



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

P&Z#: _____

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

Zoning Board of Appeals Application

Zoning Board of Appeals Application (Check all that apply)

Zoning Board of Appeals Application (Select one of the following)			
☒ Special Exception	☒ Variance	☐ Major Temporary Use	☐ Interim Use Permit
Street Address: 1979 N Federal Hwy, Pompano Beach, FL 33060		Folio Number: 48-42-25-07- 0015	Zoning District: B-3/PCD
Subdivision: POMPANO CITY CENTRE PLAT 174-45 B POR OF PAR A ELY NE COR PAR A, SW 247.24, SW 150.33, SW 143, SE 10, SW 103.69, NW 20.16 TO POB, SW 154, NW 99 NE 154, SE 99 TO POB		Block:	Lot:
Date of Required Pre-Application Meeting:			

Project Information	
Request: Seeking to approval of the following uses: Urgent Care, medical, clinical, or hospital uses, and uses incidental and ancillary thereto	
Representative or Agent's interest in property (Owner, Lessee, Etc): Lessee	
Have any previous applications been filed? Yes ☐ No ☒	If Yes, give date of hearing and/or appeal #:

Owner's Representative or Agent	Landowner (Owner of Record)
Business Name (if applicable): Holy Cross Hospital, Inc.	Business Name (if applicable): Melro CO
Print Name and Title: Mark Doyle, CEO	Print Name and Title: Roy S. LEBMAN, Manager
Signature: 	Signature:
Date: 10/14/21	Date: 12/15/21
Street Address: 4725 N Federal Hwy	Street Address: 13400 NW HWY 225
Mailing Address City/ State/ Zip: Fort Lauderdale, FL 33308	Mailing Address City/ State/ Zip: Reddick, FL 32868
Phone Number: 954-958-4837	Phone Number: 352-591-0603
Email: mark.e.doyle@trinity-health.org EMILY.R.BARKER@STJOESHEALTH.ORG	Email: RLEBMAN@GMAIL.COM



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Zoning Board of Appeals Application

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. I further certify that this request is not related to any existing violation of the zoning code.

Note: If this request is related to an existing zoning violation, please submit documentation as to the Special Master's disposition of the matter.

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).

Owner's Name: Melro CO
(Print or Type)
Address: 13400 NW HWY 225
Reddick, FL 32868
(Zip Code)
Phone: 352.817.2260
Email address: rlerman5@gmail.com

[Signature]
(Signature of Owner or Authorized Official)

SWORN AND SUBSCRIBED before me this 15th day of December, 2021 by means of
☒ physical presence or ☐ online notarization.

[Signature]
NOTARY PUBLIC, STATE OF FLORIDA

Notary Public State of Florida
Francis Tim Reilly
My Commission GG 257793
Expires 09/28/2022

(Name of Notary Public: Print, stamp, or Type as Commissioned)

☒ Personally know to me, or
☐ Produced identification:

(Type of Identification Produced)



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Owner's Name:
(Print or Type)
Address:

Holy Cross Hospital, Inc.

4725 N Federal Hwy

Fort Lauderdale, FL 33308

(Zip Code)

Phone:

954-958-4837

Email address:

mark.e.doyle@trinity-health.org

(Signature of Owner or Authorized Official)

SWORN AND SUBSCRIBED before me this 13 day of December, 2021 by means of
☒ physical presence or ☐ online notarization.

NOTARY PUBLIC, STATE OF FLORIDA

Maryann Reyes-Cairo

(Name of Notary Public: Print, stamp, or Type as Commissioned.)

☒ Personally know to me, or
☐ Produced identification:

(Type of Identification Produced)



Maryann Reyes-Cairo
Notary Public
State of Florida
Comm# HH158878
Expires 7/29/2025