



NOV 04 2024

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

Special Exception – Application

Property Description		
Street Address: 3974 N.W 19 <sup>th</sup> Street	Folio Number(s):	
Nearest Cross Street: SR 7 / NW 19 <sup>th</sup> Street		
Subdivision:	Block:	Lot:
Business Information		
Business Name (if applicable): 4 AM Lounge BAR AND Grill	Business Owner: Vernon Burroughs	
Mailing Address: 3974 N.W. 19 <sup>th</sup> Street	City, State & Zip Code: Lauderhill, FL 33311	
Phone Number: 954-469-5935	Email: Vernonburroughs58@gmail.com	
Applicant, Owner's Representative or Agent	Landowner (Owner of Record)	
Business Name (if applicable): 4 AM Lounge & Bar and Grill	Business Name (if applicable): Lauderhill Pointe, LLC	
Name and Title: Vernon Burroughs; Owner	Name and Title: Ron Davidson / mm	
Signature: 	Signature: 	
Date: 10/24/24	Date: 10/24/24	
Mailing Address: 301 SW 1 <sup>st</sup> Ave, 1323	Mailing Address: 10860 SW 25 <sup>th</sup> St.	
City, State & Zip: Fort Lauderdale, FL 33301	City, State & Zip Code: Davie, FL 33324	
Phone Number: 954-469-5935	Phone Number: (305) 613-5511	
Email: Vernonburroughs58@gmail.com	Email: Ronetrustusa@aol.com	
All communication will be sent to the Landowner (Owner of Record) and Applicant.		



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Architect	Engineer
<b>Business Name (if applicable):</b>	<b>Business Name (if applicable):</b>
<b>Name and Title:</b>	<b>Name and Title:</b>
<b>Signature:</b>	<b>Signature:</b>
<b>Date:</b>	<b>Date:</b>
<b>Mailing Address:</b> N/A	<b>Mailing Address:</b> N/A
<b>City, State &amp; Zip:</b>	<b>City, State &amp; Zip Code:</b>
<b>Phone Number:</b>	<b>Phone Number:</b>
<b>Email:</b>	<b>Email:</b>

Attorney	Other
<b>Business Name (if applicable):</b>	<b>Business Name (if applicable):</b>
<b>Name and Title:</b>	<b>Name and Title:</b>
<b>Signature:</b>	<b>Signature:</b>
<b>Date:</b>	<b>Date:</b>
<b>Mailing Address:</b> N/A	<b>Mailing Address:</b> N/A
<b>City, State &amp; Zip:</b>	<b>City, State &amp; Zip Code:</b>
<b>Phone Number:</b>	<b>Phone Number:</b>
<b>Email:</b>	<b>Email:</b>



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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:	



JAN 13 2025

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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 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.
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.

Landowner's Name: Lauderhill Pointe, LLC
(or Authorized Official - Owner's Authorization Letter required if not the Owner of Record)

Address: 10860 SW 25 St

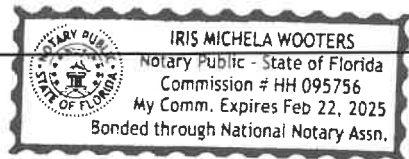
City: Davie FL Zip Code: 33324

Signature of Owner or Authorized Representative

SWORN AND SUBSCRIBED before me this 10 day of January, 2025 by means of [X] physical presence or [ ] online notarization.

NOTARY PUBLIC, STATE OF FLORIDA

IRIS WOOTERS
(Name of Notary Public: Print, stamp, or Type as Commissioned.)



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