



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

100 W. Atlantic Blvd Pompano Beach, FL 33060
Phone: 954.786.4634 Fax: 954.786.4666

Variance Application

1300 SE 22 AVENUE, Pompano Beach		RS-2
STREET ADDRESS		Zoning District
Pompano Shores 27-47 B	2	56
Subdivision	Block	Lot
Representative or Agent's interest in property (Owner, Lessee, Etc)	Contractor	
Has any previous application(s) been filed?	Yes _____ No <input checked="" type="checkbox"/>	
If Yes, give date of hearing and finding		

Owner's Representative or Agent	Landowner (Owner of Record)
Adam Morgenstern	Nicole Artero
Business Name (if applicable)	Business Name (if applicable)
GLG Group LLC	
Print Name and Title	Print Name and Title
Adam Morgenstern, Proj. Mgr.	
Signature	Signature
[Signature]	[Signature]
Date	Date
3/30/21	3/24/21
Street Address	Street Address
2365 NE 24 St.	1300 SE 22 Ave
Mailing Address City/ State/ Zip	Mailing Address City/ State/ Zip
Light House, Pt., FL 33064	Pompano Beach FL 33062
Phone Number 954.504.1110	Phone Number 954.815.5618
Email Galuppiadam@gmail.com	Email Nicole.Artero@gmail.com
Indicate your preferred medium to receive agendas and notifications: _____ Mail _____ E-Mail	Indicate your preferred medium to receive agendas and notifications: _____ Mail <input checked="" type="checkbox"/> E-Mail



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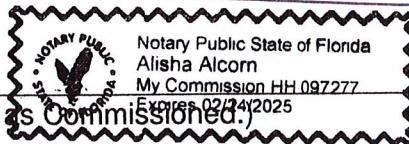
OWNER'S CERTIFICATE

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. I further certify that this request is not related to any existing violation of the zoning code.

Note: If this request is related to an existing zoning violation, please submit documentation as to the Special Master's disposition of the matter.

Owner's Name: Nicole Pulco
(Print or Type)
Address: 130055 22 Ave
Pompano Beach FL 33062
(Zip Code)
Phone: 954 817-5618
Email address: Nicopulco@gmail.com
withup
(Signature of Owner or Authorized Official)

SWORN AND SUBSCRIBED before me this 25 day of MARCH, 2021.
[Signature]
NOTARY PUBLIC, STATE OF FLORIDA



(Name of Notary Public: Print, stamp, or Type as Commissioned.)
☒ Personally know to me, or
☐ Produced identification: _____
(Type of Identification Produced)

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