



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

Development Application

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.

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 insure compliance are met.

Owner's Name: Old Towne Flagler LLC
(Print or Type)
Address: 2302 East Atlantic Blvd
Pompano Beach FL, 33062
(Zip Code)
Phone: 954 - 695 - 0754
Email address: Kim @ RMA, US. COM
X Christopher W. Brown
(Signature of Owner or Authorized Official)

SWORN AND SUBSCRIBED before me this 25th day of January, 2019.

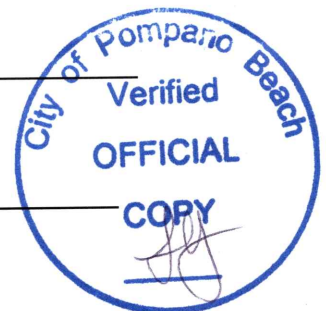
Janie M. Pennington
NOTARY PUBLIC, STATE OF FLORIDA

(Name of Notary Public: Print, stamp, or Type as Commissioned)



- ☒ Personally know to me, or
☐ Produced identification:

(Type of Identification Produced)



DRC

PZ19-12000006
10/21/20

DRC

PZ19-12000006
6/5/2021



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Owner's Name: The Old Goat LLC
(Print or Type)

Address: 141 NW 33rd Street
Oakland Park, FL 33309
(Zip Code)

Phone: (954) 444-5610

Email address: fdouaihi@mbsconstruction.com

[Signature]
(Signature of Owner or Authorized Official)

SWORN AND SUBSCRIBED before me this 28 day of January, 2019.

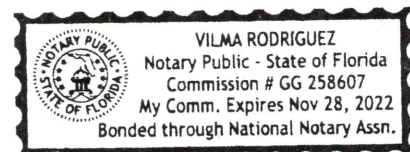
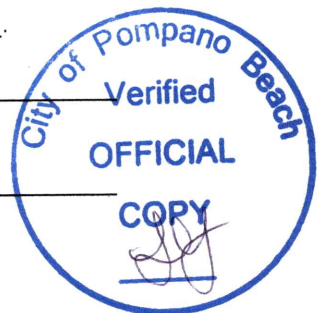
[Signature]
NOTARY PUBLIC, STATE OF FLORIDA

Vilma Rodriguez

(Name of Notary Public: Print, stamp, or Type as Commissioned.)

- ☒ Personally know to me, or
☐ Produced identification:

(Type of Identification Produced)



DRC

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10/21/20

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PZ19-12000006
6/5/2021



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Owner's Name: Willy Francois
(Print or Type)

Address: 6781 Coral Reef St
Lake Worth, FL 33467
(Zip Code)

Phone: _____

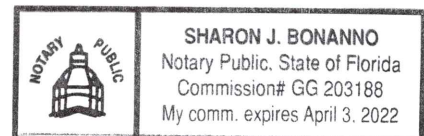
Email address: _____
[Signature]
(Signature of Owner or Authorized Official)

SWORN AND SUBSCRIBED before me this 6th day of FEBRUARY, 2019

[Signature]
NOTARY PUBLIC, STATE OF FLORIDA

SHARON J BONANNO
(Name of Notary Public: Print, stamp, or Type as Commissioned.)

☒ Personally know to me, or
☒ Produced identification: FLORIDA DRIVER LICENSE
(Type of Identification Produced)



DRC

PZ19-12000006
10/21/20

DRC

PZ19-12000006
6/5/2029



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Owner's Name: TEPM Inc.
(Print or Type)
Address: 31 NE 1st Street
Pompano Beach FL 33060
(Zip Code)
Phone: 954 942 8760
Email address: michel @ tmservice.net
[Signature]
(Signature of Owner or Authorized Official)

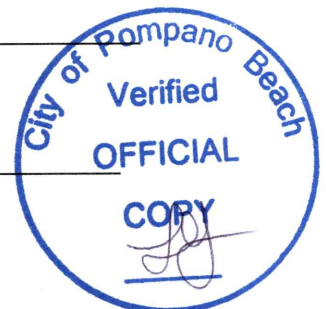
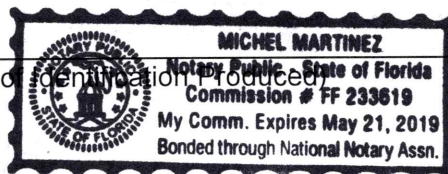
[Signature]
SWORN AND SUBSCRIBED before me this 31st day of January, 2017

NOTARY PUBLIC, STATE OF FLORIDA

Michel Martinez
(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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10/21/20

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PZ19-12000006
9/5/20/21



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Owner's Name: Blaise and Algalite Augustine
(Print or Type)

Address: 11739 NW 26th Court
Coral Springs, FL 33065
(Zip Code)

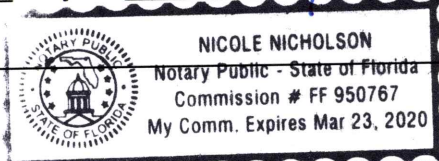
Phone: _____

Email address: _____


(Signature of Owner or Authorized Official)

SWORN AND SUBSCRIBED before me this 29 day of January, 2019


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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