

APPLICATION NUMBER
23-SE-011

PLANNING & ZONING DIVISION

NOV 13 2023

RECEIVED



INTERIOR RENOVATION
PERMIT # 23060220

SPECIAL EXCEPTION USE APPLICATION FOR

ENTER TYPE OF USE /BUSINESS:
Medical Office

Business Name: Sanitas Medical Centers

Business Address: 7342 West Commercial Boulevard, Lauderhill, FL 33319.
Suite #19

Business Telephone Number: (617) 407 - 0697

Business Email: Lquintal@mysanitas.com

APPLICANT AND CONTACT INFORMATION

Applicant Name: Guidewell Sanitas I, LLC

Applicant Address: 8400 NW 33 St, Suite 201, Doral, FL 33122

Applicant Telephone Number:

Applicant Mobile Telephone Number (617) 407 - 0697

Applicant Email address: Lquintal@mysanitas.com

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

Name:

Address:

Telephone Number: Mobile

Email address:

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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):

Our medical center provides a range of non-emergency healthcare services, including general consultations, preventative care, and specific medical treatments.

Date the business opened or is expected to be opened: _____ March 11, 2024

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	9AM to 6PM	.....	12 employees
Tuesday	9AM to 6PM	.....	12 employees
Wednesday	9AM to 6PM	.....	12 employees
Thursday	9AM to 6PM	.....	12 employees
Friday	9AM to 6PM	.....	12 employees
Saturday	_____ to _____	_____

How many persons will the proposed business employ?

12 employees

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

(1) Medical Director, (1) Nurse Practitioner, (3) Clinical Care Assistant, (1) Charge Nurse, (1) Community Health worker, (1) Care Coach, (1) Medication Care Coordinator, (1) Medical Center Supervisor, (2) PRC.
Salaries haven't been established and are confidential.

Square footage of building space to be occupied by the business : 9,800 SqFt.

INFORMATION ABOUT THE SITE

Property Owner Name: Lauderhill S.C., LLC

Property Owner Street Address: 500 North Broadway, Suite 201

City, State & Zip Code: Jericho, NY 11753

Telephone #: 561-676-4633 **Email** jonathan@blurockcommercial.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: _____

This business will affect the residents positively by providing health services to the community.

Describe how this business/use will affect neighboring businesses:

Business will not affect other businesses.

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

The space is in corner on shopping center which is makes visible to customers.

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How will this use/ business affect the community economically?

The medical center will boost the local economy by creating jobs, supporting nearby businesses through increased foot traffic, and offering residents cost-effective medical services close to home.

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:

Security Cameras

Describe any chemicals, fluids, gases or potentially hazardous substances that your business will use or store on site: N/A

Describe any activity in your business that will use water other than normal washing and toilet use N/A

Describe any activity in your business that will utilize City park facilities: N/A

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

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

N/A

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

N/A

Describe any other aspects of your business about which you feel that the reviewer should know: N/A

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, Juan Estrada, 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: Juan Estrada

SIGN YOUR NAME:  7A255A342D12406...

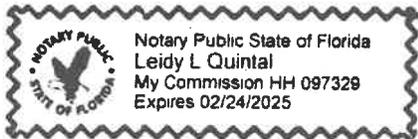
DATE: 10/17/2023 | 3:15 PM PDT

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 17 DAY OF October, 20 2023, BY Juan Estrada, WHO IS PERSONALLY KNOWN TO ME OR WHO HAS PRODUCED _____ AS IDENTIFICATION AND WHO DID TAKE AN OATH.

NOTARY PUBLIC

SIGN: 

PRINT: Leidy Quintal



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.

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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**

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REAL ESTATE RESEARCH SERVICES

**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**

**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 18th 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.

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**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.

Biomedical Equipment	Fort Lauderdale Plaza
X-ray	0
Ultrasound	0
Wall panel system	19
EKG + Cart	1
AED + braket	1
Nebulizer	1
Vaccine Refrigerator	1
Vaccine Freezer	1
DRE Machine + support	1
Scale	1
Light Floor mount	1
Vital Signs Monitor with Car	1
Flu Analyzer	1
Urine Analyzer	1
Ear irrigation kit	1
Eye wash sation	1
Folding Walker	1
Bariatric Weelchair	1
Tuning fork	5
White board Meeting room	1
Tube rack (60 tubes)	1
Phlebotomy tray	1
Magnetic Dry-erase 36"x48"	1
Trash cans	8
Trash can red	21
Trash can beige	21
Soap Dispenser with tray	31
Hand Sanitizer dispenser with tray	30
Glove box holder	21
Braket sharp container	21
Sundry jar	40
Towel Dispenser	23
Stainless steel Trash can	8
BP Cuff #12	20
Refrigerator (Break Room)	1
Bottle less Water machine	1
Microwave	1
Coffee Expreso Machine	1
Oven toaster	1
Cuban Coffee Machine	1
Cork board Break room	1

Licensing Board	1
Thyrod Shield	0
Double gel warmer	0
Ultrasonic cleaner probe	0
Apron Rack	0
Apron vest	0
Lead Apron	0
Gonads Shield	0
Gloves lead	0
Step stool with handril	0
X-ray positions steps	0
Positioning wedge x ray	0
Regular Refrigerator with Freezer (Mini bar)	1
TV 55"	2

Furniture	Fort Lauderdale Plaza
CH-1 Exam Room	1
CH-2 Exam Room	19
CH-4 Reception	0
S-5 Registration, Office, Nurse Station Alternate	37
CH-7 Blue	14
CH-7 Green	0
CH-8 Bariatric Green	6
CH-6 Lobby	2
CH-10 Break Room	8
D-1 Office	4
Exam table 420	19
Exam table 460	1
S-1 Exam Room	20
S-2 Blood Draw	2
S-3 Lab	1
CH-5 Office	6
S-6 Conference Room	9
T-5 Break Room	2
T-1 Lobby	10
SO-15	1
T-11	1
CH-12	1

Legal Description

C & U SHOPPING CENTER 81-26 B POR TR A AND ALL OF TR A OF PLAT C&U SHOPPING CTR ADD 100-45 BDESC AS:COMM SW COR OF TR A OF C&U SHOPPING CENTER 81-26 B,E 498.33 TO POB,CONT E 546.69,N 643,W 535.12,S 642.90 TO POB AKA:PARCEL 1 TOG WITH POR TR A C&U SHOPPING CENTER 81-26 B DESC AS:BEG SW COR TR A OF SAID PLAT, N 450,E 200,N 43,E 150,N 150,E 159.90,S 642.90,W 498.33 TO POB AKA:PARCEL 2

LAUDERHILL S.C., LLC
500 North Broadway, Suite 201
Jericho, NY 11753

November 8, 2023

City of Homestead
Attn: Planning and Zoning
5581 W. Oakland Park Blvd.
Lauderhill, FL 33313

Re: Shopping Center Lease dated August 18, 2023, by and between Lauderhill S.C., LLC, as Landlord, and Guidewell Sanitas I, LLC, as Tenant, for premises located at in the shopping center known as Ft. Lauderdale Plaza, Lauderhill, Florida (the "Lease"); **Building ID: 102900**
Shopping Center Location: 7342-7562 W. Commercial Blvd., Lauderhill, Florida 33319
Shopping Center Parcel ID: 4941 15 02 0010

To whom it may concern:

I, Jessica L. Kimble, as Vice President of **LAUDERHILL S.C., LLC**, as the owner of the property and as Landlord under the Lease referenced above, consent to **GUIDEWELL SANITAS I, LLC**, and its authorized agents, as Tenant under the Lease, to go forth with filing a Special Exception Use Application and the representation throughout the Public Hearing process in the City of Lauderhill, Florida for the use of a Medical Office at the premises located at 7342 West Commercial Boulevard, Suite #19, Lauderhill, Florida 33319.

LANDLORD:

LAUDERHILL S.C., LLC,
a Delaware limited liability company
By: KRCX Florida Realty, LLC, its sole member

DocuSigned by:
Jessica Kimble
By: _____
159A60FD8CC0472...
Name: Jessica L. Kimble
Title: Vice President
Date: 11/8/2023

08
04



November 8th, 2023

Molly Howson
Acting City Planner
City of Lauderhill
5581 West Oakland Blvd, Room 224
Lauderhill, FL 33313

Mrs. Howson,

Sanitas providers are licensed to prescribe schedule II controlled substances, but will not administer, dispense, distribute, manufacture, or prepare any controlled substances. I Juan Estrada, understand Medical Office with controlled substance provider Use is not a Use that is Permitted by Right but that it requires Special Exception Use approval from the City Commission. I understand that Use approval is not guaranteed, and would like to proceed to permitting at our own risk/expense pending Use approval.

Thank you,

A handwritten signature in black ink, appearing to be "Juan Estrada", written over a large, light blue circular scribble.

Juan Estrada, MD
CEO Guidewell Sanitas I