

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

P&Z#: ______23-17000011

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

Development Application

Project Type: Special Exceptions Submission #: SPEX-2023-16

Site Data				
Project Name:	ReVive SurgiCenter	Size of property:	18765.0	
Street Address:	1347 E. Sample Road, Suite 102 Number of ur (Residential):		0.0	
Folio Number(s):	484213030490	Total square feet of the building* (Non-Residential):	5589.0	
Project Narrative:	Special exception to allow a specialty medical facility use for the ReVive SurgiCenter tenant within the existing building on the property			

Applicant		Landowner (Owner of Record)		
Name:		Business Name (if applicable):		
Matthew Scott, Esq. for Greenspoon Marder LLP		CCDV Holdings LLC		
Title:		Print Name:		
Partner		Dane Pohlman		
Street Address:		Street Address:		
200 E. Broward Boulevard, Suite 1800		7331 NW 25TH TERRACE		
Mailing Address City/ State/ Zip:		Mailing Address City/ S	tate/ Zip:	
Fort Lauderdale FL	33301	BOCA RATON	Florida	33496
Phone Number:		Phone Number:		
954-333-4372		314-283-8738		
Email:		Email:		
matthew.scott@gmlaw.com		dane.pohlman@gmail.com		
ePlan agent (if different):				
Name of ePlan agent:				
Email of ePlan agent:				
Phone Number of ePlan agent:				



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Owner's Certificate
Special Exceptions

OWNER'S CERTIFICATE

SPEX-2023-16

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:	Shane Zalonis for Greenspoon Marder LLP	11/20/2023	
Signature:	Shane Zalonis		

CCDV Holdings LLC 7331 N.W. 25th Terrace Boca Raton, FL 35496

Authorization and Letter of Representation

CCDV Holdings LLC hereby authorizes Matthew H. Scott, Esq. and/or the law firm of Greenspoon Marder LLP to represent CCDV Holdings LLC before all officials, bodies, instrumentalities and at any meetings and public hearings necessary in connection with the special exception and variance applications for ReVive SurgiCenter LLC's occupation of the tenant space located at 1347 E. Sample Road, Suite B, with the City of Pompano Beach, Florida.

tenant space located at 1347 E. Sample Road, Suite B, with the City of Pompano Beac Florida.	ie h,
By: CCDV Holdings LLC Dane Pohlman, D.O. Manager	
STATE OF) ss	
COUNTY OF)	
I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, the foregoing instrument was acknowledged before me by means of physical presence or □online notarization, by □ Dane Pohlman, Manager of CCDV Holdings LLC, a Florida Limited Liability Company, on beha of the corporation. He/she is personally known to me or has produced □ CTPP 455-163-82-348-0 (Type of Identification) as identification.	lf
of, 2023. WITNESS my hand and official seal in the County and State last aforesaid this/ da	У
NOTARY'S SEAL:	
ANA LUZ C RODRIGUEZ Notary Public - State of Florida Commission # GG 938469 My Comm. Expires Jan 7, 2024 Bonded through National Notary Assn. My Commission Expires: 1/1/3024 FL Notary Public-Signature Rod CyGucz Name of Notary Public Typed, Printed or Stamped	_
/ '/ '	

ReVive SurgiCenter LLC 7331 N.W. 25th Terrace Boca Raton, FL 35496

Authorization and Letter of Representation

ReVive SurgiCenter LLC hereby authorizes Matthew H. Scott, Esq. and/or the law firm of Greenspoon Marder LLP to represent ReVive SurgiCenter LLC before all officials, bodies, instrumentalities and at any meetings and public hearings necessary in connection with their matters with the City of Pompano Beach, Florida.

By:	ReVive SurgiCenter	LLC
	Dane Pohlman, D.O. Manager	
STATE OF) ss	
COUNTY OF)	
aforesaid and in the acknowledged before	County aforesaid to ta e me by means of ☒ pl	ke acknowledgments, the foregoing instrument was hysical presence or □online notarization, by
behalf of the corpora	ition. He/she is person	Senter LLC, a Florida Limited Liability Company, on ally known to me or has produced ———————————————————————————————————
of WITNESS m	y hand and official sea , 2023.	I in the County and State last aforesaid this 15 day
TOTARY'S SEAL		Lya Su C Kidneguy
ANA LUZ C RODRIC Notary Public - State o Commission # GG 93 My Comm. Expires Jan Bonded through National Not	f Florida 38469 7, 2024	FL Notary Public-Signature AUA LUZ ROCKI 9 UCZ Name of Notary Public Typed, Printed or Stamped
My Commission Exp	ires: 1/7/2024	