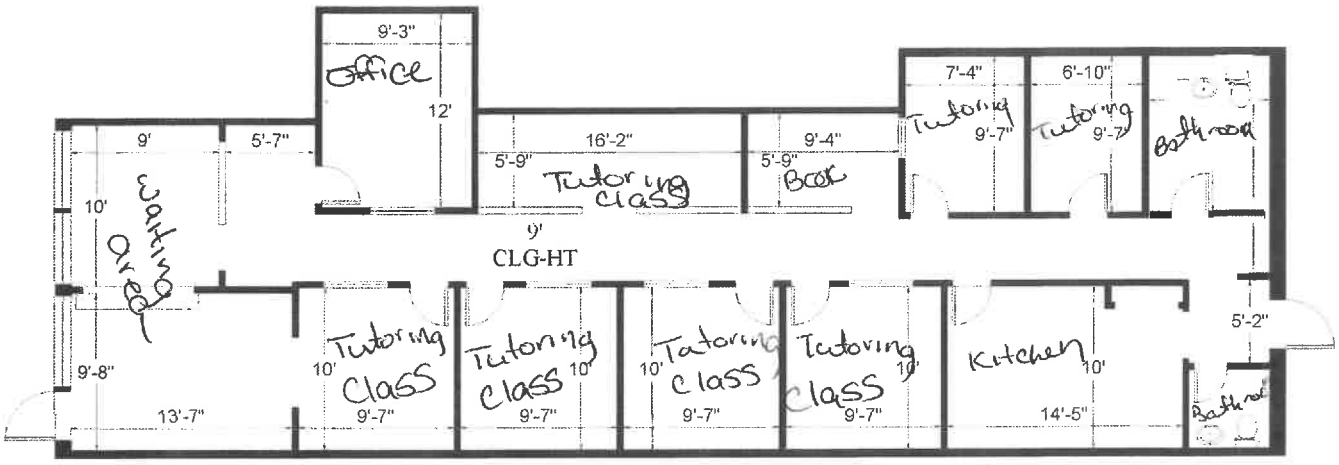
**TIME:**

**CITY OF LAUDERHILL**
**COMMISSION CHAMBERS**
**5581 WEST OAKLAND PARK BLVD**
**LAUDERHILL, FL 33313**

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

OAKBROOK PLAZA

7173 W OAKLAND PARK BLVD | LAUDERHILL, FL 33313




1,775 Rentable Sq. Ft.

www.LevyRealtyAdvisors.com

Date 06/30/2025

Application # 25-ZVR-226

DUPLICATE RECEIPT
CITY OF LAUDERHILL
RECVD BY: PHINOLA 02000713724
PAYOR: MELITZA
TODAY'S DATE: 06/30/25
REGISTER DATE: 06/30/25 TIME: 12:55
DESCRIPTION AMOUNT
CUST ID:25-ZVR-226
DEVELOPMENT REVENUE FE $50.00
TOTAL DUE: $50.00
TENDERED: $50.00
CHANGE: $.00
MASTERCARD : $50.00
REF NUM: 94432190

***City of Lauderhill***

## Planning and Zoning Division

**3300 Inverrary Blvd.**

**Phone (954) 730-3050 / Fax (954) 730-2991**

**(CUST ID) / NAME**

**Application #** Angel Touch LLC

**Address** 7173 W Oakland Park Blvd

**Telephone #** (786) 445-8890

| DEVELOPMENT REVIEW FEES | PERMIT ACCT'S | CODE | AMOUNT |
|---|---|---|---|
| **SITE PLAN** ($1000 Minimum or $250 per acre, to a maximum of $5000 – whichever is greater) | 001-322-061 | 682 | |
| SITE PLAN MODIFICATION | 001-322-061 | 682 | |
| SITE PLAN MODIFICATION / DEVELOPMENT REVIEW | 001-322-061 | 682 | |
| VARIANCE FILING FEE | 001-341-065 | 682 | |
| SIGN VARIANCE FILING FEE | 001-321-032 | 682 | |
| SPECIAL EXCEPTION FEE | 001-341-065 | 682 | |
| REZONING FILING FEE | 001-341-065 | 682 | |
| **ZONING CONFIRMATION** ($90 for 1st two questions plus $90 per each additional question (3+)) | 001-341-065 | 682 | |
| **ZONING VERIFICATION REQUEST** (Commercial Certificate of Use (COU)) **7-10 business day** | 001-341-065 | 682 | $ 50.00 |
| **PLATTING** ($800 Minimum or $150 per acre, to a maximum of $3000 – whichever is greater) | 001-322-061 | 682 | |
| **LAND-USE AMENDMENT** ($3000 Minimum or $500 per acre, to a max. of $10,000 – whichever is greater) | 001-322-061 | 682 | |
| MODIFICATION / LANDSCAPE PLAN | 001-322-061 | 682 | |
| SIGN PERMIT | 001-321-032 | 682 | |
| CAC REVIEW (SINGLE-FAMILY & DUPLEX) | 001-322-061 | 682 | |
| CAC REVIEW (MULTI-FAMILY & NON-RESIDENTIAL) | 001-222-3110 | 222 | |
| ALCOHOLIC BEVERAGE REVIEW | 001-322-061 | 682 | |
| PROF. SERVICES / DESIGN REVIEW | 001-222-3110 | 222 | |
| TREE PRESERVATION | 001-247-116 | 655 | |
| TREE REMOVAL PROCESSING FEE ONLY – **ADDITIONAL FEES MAYBE CHARGED BASED ON CANOPY COVERAGE.** | 001-247-116 | 655 | |
| NOTARY SERVICE | 001-349-076 | 135 | |
| OTHER: | | | |
| | | **TOTAL** | $ 50.00 |

ZCR:
# of questions:

PLANNING & ZONING DIVISION
25-ZVR-226
JUN 30 2025
RECEIVED

**City of Lauderhill**
Development Services Department / Planning & Zoning Division
3300 Inverrary Blvd., Lauderhill, FL 33319
**Phone:** 954.730.3050

# Zoning Verification Request Form

Certificate of Use (COU) Zoning Verification Requests require seven (7) to ten (10) business days for processing and must be accompanied by a $50.00 fee at submittal for verifications. **This reduced fee is only for COU Zoning verifications associated with the submittal of a Certificate of Use application.** Per Land Development Regulations Article I Section 1.8 Planning and Zoning Review Fees of the City Code of Ordinances, an additional fee of $89.00 per staff hour shall apply for any additional determinations. The applicant will be notified in advance in the event additional fees need to be assessed. *Shared Space Users and Virtual address users are exempt from obtaining a Certificate of Use Zoning verification.* *Zoning Verification Requests approvals are valid for 120 days after issued.*

**Expedited Service** (four [4] day turnaround): $250.00 + $89.00 per additional staff hours (if applicable).

**Describe ALL ACTIVITIES TO BE CONDUCTED AT THE PROPOSED BUSINESS** (The business' land use classification is based on the description provided below. Failure to provide a complete business description may result in the immediate revocation of an issued COU): *Applicants are encourage to submit a Business Plan or additional attachments that provide a more comprehensive explanation of the business operations. Include: hours of operation, any licensing requirements, & size of the building area that the business will occupy (both inside a building & outside).*

Education Services, After Care, tutoring

**Have you obtained special exception approval from the City Commission?**
**If so, attach a copy of the Resolution to this form.**

Yes ☐ No ☑

| Address of the proposed business: | State License Required: | Business Area (Sq. Ft.) |
|---|---|---|
| 7173 West Oakland Park BLVD | Education | 1,775 sqft. |

| Applicant Information | Business Information |
|---|---|
| **Business Name (if applicable):** Angel Touch LLC | **Business Name:** Angel Touch LLC |
| **Name and Title:** Melitza Horta | **Name and Title:** Melitz |
| **Signature:** | **Signature:** |
| **Date:** 6/30/2025 | **Date:** 6/30/2025 |
| **Mailing Address:** 3104 Island Drive | **Mailing Address:** 7173 W Oakland Park BLVD |
| **City, State & Zip:** Miramar FL 33023 | **City, State & Zip Code:** Fort Lauderdale FL 33313 |
| **Phone Number:** 786-445-8890 | **Phone Number:** 786-445-8890 |
| **Email:** Melitza.Horta@Gmail.com | **Email:** Melitza.Horta@Gmail.com |

**City of Lauderhill**
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# Zoning Verification Request Form

| Type of Business Activity | Yes | No | Type of Business Activity | Yes | No |
|---|---|---|---|---|---|
| **Will your business involve any retail activities?** | | | **Will your business involve any food sale or restaurant activities?** | | |
| Sale of packaged foods/ drinks? | | ✓ | Indoor seating? | | ✓ |
| Sale of new merchandise? | | ✓ | Take-Out Only? | | ✓ |
| Sale of second-hand/ used merchandise? | | ✓ | Outdoor seating? | | ✓ |
| Sale of tobacco / "hookah" products? | | ✓ | Outdoor cooking? | | ✓ |
| Convenience Store? | | | **Will there be any sale of alcoholic beverages at your business?** Indicate the type of alcohol(s) | | ✓ |
| **Will your business involve any personal services?** | | | On-site consumption? | | ✓ |
| Fitness Center / Gym / Health Spa? | | ✓ | Off-site consumption? | | ✓ |
| Hair, Nails, Skincare? | | ✓ | **Will there be any live entertainment? (i.e. DJ, karaoke, dance floor, stage, musicians, etc.)** | | ✓ |
| Small Electronics, Computer Repairs? | | ✓ | **Will your business involve any animal care or boarding activities?** | | ✓ |
| Laundromat, Dry Cleaning, Alterations, Shoe Repair, Upholstery? | | ✓ | **Will your business involve any boat, car or other motor vehicle activities?** | | ✓ |
| Pay or Merchandise Rentals? | | ✓ | Retail parts sales? | | ✓ |
| Massage Establishment? | | ✓ | Sale or rental of vehicles? | | ✓ |
| **Will your business involve any healthcare or medicine activities?** | | | Body Shop, Paint, Maintenance or Repair? | | ✓ |
| Doctor / Dentist Office | | ✓ | Gas or Service Station? | | ✓ |
| Are there any doctor's authorized to prescribe controlled substances? | | ✓ | Car Wash? | | ✓ |
| Will the offices be opened "after hours" (outside the hours of 7 AM – 7 PM)? | | ✓ | **Will your business involve any sleeping or living activities?** | | ✓ |
| Will there be a pharmacy (a commercial retail sales where prescriptions are filled)? | | ✓ | Hotel/ Motel / Short-term rental units? | | ✓ |
| Is this a Medical Marijuana Health Care Establishment? | | ✓ | Special Residential Facility? Assisted Living? Group Home? | | ✓ |
| **Will your business involve any teaching, educating, or adult/child care activities?** | | | **Will your business involve any financial services?** | | ✓ |
| Is this a child care / day care? | | ✓ | **Will your business involve any storage activities (within the building)?** | | ✓ |
| Is this a pre-school program? | | ✓ | **Will your business involve any manufacturing activities?** | | ✓ |
| Primary and secondary education (public, charter or private school)? | ✓ | | **Will your business involve any sexually oriented activities?** | | ✓ |
| College or University? | | ✓ | Retail sales of adult themed products? | | ✓ |
| Do you regularly offer training or workshops? | | ✓ | Live entertainment (adult themed)? | | ✓ |
| Do you offer other instruction (i.e. karate, dance, etc.) on a particular area? | ✓ | | **Will there be a drive-through, or walk-up window component?** | | ✓ |
| **Will your business involve any place of worship / religious activities?** | | | Drive-through | | ✓ |
| Will there be religious services? | ✓ | | Walk-up Window | | ✓ |
| Will there be other community services? | | ✓ | **Will there be outdoor activity or outdoor storage at your business?** | | ✓ |
| **Will there be fabrication or indoor storage of materials?** | | ✓ | Outdoor storage of materials, vehicles? | | ✓ |
| **Will any products be sold at wholesale?** | | ✓ | Outdoor display of product? | | ✓ |
| **Will your business involve providing any office space?** | | ✓ | Commercial Vehicles stored on-site? | | ✓ |
| Is this a "home office"? | | | **Will there be any room(s) for rent, private parties, or will the space otherwise be shared or rented?** | | ✓ |

**City of Lauderhill**
Development Services Department / Planning & Zoning Division
3300 Inverrary Blvd., Lauderhill, FL 33319
**Phone:** 954.730.3050

# Zoning Verification Request Form

**Application #:** 25-ZVR-226

## STAFF REVIEW

**ZONING DISTRICTS**

| CO | CN | CG | CC | CW | CE | IL | PO | PL | PR | CR | S-1 | CF | UT | Other |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ | ☑ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |

○ APPROVED ◉ DENIED ☑ ENTITLEMENTS REQUIRED

**USE CLASSIFICATION:** **Education, Remedial/Childcare, Day**

**STAFF COMMENTS / COU CONDITIONS:**

**Denial based on Childcare, Day Use not permitted in CG zoning district.**
**Special Exception Use approval required for Education, Remedial Use.**

**ENTITLEMENT REQUIREMENT:** *(IF APPLICABLE)*

**REVIEWED BY:** D.Lindsay 7/16/2025

**APPROVED BY:** Molly Howson 7.22.2025

Please be advised that the issuance of a Commercial Certificate of Use Zoning Verification establishes that the business you intend to conduct is a use permitted by the City Zoning Code for the location at which you intend to operate. The issuance of a Commercial Certificate of Use Zoning Verification in no way certifies that the property located at this address is in compliance with other provisions of the City Code of Ordinances.

*The issuance of an approved COU Zoning Verification DOES NOT allow for a business to start operating. All businesses operating in the City of Lauderhill must have a valid Certificate of Use license. Any business found to be operating without a valid and current Certificate of Use shall be subject to a fine as well as a closure.* ***Zoning Verification Requests approvals are valid for 120 days from the date of approval.***

MARTY KIAR
BROWARD COUNTY
PROPERTY APPRAISER

| | |
|---|---|
| Property Address | 7101-7225 W OAKLAND PARK BOULEVARD, LAUDERHILL FL 33319 |
| Property Owner | PTOLEMAIOS PROPERTY LP |
| Mailing Address | 4901 NW 17 WAY STE 103 FORT LAUDERDALE FL 33309 |

| | |
|---|---|
| ID # | 4941 22 26 0021 |
| Millage | 1912 |
| Use | 11-05 |

| | |
|---|---|
| Abbr Legal Description | PLAT OF INVEREALTY TRACT 1 111-46 B TR B LESS PT DESC AS:COMM SE COR SAID TR B,NW 334,NE 37.50 TO POB NE 127.33, SE 100.17, SW 127.33, NW 100.17 TO POB, LESS POR DESC IN OR 29432/1730 & LESS POR DESC IN OR 36815/553 |

**The just values displayed below were set in compliance with Sec. 193.011, Fla. Stat., and include a reduction for costs of sale and other adjustments required by Sec. 193.011(8).**

* 2026 values are considered "working values" and are subject to change.

**Property Assessment Values**

| Year | Land | Building / Improvement | Just / Market Value | Assessed / SOH Value | Tax |
|---|---|---|---|---|---|
| 2026 | $4,057,610 | $5,398,120 | $9,455,730 | $8,908,280 | |
| 2025 | $4,057,610 | $5,398,120 | $9,455,730 | $8,098,440 | $239,701.66 |
| 2024 | $4,057,610 | $3,304,610 | $7,362,220 | $7,362,220 | $218,761.88 |

**2026 Exemptions and Taxable Values by Taxing Authority**

| | County | School Board | Municipal | Independent |
|---|---|---|---|---|
| Just Value | $9,455,730 | $9,455,730 | $9,455,730 | $9,455,730 |
| Portability | 0 | 0 | 0 | 0 |
| Assessed/SOH | $8,908,280 | $9,455,730 | $8,908,280 | $8,908,280 |
| Homestead | 0 | 0 | 0 | 0 |
| Add. Homestead | 0 | 0 | 0 | 0 |
| Wid/Vet/Dis | 0 | 0 | 0 | 0 |
| Senior | 0 | 0 | 0 | 0 |
| Exempt Type | 0 | 0 | 0 | 0 |
| Taxable | $8,908,280 | $9,455,730 | $8,908,280 | $8,908,280 |

**Sales History**

| Date | Type | Price | Book/Page or CIN |
|---|---|---|---|
| 1/13/2016 | SW*-E | $6,725,000 | 113465895 |
| 11/10/2014 | SW*-D | $5,758,200 | 112693355 |
| 12/16/1992 | SW* | $3,200,000 | 20179 / 753 |
| 5/1/1985 | WD | $16,000,000 | |
| | | | |

* Denotes Multi-Parcel Sale (See Deed)

**Land Calculations**

| Price | Factor | Type |
|---|---|---|
| $11.00 | 368,874 | SF |
| | | |
| | | |
| | | |
| Adj. Bldg. S.F. (Card, Sketch) | | 71002 |
| Eff./Act. Year Built: 1987/1986 | | |

**Special Assessments**

| Fire | Garb | Light | Drain | Impr | Safe | Storm | Clean | Misc |
|---|---|---|---|---|---|---|---|---|
| 19 | | | | | | | | |
| C | | | | | | | | |
| 71002 | | | | | | | | |

# America's Christian Future Pre-School & Elementary
## Home of the Lions

"An academic life with a Christian beginning for a great future"

To whom it may concern

To Whom It May Concern:

It is my pleasure to write this letter of reference for Melitza Horta, who has been a valued member of the America's Christian Future team for the past nine years, serving as the Special Needs Director a teacher a tutor a therapist.

During her tenure at ACF, Ms. Horta has demonstrated exceptional leadership, compassion, and professional expertise in working with both children with special needs and the general student population. Her background includes degrees in Criminal Justice and Psychology and Behavior Analysis, as well as ongoing graduate-level studies in Special Education. She has also completed specialized training in behavioral interventions, curriculum planning, and child development, making her highly qualified to operate and oversee a childcare facility.

Ms. Horta's work ethic is matched by her deep dedication to the well-being and growth of every child under her care. She consistently implements evidence-based practices, maintains compliance with state and local childcare regulations, and fosters a safe, nurturing, and educational environment for students and staff alike.

I have no doubt that Ms. Horta's experience, training, and unwavering commitment to children make her exceptionally prepared to operate a high-quality childcare facility. I recommend her without reservation.

Should you require further information, please do not hesitate to contact me at 305-822-4455.

Alejandra Aleman

ACF Manager