



PLANNING & ZONING DIVISION

AUG 21 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
Special Exception	Pre-Application Meeting with Staff	Staff Review	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), <i>if the Applicant is not the Landowner</i>
	One (1) Letter of Authorization from the Condominium Association, <i>if the property is a condominium</i>
	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.”
	A certified copy of the Mailing list of all property owners within 500 feet of the site
	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

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.

☐ Yes

☒ No



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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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: 4581 W. University Dr	Folio Number(s): 494116019240
Nearest Cross Street: North University Dr - 45 St.	
Subdivision: City of Lauderhill Sec 181-413 T R Co LESS W 175	Block: Lot:

Business Information	
Business Name (if applicable): Dental Blush Sunrise	Business Owner: Filiberto J Hardocis DAS.
Mailing Address: 4581 W. University Dr	City, State & Zip Code: Lauderhill FL 33351
Phone Number: 954 7615134	Email: dentalblush@gmail.com

Applicant		Owner of Record	
Business Name (if applicable): Dental Blush Sunrise	Business Name (if applicable): Sun Village Plaza, LLC		
Name and Title: Yacel Del Toro Tejara CEO	Name and Title: Ayman Sulaiman, Managing Member		
Signature: 	Signature: 		
Date: 8/16/2024	Date: 08/16/24		
Mailing Address: 12200 SW 8th St	Mailing Address: P.O. Box 4100, Maiten, Ca 95337		
City, State & Zip: Miami FL 33184	City, State & Zip Code: 		
Phone Number: 786 880 3713	Phone Number: 415-926-3333		
Email: yaceldt@yahoo.com	Email: Ayman@4wic.com		
All communication will be sent to the Landowner (Owner of Record) and Applicant.			



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Architect	Engineer
Business Name (if applicable): N/A	Business Name (if applicable): N/A
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): N/A	Business Name (if applicable): N/A
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:



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Site Data	
Development / Project Name: <i>Dental office</i>	
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):	
<i>This special Exception - application is for</i>	
<i>all activities related to a General</i>	
<i>Dental Office.</i>	
Additional Information	
Have any other applications been submitted for this site?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If so, list the other applications & provide reference to the Meeting Date/ Results:	
<i>N/A</i>	
Pre-Application Conference Date:	
<i>N/A</i>	



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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:

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 TEN (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.
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. THE SAME WRITTEN NOTICE WILL BE PROVIDED TO ALL LARGE ASSOCIATIONS, BASED ON THE E-MAIL DISTRIBUTION LIST FURNISHED BY THE CITY.

Landowner's Name: Sun Village Plaza / Ayman Sulaiman
(or Authorized Official – Owner's Authorization Letter required if not the Owner of Record)

Address: 636 Rebekah Ct
Ripon CA 95366
(City) (State) (Zip Code)

[Signature]
Signature of Owner or Authorized Representative

SWORN AND SUBSCRIBED before me this _____ day of _____, _____ by means of
☐ physical presence or ☐ online notarization.

Loose Certificate Attached

NOTARY PUBLIC, STATE OF FLORIDA

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

☐ Personally know to me, or
☒ Produced identification: California Driver License.
(Type of Identification Produced)

Jurat

Attachment "A"

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

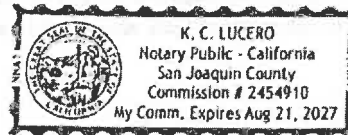
State of California

County of San Joaquin

Subscribed and sworn to (or affirmed) before me this 20th day of Aug, 2024 by
Ayman

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

[Signature]
Signature



OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT

Affidavit -

(Title or description of attached document)

Special Exception - Application

(Title or description of attached document continued)

Number of Pages ____ Document Date 08/20/2024

(additional information)