



City of Pompano Beach
Department of Development Services
Planning & Zoning Division

P&Z#: 25-11000010

100 W. Atlantic Blvd Pompano Beach, FL 33060
Phone: 954.786.4679 Fax: 954.786.4666

Development Application

Project Type: Variance

Submission #: VAR-2025-15

Site Data

Project Name:	Variance for Tiki Hut	Size of property:	8750.0
Street Address:	2104 North Riverside Drive, Pompano Beach, FL 33062	Number of units (Residential):	1.0
Folio Number(s):	4843 29 05 0630	Total square feet of the building* (Non-Residential):	
Project Narrative:	Variance for Tiki Hut located past the required set back along street side property line.		

Applicant

Landowner (Owner of Record)

Name:	Business Name (if applicable):
	Riverside Oasis LLC
Title:	Print Name:
	Michael Gasparovic
Street Address:	Street Address:
	3205 Robbins Rd
Mailing Address City/ State/ Zip:	Mailing Address City/ State/ Zip:
	Pompano Beach FL 33062
Phone Number:	Phone Number:
	847-648-0500
Email:	Email:
	mikeg@frostflorida.com

ePlan agent (if different):

Name of ePlan agent:	
Email of ePlan agent:	
Phone Number of ePlan agent:	



City of Pompano Beach
Department of Development Services
Planning & Zoning Division

100 W. Atlantic Blvd Pompano Beach, FL 33060
Phone: 954.786.4679 Fax: 954.786.4666

**Owner's Certificate
Variance**

OWNER'S CERTIFICATE

VAR-2025-15

This is to certify that:

- I am the owner of the property, or
- I am authorized by the owner of the property to submit this application on their behalf and (if I am not the owner of the property) I will submit documentation that confirms my authority.

This is to certify that I am the owner of the subject lands described in this application and that I have authorized the filing of the aforesaid application.

By signing below, I agree that if the proposed development is found not in compliance with the applicable standards and minimum requirements of this Code then no building permit will be issued until those conditions the Development Services Director finds reasonably necessary to ensure compliance are met.

By signing below, I acknowledge that development applications must have a determination by the governing municipality of approved, approved with conditions, or denied within 120 days from a complete submittal for projects that do not require final action through a quasi-judicial hearing or a public meeting and within 180 days from a complete submittal for projects that do require final action through a quasi-judicial hearing or a public meeting per FL Stat § 166.033 and the Pompano Beach Code Section 155.2303.F.3. It is the responsibility of the applicant to receive all final Development Orders and receive this determination within the allotted timeframe. If the applicant fails to resubmit an application within 30 calendar days after being first notified of deficiencies of the submittal, the application shall be considered withdrawn and a \$100 non-refundable administrative fee will apply (155.2303.F.2.b). Additionally, if all required approvals are not received within the allotted timeframe the application will automatically be denied unless both the City and the applicant agree to an extension of time (155.2303.I).

By signing below, I acknowledge that lying or misrepresentation in the application can lead to revocation. (155.8402. B. *Revocation of Approval*).

Name: Michael Gasparovic 05/14/2025

Signature: Michael Gaspar

2025 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L24000268205

Entity Name: RIVERSIDE OASIS LLC

Current Principal Place of Business:

3205 ROBBINS RD
POMPANO BEACH, FL 33062

Current Mailing Address:

3205 ROBBINS RD
POMPANO BEACH, FL 33062 US

FEI Number: 99-3540928

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
476 RIVERSIDE AVE.
JACKSONVILLE, FL 32202 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ERIK TREUTLEIN, US CORP. AGENTS

01/13/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR

Name GASPAROVIC, MICHAEL

Address 3205 ROBBINS RD

City-State-Zip: POMPANO BEACH FL 33062

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL GASPAROVIC

AMBR

01/13/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date