

APPLICATION NUMBER

21-SE-002



PLANNING & ZONING DIVISION

FEB 01 2021

RECEIVED

SPECIAL EXCEPTION USE APPLICATION FOR

ENTER TYPE OF USE /BUSINESS:

Business Name: OSCAR MENDEZ, M.D., P.A.

Business Address: Current: 2951 NW 49 AVE, STE 306 | Proposed: 5950 W OAKLAND PARK BLVD
LAUDERDALE LAKES, FL 33313 | LAUDERHILL, FL 33313

Business Telephone Number: (954) 717-4066

Business Email: LVARGAS@OSCARMENDEZMD.COM

APPLICANT AND CONTACT INFORMATION

Applicant Name: OSCAR MENDEZ

Applicant Address: 16705 BERKSHIRE COURT
SOUTHWEST RANCHES, FL 33331

Applicant Telephone Number: (954) 980-4707

Applicant Mobile Telephone Number: (954) 980-4707

Applicant Email address: IRIOCA123@HOTMAIL.COM

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

Name: _____

Address: _____

Telephone Number: _____ **Mobile** _____

Email address: _____

APPLICATION NUMBER

Name: _____

Address: _____

Telephone Number: _____ Mobile _____

Email address: _____

INFORMATION ABOUT THE USE/ BUSINESS

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

Founded and operated by Family Practice Board Certified Dr. Oscar Mendez, "Oscar Mendez, M.D., P.A." is a comprehensive medical practice for patients that are eighteen (18) and older. The practice sees Medicare, Medicaid, commercial and self-pay patients. Many of the patients served at our practice are underserved, elderly, and experiencing barriers to access care. Our practice is designed to help these patients receive specialized medical care and mitigate any applicable barriers. Each patient receives an individualized plan of care that aims to prevent and treat medical diseases.

Date the business opened or is expected to be opened: 08/01/2007; relocating to 5950 facility ASAP

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	<u>Closed</u> to <u>Closed</u>	<u>Less than 6 employees for cleaning</u>
Monday	<u>7 AM</u> to <u>7 PM</u>	<u>Minimum of 20 with maximum of 70</u>
Tuesday	<u>7 AM</u> to <u>7 PM</u>	<u>Minimum of 20 with maximum of 70</u>
Wednesday	<u>7 AM</u> to <u>7 PM</u>	<u>Minimum of 20 with maximum of 70</u>
Thursday	<u>7 AM</u> to <u>7 PM</u>	<u>Minimum of 20 with maximum of 70</u>
Friday	<u>7 AM</u> to <u>7 PM</u>	<u>Minimum of 20 with maximum of 70</u>
Saturday	<u>8 AM</u> to <u>6 PM</u>	<u>Minimum of 5 with maximum of 70</u>

How many persons will the proposed business employ?

The business currently employs forty-one (41) direct employees and will continue hiring based on future business needs up to a maximum of seventy (70) employees at this location.

APPLICATION NUMBER

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

Front desk: \$30k; Medical Assistant: \$35k; Administration: \$50k; Referrals: \$35k; Medical Records: \$30k; Medical Doctor: \$150k; Nurse Practitioner: \$100k; Patient coordinators: \$35k; future roles as business needs present.

Square footage of building space to be occupied by the business : 1st floor: 3,800; 3rd floor: 14,500

INFORMATION ABOUT THE SITE

Property Owner Name: MENDEZ REALTY HOLDINGS LLC

Property Owner Street Address: 16705 BERKSHIRE COURT

City, State & Zip Code: SOUTHWEST RANCHES, FL 33331

Telephone #: (954) 980-4707

Email IRIOCA123@HOTMAIL.COM

**STANDARDS FOR APPROVAL
THE EFFECTS OF YOUR USE/BUSINESS ON THE COMMUNITY**

Describe how your business will affect the residents who live close by: The Florida State Surgeon General issued a Determination which identifies this site as a Health Professional Shortage Area, an area of critical need. This site is also in a Medically Underserved Area or Population. The residents of Lauderhill that live close by will benefit tremendously from our business as it will allow them to receive the specialized primary medical care that is needed in this critical and underserved area.

Describe how this business/use will affect neighboring businesses:

Our business will drive incremental commerce and new sources of revenue to neighboring restaurants, markets, and consumer product businesses. Our business will have no adverse impact as our flow of patients is spread out throughout the day (mitigates excess or bottleneck traffic) and our operations do not cause excess noise, light, or vibration.

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

The ample square footage of this location allows us to have adequate space for waiting areas, examination rooms, areas for bloodwork, administrative offices, a dispensary, and room for additional expansion in the future. This space ensures we can deliver exceptional care and service to our patients.

How will this use/ business affect the community economically?

Our business will drive incremental commerce and new sources of revenue to the community. Our intention is to continue hiring direct employees based on our growing business needs and priority will be given to qualifying residents of Lauderhill.

ADDITIONAL DEMANDS ON UTILITIES, COMMUNITY FACILITIES, AND PUBLIC SERVICES

Describe any fire hazards associated with your business: There are no fire hazards associated with our business. We will be undergoing and passing all applicable fire inspections before opening.

Describe what security measures your business will require: Our business will have internal and external cameras to monitor the business for safety and security. We will not require a security guard or other security services, though will seek any applicable permits to do so based on future business needs.

Describe any chemicals, fluids, gases or potentially hazardous substances that your business will use or store on site: Our business will operate with the biohazard substances that are usual and customary for a primary medical facility, including vaccines, urine samples, and blood samples. They will be governed by OSHA's biohazard and bloodborne pathogen standards.

Describe any activity in your business that will use water other than normal washing and toilet use Our business will use water that is typical and customary for normal washing and toilet use.

Describe any activity in your business that will utilize City park facilities: Our business will not utilize City park facilities.

Describe any activity in your business that will generate noise, light or vibration:

Our business will not engage in any activity that will generate noise or vibration without first seeking any applicable permits to do so based on future business needs. Any light generated will be typical and customary for an office space, including interior lighting during business hours.

APPLICATION NUMBER

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

Traffic within the area will not be greatly impacted as patients arrive spaced out throughout the day.

Describe any activity in your business that will involve alcohol, music or live entertainment:

Our business will never involve alcohol. It is not our intention to involve music or live entertainment as a business activity, though will seek any applicable permits in the future based on business needs.

Describe any other aspects of your business about which you feel that the reviewer should

know: We have patients that have been with us since we first began our business. We receive positive feedback from so many of our patients, many of whom were sick with multiple comorbidities and are leading healthier lives as a result of our interventions. Providing excellent medical care is our business model and one we hope you will allow us to provide at this site within the city of Lauderdale.

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, Oscar Mendez, 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: Oscar Mendez

SIGN YOUR NAME: [Signature]

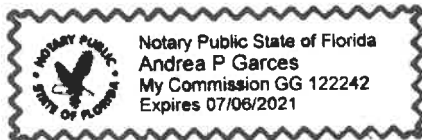
DATE: 01/28/2021

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 1ST DAY
OF FEBRUARY, 20 21, BY OSCAR MENDEZ, WHO IS
PERSONALLY KNOWN TO ME OR WHO HAS PRODUCED PERSONALLY KNOWN
AS IDENTIFICATION AND WHO DID TAKE AN OATH.

NOTARY PUBLIC

SIGN: [Signature]

PRINT: ANDREA P. GARCES



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**