

APPLICATION NUMBER  
23-SE-010

PLANNING & ZONING DIVISION

SEP 27 2023

RECEIVED



## SPECIAL EXCEPTION USE APPLICATION FOR

ENTER TYPE OF USE /BUSINESS: Medical Office

**Business Name:** Palm Medical Centers

**Business Address:** 7351 W Oakland Park Blvd Suite 101 Lauderhill, FL 33319

**Business Telephone Number:** 954-716-6100

**Business Email:** centercompliance@palmmedicalcenters.com

### APPLICANT AND CONTACT INFORMATION

**Applicant Name:** Health Holdings Company LLC

**Applicant Address:** 2600 S Douglas Rd Suite 308  
Coral Gables, FL 33134

**Applicant Telephone Number:** 305-913-9444

**Applicant Mobile Telephone Number:** 305-777-9582

**Applicant Email address:** centercompliance@palmmedicalcenters.com

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

**Name:** Odalys Gonzalez

**Address:** 2600 S Douglas Rd STE 308 Coral Gables, FL

**Telephone Number:** 305-913-9444 **Mobile** 786-316-3685

**Email address:** OGonzalez@palmmedicalcenters.com

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_ Mobile \_\_\_\_\_

Email address: \_\_\_\_\_

INFORMATION ABOUT THE USE/ BUSINESS

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

Primary Care Physician office, drawing labs  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date the business opened or is expected to be opened: 02/01/23

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	_____ to _____	.....	_____
Monday	08:00AM to 05:00PM	.....	3-4
Tuesday	08:00AM to 05:00PM	.....	3-4
Wednesday	08:00AM to 05:00PM	.....	3-4
Thursday	08:00AM to 05:00PM	.....	3-4
Friday	08:00AM to 05:00PM	.....	3-4
Saturday	_____ to _____	.....	_____

How many persons will the proposed business employ?

5 -6 employees on site

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

Medical Doctor: \$100,000 /yr; Front Desk: \$35,000-\$40,000/yr ; Medical Assistant \$35,000 - \$40,000/yr ;  
Administrator: \$50,000- \$60,000/ yr.

Square footage of building space to be occupied by the business : 1500 sq ft

INFORMATION ABOUT THE SITE

Property Owner Name: Atid Medical Center, LLC

Property Owner Street Address: 11331 NW 6th Street

City, State & Zip Code: Plantation, FL 33325

Telephone #: \_\_\_\_\_ Email \_\_\_\_\_

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

**Describe how your business will affect the residents who live close by:** \_\_\_\_\_

primary care physician office to received medical care.

**Describe how this business/use will affect neighboring businesses:**

It will help the surrounding population by providing healthcare services that will positively impact other business.

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

It is equipped to be a medical office.

**How will this use/ business affect the community economically?**

It will help make the surrounding population healthier which should help the population do better as a whole.

**ADDITIONAL DEMANDS ON UTILITIES, COMMUNITY FACILITIES, AND PUBLIC SERVICES**

**Describe any fire hazards associated with your business:** N/A

**Describe what security measures your business will require:** N/A

**Describe any chemicals, fluids, gases or potentially hazardous substances that your business will use or store on site:** Oxygen tanks incase patients need.

**Describe any activity in your business that will use water other than normal washing and toilet use** none.

**Describe any activity in your business that will utilize City park facilities:** none.

**Describe any activity in your business that will generate noise, light or vibration:** none.

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

none

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

none

**Describe any other aspects of your business about which you feel that the reviewer should know:** we are a internal medicine office treating the surrounding population

**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.**

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# AFFIDAVIT

I, Odalys Gonzalez, 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: Odalys Gonzalez

SIGN YOUR NAME: [Signature]

DATE: 9-26-2023

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS \_\_\_\_ DAY  
 OF \_\_\_\_\_, 20\_\_\_\_, BY \_\_\_\_\_, WHO IS  
 PERSONALLY KNOWN TO ME OR WHO HAS PRODUCED \_\_\_\_\_  
 AS IDENTIFICATION AND WHO DID TAKE AN OATH.

NOTARY PUBLIC

SIGN: [Signature]

PRINT: Carmen D. Rodriguez



CARMEN D. RODRIGUEZ  
 Commission # HH 210238  
 Expires April 21, 2026

STATE OF FLORIDA AT LARGE SEAL

MY COMMISSION EXPIRES: 4/21/2026

## 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.

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\_\_\_\_\_

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**

## REAL ESTATE RESEARCH SERVICES

**Alldata Real Estate Systems, Inc.**  
290 NE 51<sup>st</sup> Street  
Ft. Lauderdale, FL  
(954) 772-1800

**Cutro & Associates, Inc.**  
1025 Yale Drive  
Hollywood, FL  
(954) 920-2205

**Florida Real Estate Decisions, Inc.**  
1500 West Cypress Creek Road  
Suite 409  
Ft. Lauderdale, FL  
(954) 761-9003

**Florida Real Estate Decisions, Inc.**  
12765 W. Forest Hill Boulevard  
Suite 1314  
Wellington, FL  
(561) 798-4423

**Florida Real Estate Decisions, Inc.**  
16375 NE 18<sup>th</sup> Avenue  
Suite 300  
Miami, FL  
(305) 757-6884

**\*The above mentioned companies have provided the required certified mailing list for previous applicants.**

**This is not a recommendation just a list of companies who have provided this service in the past.**

**Please refer to the yellow pages for additional sources.**

**SPECIAL EXCEPTION USE APPLICATION  
ADDITIONAL REQUIREMENTS  
FOR**

**CHILD CARE/SCHOOLS**

**THE FOLLOWING REQUIREMENTS ARE IN ADDITION TO THOSE LISTED ON THE SPECIAL EXCEPTION USE APPLICATION. PLEASE SUBMIT THE FOLLOWING WITH YOUR APPLICATION (1 COPY ONLY):**

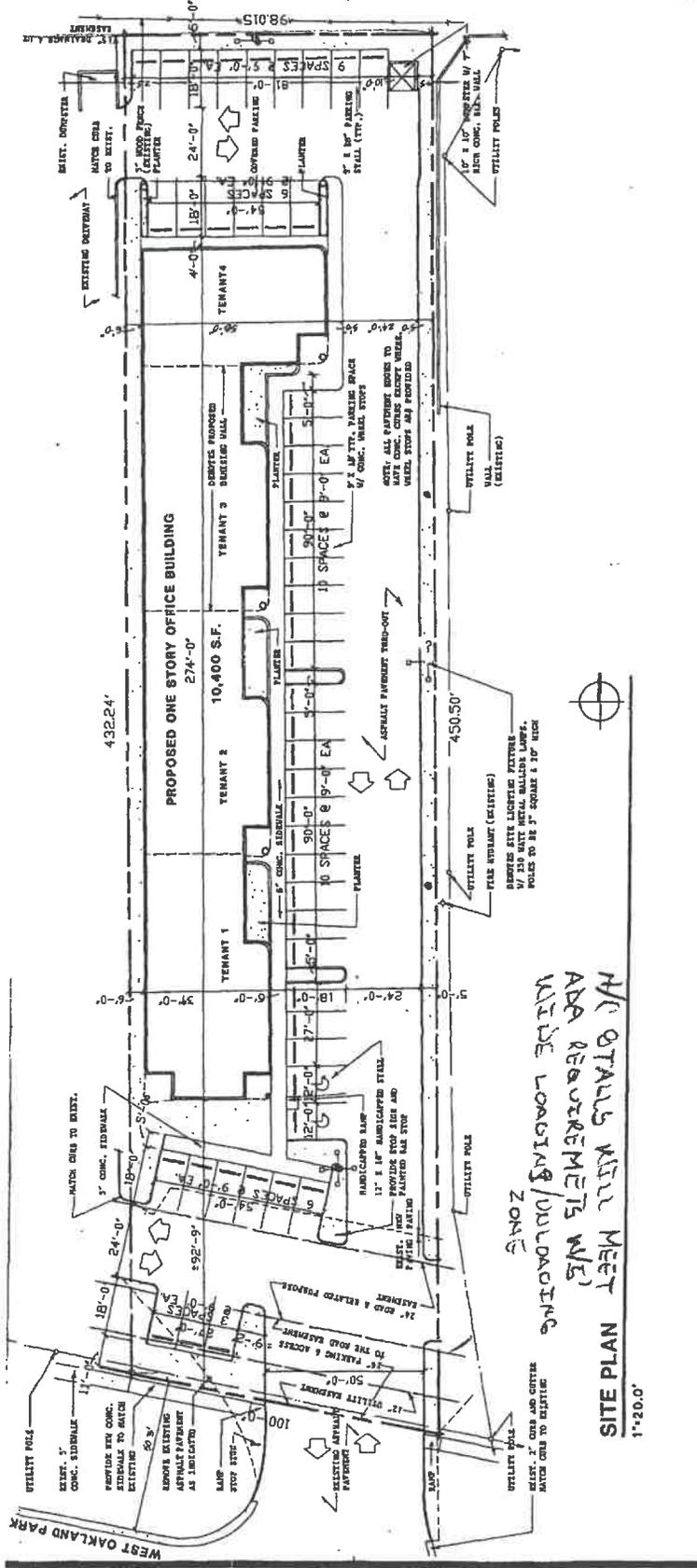
1. Provide evidence of financial responsibility: Submit monthly profit and loss statements for a 1 year period and a bank statement showing sufficient resources to cover any losses.
2. Provide evidence of ownership of the property or a contract or option to purchase or lease.
3. Provide evidence of a 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:
  - a. The transportation services requirements specified in the Florida Administrative Code as may be amended from time-to-time.
  - b. 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

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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.

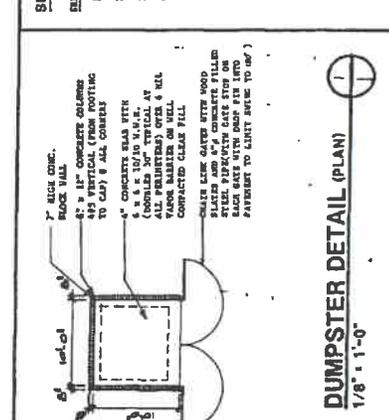
9. Any other documentation that the Planning and Zoning Director deems relevant to the operation of such facility.

101-5



**SHEET INDEX**

SHEET NO.	TITLE
1	SITE PLAN
2	LANDSCAPE
3	CONCEPT
4	EXCISE



**PROPOSED PARKING**

TOTAL BUILDING AREA	10,400 S.F.
LANDSCAPED AREA	97,091 S.F.
TOTAL AREA	1,400 S.F.
ASPHALT AREA - VEHICULAR USE	23,284 S.F.
TOTAL SITE	45,233 S.F.

**PROPOSED PARKING**

TOTAL BUILDING AREA	10,400 S.F.
OFFICE (101)	2,400 S.F. - 17 SPACES
OFFICE (102)	2,100 S.F. - 15 SPACES
OFFICE (103)	5,900 S.F. - 42 SPACES
TOTAL	10,400 S.F. - 74 SPACES

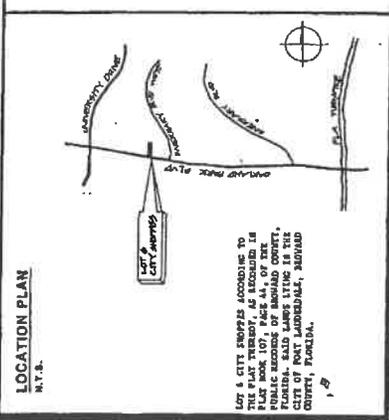
**PROPOSED PARKING**

47 FULL SIZE SPACES
1 MANICURED SPACE
15 FOOTING

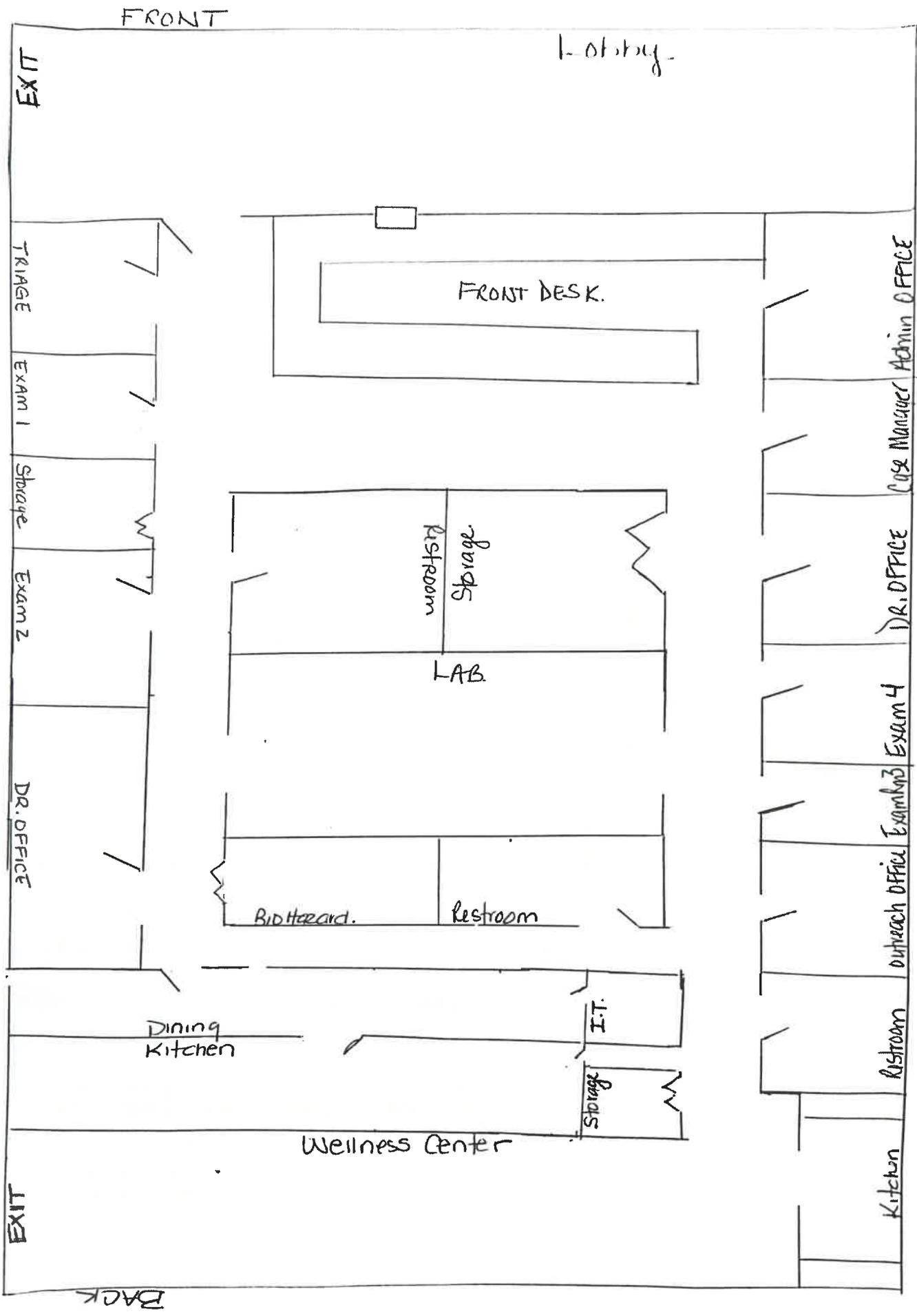
**SITE DATA**

TOTAL BUILDING AREA (101)	10,400 S.F.
LANDSCAPED AREA (102)	97,091 S.F.
TOTAL AREA (103)	1,400 S.F.
ASPHALT AREA - VEHICULAR USE (104)	23,284 S.F.
TOTAL SITE (105)	45,233 S.F.

\* SIX OF VEHICULAR USE AREA



LOT 1 CITY ZONING ACCORDING TO PLAT BOOK 107, PAGE 44, OF THE PUBLIC RECORDS OF BROWARD COUNTY, FLORIDA, IS SUPERSEDED BY THE CITY OF FORT LAUDERDALE, FLORIDA.



FRONT

Lobby

EXIT

TRIAGE

Exam 1

Storage

Exam 2

DR. OFFICE

EXIT

BACK

FRONT DESK.

Restroom

Storage

LAB.

Bid Hazard.

Restroom

Dining  
Kitchen

I.T.

Storage

Wellness Center

Kitchen

Restroom

Outreach Office

Exam 3

Exam 4

DR. OFFICE

Case Manager

Admin OFFICE

Asset List PALM MEDICAL CENTERS PALM MEDICAL CENTERS LAUDERHILL

<u>Asset Number</u>	<u>Asset Description</u>	<u>Manufacturer Name</u>	<u>Model #</u>	<u>Serial #</u>	<u>HIPAA Data</u>
144739	EXAM TABLE 9	BITTER	204	NA	No
144740	THERMOMETER	FLTR	PC828	04981	No
144741	OTOSCOPE	WELCH ALLYN	NA	NA	No
144742	B/P METER	WELCH ALLYN	NA	90556	No
144743	OTOSCOPE	WELCH ALLYN	NA	NA	No
144744	PULSE OXBAT	FACELAKE	CMS50D	07977	No
144745	EXAM TABLE 9	BITTER	104	NA	No
144746	OTOSCOPE	WELCH ALLYN	NA	NA	No
144747	B/P COLUMN	WA BRAUN	NA	NA	No
144748	EXAM TABLE 9	BITTER	104	K0956	No
144749	B/P COLUMN	WA BRAUN	NA	NA	No
144750	SCALE MECH	DETECTO	NA	T5624	No
144751	AUTOCLAVE	PELTON CRANE	NA	NA	No
144752	REFRIG	HOTPOINT	NA	NA	No
144753	CENTRIFUGE	DRUCKER	642E	BR232	No
144754	B/P METER	MEDLINE	NA	00003	No
144755	ANALYZER	EMAIN	AIMSTRIP	02ACE	No
144756	EKG MACHINE	SCHILLER	AT-2	01179	No

**08/02/2023**

**To City of Lauderdale Planning and Zoning,**

This letter is for the approval of our tenant Palm Medical Centers (7351 W. Oakland Park Blvd. STE 101 Lauderdale, FL 33318) application for a special exception use certificate.

If you have any questions, please contact

SINCERELY,



YOUR NAME

**Yanni Sabag**

**Atid medical Center LLC**

Date 11/15/2023

Application # 23-SE-010

**City of Lauderdale**

**Planning and Zoning Division / 5581 West Oakland Park Blvd.  
Phone (954) 730-3050 / Fax (954) 730-2991**

DUPLICATE RECEIPT  
CITY OF LAUDERHILL  
RECVD BY: KERISHA 02000699135  
PAYOR: PALM MEDICAL CENTER  
TODAY'S DATE: 11/15/23  
REGISTER DATE: 11/15/23 TIME: 16:27  
DESCRIPTION AMOUNT  
CUST ID:23-SE-010  
DEVELOPMENT REVENUE FE \$890.00

(CUST ID) / NAME

Application # PALM MEDICAL CENTERS

Address 7351 W. OAKLAND PARK BLVD.

Telephone # 954 716 6100

TOTAL DUE: \$890.00  
TENDERED: \$890.00  
CHANGE: \$.00  
CHECK : \$890.00  
REF NUM: 3197

DEVELOPMENT REVIEW FEES	PERMIT ACCT'S	CODE	AMOUNT
<b>SITE PLAN</b> (\$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	\$500.00
VARIANCE FILING FEE	001-341-065	682	\$1,000.00
SIGN VARIANCE FILING FEE	001-321-032	682	\$350.00
<b>SPECIAL EXCEPTION FEE</b>	001-341-065	682	\$890.00
REZONING FILING FEE	001-341-065	682	\$2000.00
<b>ZONING CONFIRMATION</b> (\$100 Minimum plus \$89 per each additional staff hour)	001-341-065	682	
<b>ZONING VERIFICATION REQUEST</b> (Commercial Certificate of Use (COU))	001-341-065	682	\$50.00
<b>PLATTING</b> (\$800 Minimum or \$150 per acre, to a maximum of \$3000 – whichever is greater)	001-322-061	682	
<b>LAND-USE AMENDMENT</b> (\$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	\$200.00
SIGN PERMIT	001-321-032	682	\$100.00
CAC REVIEW (SINGLE-FAMILY & DUPLEX)	001-322-061	682	\$20.00
CAC REVIEW (MULTI-FAMILY & NON-RESIDENTIAL)	001-222-3110	222	\$700.00
ALCOHOLIC BEVERAGE REVIEW	001-322-061	682	\$100.00
PROF. SERVICES / DESIGN REVIEW	001-222-3110	222	
TREE PRESERVATION	001-247-116	655	
TREE REMOVAL PROCESSING FEE ONLY – <b>ADDITIONAL FEES MAYBE CHARGED BASED ON CANOPY COVERAGE.</b>	001-247-116	655	\$50.00
NOTARY SERVICE	001-349-076	135	
<b>TOTAL</b>			<b>\$890.00</b>