



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

P&Z#: 26-17000005

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

Development Application

Project Type: Special Exceptions

Submission #: SPEX-2026-15

| Site Data | | | |
|---------------------------|--|--|---------|
| Project Name: | Daniels Health Biomedical Waste Treatment and Transfer Facility | Size of property: | 74735.7 |
| Street Address: | 1440 SW 28 Ave | Number of units (Residential): | |
| Folio Number(s): | 4942 04 00 0422 | Total square feet of the building* (Non-Residential): | |
| Project Narrative: | Daniels Health Biomedical Waste Treatment and Transfer Facility - Special Exception for use. This is not a new build or construction project | | |

| Applicant | | Landowner (Owner of Record) | |
|--|------------------------------------|--|----------------------------------|
| Name: | Daniels Health - Pompano Beach, FL | Business Name (if applicable): | RL FAMILY PROPERTY OWNER LLC |
| Title: | Ryan McCallen | Print Name: | EL FAMILY PROPERTY OWNER LLC ETA |
| Street Address: | 111 W. Jackson Blvd. Suite 1900 | Street Address: | 1440 SW 28 Ave |
| Mailing Address City/ State/ Zip: | Chicago IL 60604 | Mailing Address City/ State/ Zip: | Pompano Beach FL 33069 |
| Phone Number: | 516-865-0033 | Phone Number: | |
| Email: | | 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
Special Exceptions

OWNER'S CERTIFICATE

SPEX-2026-15

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: David Tran 05/20/2026

Signature: David Tran

Daniels Sharpsmart, Inc.
111 West Jackson Blvd. Suite 1900
Chicago, IL 60604



June 1, 2026

Scott Reale
Principal Planner
City Hall Main Building
100 West Atlantic Boulevard
Pompano Beach, Florida 33060 - Third Floor

Daniels Sharpsmart, Inc. – Special Exception Application Authorization

Dear Mr. Reale,

The property located at 1440 SW 28th Ave, Pompano Beach, FL 33069 (the "Property") is owned by EL FAMILY PROPERTY OWNER LLC, RL FAMILY PROPERTY OWNER LLC, and SLMJL FAMILY PROPERTY OWNER LLC (collectively, "Owner"). Pursuant to a Contract of Sale, dated as of April 27, 2026 (the "PSA"), between Owner, as seller, and Daniels Real Estate Acquisitions, LLC, as purchaser ("Purchaser"), Owner has agreed to sell, and Purchaser as agreed to buy, the Property in accordance with the terms and conditions set forth in the PSA.

Regarding the special exception application for the City of Pompano Beach, Owner hereby acknowledges and authorizes David Tran / Daniels Health, an affiliate of Purchaser, to submit this Special Exception application on their behalf in accordance with the terms of this letter. Nothing herein shall authorize David Tran/Daniels Health or the Purchaser to file for any permits until after the closing on the purchase of the Property pursuant to the terms of the PSA.

In the event the PSA is terminated or a closing under the PSA does not occur for any reason whatsoever, the authorization set forth herein shall automatically terminate with no further action needed from any party. In the event this Agreement is terminated (by default or otherwise) or a closing under the PSA does not occur, Purchaser shall, at its sole cost and expense and within five (5) days of written notice by Owner cause to be prepared and filed such documents as may be necessary or required to withdraw the request for the Special Exception (the "Withdrawal"). In the event Purchaser, fails or refuses to comply with the foregoing Withdrawal requirements, Owner may perform same and shall be entitled to recover from Purchaser all third-party costs and expenses, including reasonable attorneys' fees actually incurred by Owner in connection with such Withdrawal.

4936-8495-4033.2

Daniels Health | USA

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Suite 1900, Chicago, IL 60604

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F +1 312-546-8950

W www.danielshealth.com

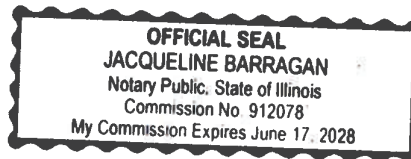


Purchaser and Daniels Health hereby indemnify and hold Owner harmless from and against any and all losses, costs, damages, liens, claims, counterclaims, liabilities or expenses (including, but not limited to, reasonable attorneys' fees, court costs and disbursements) incurred by Owner arising from or by reason of the filing of the Special Exemption application and/or a failure to comply with the Withdrawal requirements.

Kind Regards,

Ryan McCallen

_____ on behalf of Daniels Health and
Daniels Real Estate Acquisitions, LLC



Jacqueline Barragan
06-03-2024

AKNOWLEDGED AND AGREED:

EL FAMILY PROPERTY OWNER LLC

By:

Name: *Emilio Lamanna*

Title: *AUTHORIZED SIGNATORY*

RL FAMILY PROPERTY OWNER LLC

By:

Name: *ROSSANA BORTONE*

Title: *AUTHORIZED SIGNATORY*

SLMJL FAMILY PROPERTY OWNER LLC

By:

Name: *Mary Jean Lamanna*

Title: *AUTHORIZED SIGNATORY*

4026 8405 4022 2

Daniels Health | USA

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Suite 1900, Chicago, IL 60604

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F +1 312-546-8950

W www.danielshealth.com

Purchaser and Daniels Health hereby indemnify and hold Owner harmless from and against any and all losses, costs, damages, liens, claims, counterclaims, liabilities or expenses (including, but not limited to, reasonable attorneys' fees, court costs and disbursements) incurred by Owner arising from or by reason of the filing of the Special Exemption application and/or a failure to comply with the Withdrawal requirements.

Kind Regards,

_____ on behalf of Daniels Health and
Daniels Real Estate Acquisitions, LLC

ACKNOWLEDGED AND AGREED:

EL FAMILY PROPERTY OWNER LLC

By: _____
Name: *Emilio Lamanna*
Title: *authorized signatory*

RL FAMILY PROPERTY OWNER LLC

By: *Rossana Bortone*
Name: *ROSSANA BORTONE*
Title: *AUTHORIZED SIGNATORY*

SLMJL FAMILY PROPERTY OWNER LLC

By: *Maryjean Lamanna*
Name: *Maryjean Lamanna*
Title: *member*

6-4-26
KEVIN LOPEZ
Notary Public - State of New York
NO. 01LO6419400
Qualified in Nassau County
My Commission Expires Jul 6, 2029

4936-8495-4033-2