PLANNING & ZONING DIVISION

DEC 09 2024

RECEIVED

Attachment "A"

City of Lauderhill
Planning & Zoning Department
5581 W. Oakland Park Blvd., Lauderhill, FL 33313
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 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), *if the Applicant is not the Landowner*
		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)
		A certified copy of the Mailing list of all property owners within 500 feet of the site
USB		One (1) electronic version of the special exception package

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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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.

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Property Description		
Street Address: 3698 NW 15 Street	**Folio Number(s):** 4942 31 24 0027	
Nearest Cross Street: NW 34 Terrace		
Subdivision: Industrial 100 Unit 2 (85-2 B)	**Block:** N/A	**Lot:** Portion Tract E

Business Information	
Business Name (if applicable): Eagle's Nest Community Charter School	**Business Owner:** George Simpson, President
Mailing Address: 3698 NW 15 St.	**City, State & Zip Code:** Lauderhill, FL 33311
Phone Number: (954) 635-2308	**Email:** georgelsimpson@bellsouth.net

Applicant, Owner's Representative or Agent	Landowner (Owner of Record)
Business Name (if applicable): Complete Cities Planning Group	**Business Name (if applicable):** Flamingo Properties Corp., Inc.
Name and Title: Jeff Katims, AICP, Principal	**Name and Title:** Anthony LaCavalla
Signature:	**Signature:** Anthony V. LaCavalla
Date: November 1, 2024	**Date:** 11/06/2024
Mailing Address: 200 S. Andrews Ave., Ste 504	**Mailing Address:** 2640 Lake Shore Dr. Apt# 707
City, State & Zip: Fort Lauderdale, FL 33301	**City, State & Zip Code:** Rivera Beach, FL 33404
Phone Number: 954.372.6767	**Phone Number:** 561-373-3991
Email: Jeff@CompleteCities.net	**Email:** anthony.lacavalla@gmail.com
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): Government Law Group	**Business Name (if applicable):**
Name and Title: Keith Poliakoff, Esq.	**Name and Title:**
Signature:	**Signature:**
Date: 11/25/24	**Date:**
Mailing Address: 200 S. Andrews Ave, Suite 601	**Mailing Address:**
City, State & Zip: Fort Lauderdale, FL 33301	**City, State & Zip Code:**
Phone Number: 954.909.0590	**Phone Number:**
Email: Keith@govlawgroup.com	**Email:**

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Site Data	
Development / Project Name:	Eagle's Nest Community Charter School

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):

Renewal and continuation of existing Eagle's Nest Community Charter School that has been approved to operate on this property since 2014.

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:

Resolutions 98R-5-101, 08R-07-174, 13R-12-265, 14R-07-174, 14R-09-232, 19R-06-105

Pre-Application Conference Date: 11/25/24

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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:

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

X 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.

X 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: Anthony LaCavalla
(or Authorized Official – Owner's Authorization Letter required if not the Owner of Record)

Address: 2640 Lake Shore Dr, Unit # 707

Riviera Beach	FL	33404
(City)	**(State)**	**(Zip Code)**

Anthony V. LaCavalla
Signature of Owner or Authorized Representative

SWORN AND SUBSCRIBED before me this 6th day of November, 2024 by means of [✓] physical presence or [ ] online notarization.

NOTARY PUBLIC, STATE OF FLORIDA

Conor Tierney
(Name of Notary Public: Print, stamp, or Type as Commissioned.)

Notary Public State of Florida
Conor Tierney
My Commission HH 505220
Expires 3/24/2028

[✓] Personally know to me, or
[✓] Produced identification: drivers license
(Type of Identification Produced)