

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

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 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30 calendar days after being first notified of deficiencies of the submittal, the application shall be considered withdrawn and a \$100 non-refundable administrative fee will apply (155.2303.F.2.b).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).

Owner's Name: POMPANO DEVCO I, LLC
(Print or Type)

Address: 8180 NW 36 ST STE 409
DORAL, FL 33166
(Zip Code)

Phone: 786-717-8401

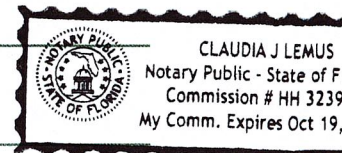
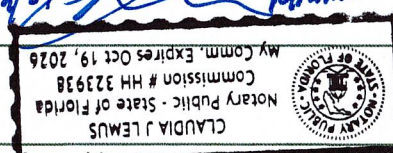
Email address: JGOMEZ@LOGICASERVICES.COM; ASSETMANAGEMENT@LOGICASERVICES.COM

[Signature]
(Signature of Owner or Authorized Official)

SWORN AND SUBSCRIBED before me this 9th day of September, 2024 by means of
☒ physical presence or ☐ online notarization.

Claudia Lemus
NOTARY PUBLIC, STATE OF FLORIDA

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



☐ Personally know to me, or
☒ Produced identification: Florida Driver License
(Type of Identification Produced)