



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

P&Z#: 17-05000001

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

**Distribution Of Reserve &
 Flexibility Units Application**

Site Data		
1820 MLK Jr. Blvd. (Hammondville Rd.)	484234000330 , 484234000320	B-3
STREET ADDRESS	Folio Number	Zoning District
Acreage in 34-48-42		
Subdivision	Block	Lot

Applicant's interest in property (Owner, Lessee, Etc):	Consultant
Have any previous applications been filed? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If Yes, give date of hearing and/or appeal #:

Applicant	Landowner (Owner of Record)
Business Name (if applicable)	Business Name (if applicable)
Keith and Associates Inc.	NatJack, LLC
Print Name and Title	Print Name and Title
Mike Vonder Meulen	Nathaniel Pidemore, Manager
Signature	Signature
Date	Date
8/21/17	8/21/17
Street Address	Street Address
301 East Atlantic Blvd.	100 West Atlantic Blvd.
Mailing Address City/ State/ Zip	Mailing Address City/ State/ Zip
Pompano Beach, FL 33060	Pompano Beach, FL 33060
Phone Number	Phone Number
954-788-3400	786-709-2231
Email	Email
mvondermeulen@keith-associates.com	Lenny.Wolfe@CornerstoneGrp.com
Email of ePlan agent (if different) mamodio@keith-associates.com	
Indicate your preferred medium to receive agendas and notifications: ___ Mail <input checked="" type="checkbox"/> 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.

Owner's Name: Natjack, LLC
(Print or Type)

Address: 915 NE 2nd Street
Pompano Beach, FL 33060
(Zip Code)

Phone: 954-675-0450

Email address: gene@furnaninsurance.com
Nathaniel E. Piloniere, Manager
(Signature of Owner or Authorized Official)

SWORN AND SUBSCRIBED before me this 21st day of August, 2017

[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)

