



APPLICATION NUMBER
21-SE-008

PLANNING & ZONING DIVISION

MAR 02 2021 *TJF*

RECEIVED

**SPECIAL EXCEPTION USE APPLICATION
FOR**

ENTER TYPE OF USE /BUSINESS: Primary and Mental Health Care

Business Name: Integrated Primary Care and Psych Mental Health

Business Address: 4300 N University Dr. Building C Suite 103 Sunrise FL 33351

Business Telephone Number: 954-478-5763

Business Email: pmhintegratedcare@gmail.com

APPLICANT AND CONTACT INFORMATION

Applicant Name: Anahi Munoz

Applicant Address: 1835 NW 58th Ave Lauderhill FL 33313

Applicant Telephone Number: 954-871-4229

Applicant Mobile Telephone Number: 786-317-4304

Applicant Email address: apmunoz74@gmail.com

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

Name: Alicia Suarez

Address: 4300 N University Dr. Building C Suite 103 Sunrise FL 33351

Telephone Number: 954-478-5763 **Mobile:** 786-317-4304

Email address: alicias2785@gmail.com

APPLICATION NUMBER

Name: NA

Address: NA

Telephone Number: NA **Mobile** NA

Email address: NA

INFORMATION ABOUT THE USE/ BUSINESS

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

Physical Examination. - Psychiatric Evaluation
Health education
Mental health counseling and life coaching
Medication prescription of physical and psychiatric conditions such as depression, anxiety, bipolar disorder, schizophrenia and ADHD among others. Physical conditions such as hypertension, diabetes, hyper or hypothyroidism, sore throat among others.

Date the business opened or is expected to be opened: _____

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	Closed	
Monday	to	9 am to 4:30 pm	3
Tuesday	to	9 am to 4:30 pm	3
Wednesday	to	9 am to 4:30 pm	3
Thursday	to	9 am to 4:30 pm	3
Friday	to	9 am to 4:30 pm	3
Saturday	to	Closed	

How many persons will the proposed business employ?

3 to 5

APPLICATION NUMBER

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

Receptionist \$12.50 per hour
Office Manager \$ 21.50 hour
Nurse Practitioner \$ 45 hour
Psychotherapist \$ 45 hour

Square footage of building space to be occupied by the business : 1,087

INFORMATION ABOUT THE SITE

Property Owner Name: MYP Executive LLC

Property Owner Street Address: 4500 N SR7, Leelandale Lakes

City, State & Zip Code: FL 33319

Telephone #: 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:

Residents who live close by will have increased access to mental health care as well as primary health care. People with common medical disorders such as diabetes, heart diseases and asthma have high rates of behavioral/mental health concerns. All these conditions are preventable with proper and on time healthcare access and education.

Describe how this business/use will affect neighboring businesses:

Neighboring business will benefit from it by contributing to the community health's needs in collaborating with health care providers through education and possible community events as allowed by the city.

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

Easily accessible with public transportation, proximity to 2 major hospitals that provide mental health care services and require outpatient follow up as are University Hospital and Florida Medical Center and the number of private rooms in the suite.

How will this use/ business affect the community economically?

It will provide job opportunities a it growth. It will contribute to the mental health of the community helping people to continue functional and diminish amount of days missing from work due to complication of unattended physical and mental disorders.

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: No additional need for security

Describe any chemicals, fluids, gases or potentially hazardous substances that your business will use or store on site: None

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: None at this time

Describe any activity in your business that will generate noise, light or vibration:
None

APPLICATION NUMBER

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

No additional traffic to be created.

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, Anahi Munoz, 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: Anahi Munoz

SIGN YOUR NAME: *Anahi Munoz*

DATE: 11/02/2020

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 2nd DAY
 OF November, 2020, BY _____, WHO IS
 PERSONALLY KNOWN TO ME OR WHO HAS PRODUCED Driver License
 AS IDENTIFICATION AND WHO DID TAKE AN OATH.

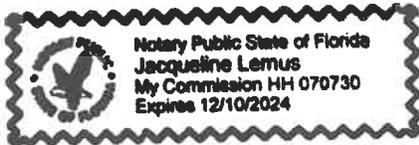
NOTARY PUBLIC

SIGN: *Jacqueline Lemus*

PRINT: Jacqueline Lemus

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.....	\$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:

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.

**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.