



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

P&Z#: 25-11000021

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

**Development Application**

**Project Type:** Variance

**Submission #:** VAR-2025-35

**Site Data**

<b>Project Name:</b>	Blossman Propane Storage Facility	<b>Size of property:</b>	34428.0
<b>Street Address:</b>	261 S. Andrews Avenue	<b>Number of units (Residential):</b>	0.0
<b>Folio Number(s):</b>	494202570010	<b>Total square feet of the building* (Non-Residential):</b>	0.0
<b>Project Narrative:</b>	Develop a propane storage facility for gas onloading, storage, and distribution.		

**Applicant**

**Landowner (Owner of Record)**

<b>Name:</b>	<b>Business Name (if applicable):</b>
	BLOSSMAN GAS OF LOUISIANA INC
<b>Title:</b>	<b>Print Name:</b>
	BLOSSMAN GAS OF LOUISIANA INC
<b>Street Address:</b>	<b>Street Address:</b>
	809 Washington Ave
<b>Mailing Address City/ State/ Zip:</b>	<b>Mailing Address City/ State/ Zip:</b>
	OCEAN SPRINGS Mississippi 39564
<b>Phone Number:</b>	<b>Phone Number:</b>
	828-299-4437
<b>Email:</b>	<b>Email:</b>
	jharris@blossmangas.com

**ePlan agent (if different):**

<b>Name of ePlan agent:</b>	
<b>Email of ePlan agent:</b>	
<b>Phone Number of ePlan agent:</b>	



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**Owner's Certificate  
Variance**

**OWNER'S CERTIFICATE**

VAR-2025-35

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 Dixon 12/15/2025

**Signature:** *David Dixon*

May 30, 2024

City of Pompano Beach  
100 W. Atlantic Blvd.  
Pompano Beach, FL 33060

Re: Capacity as Agent for Blossman Gas of Louisiana, Inc.

To Whom It May Concern:

This letter is intended to authorize the firm of Calvin, Giordano & Associates to appear, submit and act as agent for and on behalf of Blossman Gas of Louisiana, Inc. regarding its application at the upcoming ZBA hearing. This authorization is limited to the business purpose mentioned above.

Should you have any questions regarding this authorization, I can be reached directly at (228) 872-8975.

Best Regards,



Todd M. Reinke  
Vice President, Administration and Secretary

State of Mississippi  
County of Harrison

Signed and acknowledged before me by Todd M. Reinke on this 30  
day of April, 2024.

  
Notary Public

My commission expires on: January 2, 2028

★ STATE OF MISSISSIPPI ★  
CRYSTAL D. ASHTON, NOTARY PUBLIC  
HARRISON COUNTY  
MY COMMISSION EXPIRES JANUARY 2, 2028  
COMMISSION NUMBER 88010

**2025 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 834506

**Entity Name:** BLOSSMAN GAS OF LOUISIANA INC.

**Current Principal Place of Business:**

809 WASHINGTON AVE  
OCEAN SPRINGS, MS 39564

**Current Mailing Address:**

PO DRAWER 1110  
OCEAN SPRINGS, MS 39566 US

**FEI Number:** 72-0570205

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 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

**Officer/Director Detail :**

Title TD  
Name PARENT, FRANK  
Address 809 WASHINGTON AVE  
City-State-Zip: OCEAN SPRINGS MS 39564

Title VD  
Name REYNOLDS, DAVID M  
Address 3713 POINT CLEAR DR  
City-State-Zip: OCEAN SPRINGS MS 39564

Title PD  
Name WEIDE, STUART E  
Address 20 COUNTRY CLUB TRAIL  
City-State-Zip: ASHEVILLE NC 28804

Title OFFICER  
Name REINKE, TODD  
Address 809 WASHINGTON AVE  
City-State-Zip: OCEAN SPRINGS MS 39564

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DAVID REYNOLDS

**OFFICER**

**08/28/2025**

Electronic Signature of Signing Officer/Director Detail

Date