

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 paper documents must be submitted:

	¥	One (1) completed application with original signatures (All Owners of Record must sign)
	V	One (1) Affidavit (must be completed by the Landowner)
_ 1	*	One (1) Letter of Authorization (signed by the Landowner), if the Applicant is not the Landowner
2	NA	One (1) Letter of Authorization from the Condominium Association, if the property is a condominium
PAPER	/	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."
V C	/	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
	V	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
(0	TC	BE PROVIDED AFTER INITIAL SUBMITTAL & STAFF REVIEW:
iii		Public Notification Affidavit – Posted Sign at Property (Information for sign provided by City Staff)
NOTICES		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.
2		Public Notification Affidavit - Mailed Notices (Information for letter provided by City Staff)
PUBLIC		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? If so, the Landowner must resolve all fees prior to placement on the City Commission agenda.

Υ	е	S

□ No



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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.



👺 Provide evidence of a letter submitted to the Department of Public Services, Social Services Division, acknowledging your desire operate a child care facility.



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:



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

Property I	Description
Street Address:	Folio Number(s):
7173 West Dakland Parkeloo	494122260021
Nearest Cross Street:	
DAKLAND PARK BLUD S	THE BOOK
Subdivision:	Block: Lot:
Business I	nformation
Business Name (if applicable):	Business Owner:
Angel touch therapy LLC	Melitza Horta
Mailing Address:	City, State & Zip Code:
3104 Island Drive	miramar FL 33023
Phone Number:	Email:
786 445-8890	melitza. Horta@Gmail.com
Applicant, Owner's Representative or Agent	Landowner (Owner of Record)
Business Name (if applicable):	Business Name (if applicable):
ango touch therapy uc	Ptolemaios hoperty, I Levy Real
Name and Title: Horta CED	Name and Title: Josh Levy Coo Ad Visor
Signature: With a Hta	Signature: Admin
Date:	Date:
Aug 5, 2025	Hug 6, 200)
Mailing Address:	Mailing Address:
7173 west Dakland ParkBu	6 4901 NW 1 1 Way She 102
City, State & Zip:	City, State & Zip Code:
For Laurenbale FC 33313	Ft. handerdale, PL 33309
Phone Number:	Phone Number:
786445-8890	454 491-3505
Melitza. Horta @Gmailco	Tosho Levyral. COM
All communication will be sent to the Landowner (Own	er of Record) and Applicant.





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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:
Aftorney	Other
Attorney Business Name (if applicable):	Other Business Name (if applicable):
Business Name (if applicable):	Business Name (if applicable):
Business Name (if applicable): Name and Title:	Business Name (if applicable): Name and Title:
Business Name (if applicable): Name and Title: Signature:	Business Name (if applicable): Name and Title: Signature:
Business Name (if applicable): Name and Title: Signature: Date:	Business Name (if applicable): Name and Title: Signature: Date:
Business Name (if applicable): Name and Title: Signature: Date: Mailing Address:	Business Name (if applicable): Name and Title: Signature: Date: Mailing Address:





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Special Exception – Application

Olto Data						
Development / Project Name:	tutorina					
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):						
help the kids that are in	my project is a tutoring Service Created to help the kids that are in need or Struggling					
Additional Inform	nation					
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:						



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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:

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

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 WTIHIN 500 FEET OF THE SUBJECT PROPERTY POSTMARKED NO FEWER THAN 15 CALENDAR DAYS BEFORE THE HEARING DATE.

Landowner's Name:	Josh Lev	4			
	(or Authorized Official	- Owner's Authoriza	tion Letter required if	not the Owner of	Record)
Address:	4901 NW	17th Way	, Ste 103		
	Ft. hande	udale	FL	333	09
	(City)	HAMES	(State)	(Zip Co	ode)
	Signature of Owner	or Authorized Rep	resentative		
SWORN AND SUBS	CRIBED before me the	nis <u>lo</u> day o	f <u>Mugust</u> [] online notariza	2025 ation.	_ by means of
Melisa	Riesser				
NOTARY PUBLIC, S	TATE OF FLORIDA				
	Presser			San Contract	elissa Presser
(Name of Notary Public	: Print, stamp, or Type	as Commissioned.)			es: Jun. 7, 2028 ublic - State of Florida
Personally k	now to me, or				
O] Produced ide	entification:				
		f Identification Produ	ıced)		



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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 <u>not</u> 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.

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







(CUST ID) / NAME

Application #

Telephone #

Address

Angel Touch LLC

(786) 445-8890

7173 W Oakland Park Blvd

Application # 25-ZVR-226
DUPLICATE RECEIPT

City of Lauderhill

Planning and Zoning Division

3300 Inverrary Blvd.

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

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: MASTERCARD:

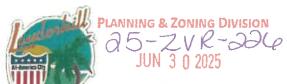
\$.00 \$50.00

> ZCR: # of questions:

REF NUM: 94432190

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

TOTAL | DOU.UU



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RECEIVED

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 If so, attach a copy of the Resolution to this form.	e City Commission?				
Address of the proposed business:	State License Required: Business Area (Sq. Ft.)				
7173 West Oakland ParkBIUD	Education 1775 Gaft.				
Applicant Information	Business Information				
Business Name (if applicable):	Business Name:				
Angel Touch LLC	Angel Touch LLC				
Name and Title:	Name and Title:				
Melitza Horta	Welte				
Signature: Letter a	Signature:				
Date: 6 30 2025	Date: 6 30 2025				
Mailing Address:	Mailing Address:				
31041sland Drive	MITZ W Oakland Park BIVD				
City, State & Zip:	City, State & Zip Code:				
Miramar FL 33023	Fort Laureroale F L 33313				
Phone Number: 786,445-8890	Phone Number: 786-445-8890				
Empli	Email: Melitza. Horta@ Gmail. Com				





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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?		مسب	Indoor seating?	
Sale of new merchandise?		-	Take-Out Only?	
Sale of second-hand/ used merchandise?		-	Outdoor seating?	V
Sale of tobacco / "hookah" products?			Outdoor cooking?	1
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?	V
Fitness Center / Gym / Health Spa?		1	Off-site consumption?	/
Hair, Nails, Skincare?			Will there be any live entertainment? (i.e. DJ,	
Timi, Italia, Similara.		1	karaoke, dance floor, stage, musicians, etc.)	V
Small Electronics, Computer Repairs?		/	Will your business involve any animal care or boarding activities?	V
Laundromat, Dry Cleaning, Alterations, Shoe Repair, Upholstery?		1	Will your business involve any boat, car or other motor vehicle activities?	-
Pay or Merchandise Rentals?		-	Retail parts sales?	~
Massage Establishment?		1.	Sale or rental of vehicles?	سا
Will your business involve any healthcare or medicine activities?			Body Shop, Paint, Maintenance or Repair?	V
Doctor / Dentist Office			Gas or Service Station?	1
Are there any doctor's authorized to prescribe controlled substances?		-	Car Wash?	V
Will the offices be opened "after hours" (outside the hours of 7 AM – 7 PM)?			Will your business involve any sleeping or living activities?	V
Will there be a pharmacy (a commercial retail sales where prescriptions are filled)?		1	Hotel/ Motel / Short-term rental units?	V
Is this a Medical Marijuana Health Care Establishment?		V	Special Residential Facility? Assisted Living? Group Home?	w
Will your business involve any teaching, educating, or adult/child care activities?			Will your business involve any financial services?	V
Is this a child care / day care?		/	Will your business involve any storage activities (within the building)?	-
Is this a pre-school program?		V	Will your business involve any manufacturing activities?	~
Primary and secondary education (public, charter or private school)?	1		Will your business involve any sexually oriented activities?	V
College or University?		11	Retail sales of adult themed products?	レ
Do you regularly offer training or workshops?		2	Live entertainment (adult themed)?	مسا
Do you offer other instruction (i.e. karate, dance, etc.) on a particular area?	1		Will there be a drive-through, or walk-up window component?	V
Will your business involve any place of worship / religious activities?			Drive-through	in
Will there be religious services?	/		Walk-up Window	4
Will there be other community services?			Will there be outdoor activity or outdoor storage at your business?	0
Will there be fabrication or indoor storage of materials?		1	Outdoor storage of materials, vehicles?	V
Will any products be sold at wholesale?		L	Outdoor display of product?	
Will your business involve providing any office space?		V	Commercial Vehicles stored on-site?	V
Is this a "home office"?			Will there be any room(s) for rent, private parties, or will the space otherwise be shared or rented?	



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25-7VR-226

Zoning Verification Request Form

Application #:25-ZV			R-226					
STAFF REVIEW								
ZONING DISTRICTS								
CO CN CG CC CW CE IL	PO PL PR	CR S-1	CF UT	Other				
O APPROVED ODENIE	D	✓ ENTITLE	EMENTS REQUI	RED				
USE CLASSIFICATION: Education, F	Remedial/Chi	ldcare, E	Day					
STAFF COMMENTS / COU CONDITIONS:								
Denial based on Childcare, Day Use not p		_						
Special Exception Use approval required	for Education, Reme	dial Use.						
ENTITLEMENT REQUIREMENT: (IF APPLICAB	3LE)							
	,							
REVIEWED BY: D.Lindsay 7/16/2025	APPROVED BY	: Molly Ho	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.



	7101-7225 W OAKLAND PARK BOULEVARD, LAUDERHILL	ID#	4941 22 26 0021
Address	FL 33319	Millage	1912
Property Owner	PTOLEMAIOS PROPERTY LP	Use	11-05
Mailing Address	4901 NW 17 WAY STE 103 FORT LAUDERDALE FL 33309		
Abbr Legal Description	PLAT OF INVEREALTY TRACT 1 111-46 B TR B LESS PT DES TR B,NW 334,NE 37.50 TO POB NE 127.33, SE 100.17, SW 12 LESS POR DESC IN OR 29432/1730 & LESS POR DESC IN O	7.33, NW 1	00.17 TO POB,

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).

include	ar	eduction	n f	or costs of	sale	and	other ad	u	stment	s requir	ed by	y Sec	. 193.	J11(8).
		* 202	6 v	alues are co	nsider	ed "w	orking value	es'	and are	subject t	o cha	nge.		
-				=	Prope	erty A	ssessmen	t١	/alues					
Year	Land			Building / Improvement			Just / Market Value			Assessed / SOH Value			Тах	
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	24 \$4,057,610			\$3,304,610			\$7,362,220			\$7,362,220			\$218,761.88	
			20)26 Exempti	ons ai	nd Ta	xable Value	es	by Taxi	ng Autho	rity			
				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	SOF	1		\$8,908,280			\$9,455,730			\$8,908,280			\$8,908,280	
Homestead				0			0			0			С	
Add. Homestead				0			0			0		-	0	
Wid/Vet/Dis				0			0			0		\rightarrow	0	
Senior			_	0			0			0		-	0	
Exempt Type			4	0			0			0		-	0	
Taxable				\$8,908,280			\$9,455,730						8,908,280	
			Sa	les History				╛			nd Ca	lculat	ions	
Date		Туре	L	Price	Во	Book/Page or CIN		4	Price		Factor			Type
1/13/2016	3	SW*-E	-	\$6,725,000		113465895		╛	\$11.00		368,874		74	SF
11/10/201	4	SW*-D	Ľ	5,758,200		1120	2693355							
12/16/199	2	SW*	Ľ	\$3,200,000 2		2017	20179 / 753		<u> </u>					1
5/1/1985		WD	\$	16,000,000				╛				1.01	(1)	
			L								.F. (Card, Sketch) 71002 t. Year Built: 1987/1986			
* Denotes N	Multi-	Parcel Sa	le	(See Deed)						Eff./Act.	Year I	Built:	1987/19	86
					Sp	ecia	Assessme	ent	ts					
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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