



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

P&Z#: 23-15000005

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

Development Application

Project Type: Temporary Use Permits (Interim Use Permit) **Submission #:** TEMP-2023-5

Site Data			
Project Name:	Offsite Parking for John Knox Village construction	Size of property:	40000.0
Street Address:	SW 3rd Street (vacant)	Number of units (Residential):	
Folio Number(s):	494202020061; 494202020063; 494202020070	Total square feet of the building* (Non-Residential):	
Project Narrative:	Temporary use of vacant lot for construction parking		

Applicant		Landowner (Owner of Record)	
Name:	Gabriela Morales	Business Name (if applicable):	Tal Shiar Properties
Title:	Assistant Project Manager	Print Name:	
Street Address:	2101 N Andrews Ave	Street Address:	777 Brickell Ave Floor 5
Mailing Address City/ State/ Zip:	Fort Lauderdale FL 33311	Mailing Address City/ State/ Zip:	Miami FL 33131
Phone Number:	786-472-0018	Phone Number:	607-592-0487
Email:	gmorales@mossbcm.com	Email:	

ePlan agent (if different):	
Name of ePlan agent:	
Email of ePlan agent:	
Phone Number of ePlan agent:	



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Owner's Certificate
Temporary Use
Permits (Interim Use
Permit)
TEMP-2023-5

OWNER'S CERTIFICATE

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: Alexi Harding 03/29/2023

Signature: *Alexi Harding*

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000103927

Entity Name: TAL SHIAR PROPERTIES LLC

Current Principal Place of Business:

60 EAST 42ND STREET
SUITE 2540
NEW YORK, NY 10165

Current Mailing Address:

60 EAST 42ND STREET
SUITE 2540
NEW YORK, NY 10165 US

FEI Number: 86-2678509

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REGISTERED AGENTS INC.
7901 4TH ST N
STE 300
ST. PETERSBURG, FL 33702 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name HARDING, ALEXI
Address 60 EAST 42ND STREET, SUITE 2540
City-State-Zip: NEW YORK NY 10165

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ALEXI HARDING

MGRM

04/28/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date