



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

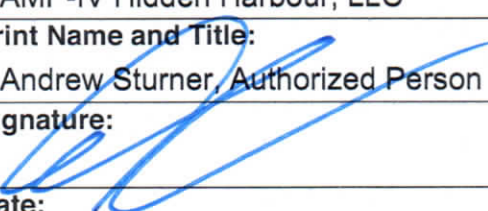
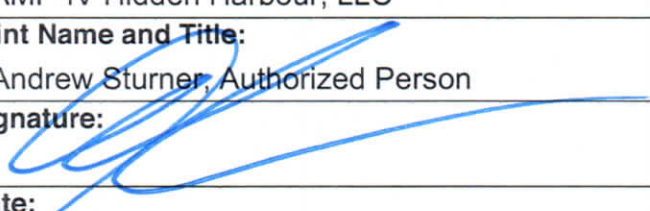
P&Z#: 19-18000003

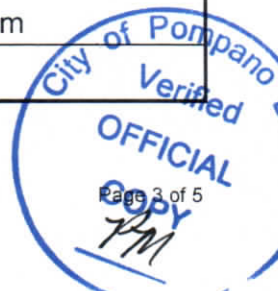
100 W. Atlantic Blvd Pompano Beach, FL 33060  
Phone: 954.786.4634 Fax: 954.786.4666

**Request for Vacation**

**Request for Vacation**

Request for Vacation		
<input type="checkbox"/> Easement Vacation	<input checked="" type="checkbox"/> Right-of-Way Vacation	
Street Address: 1500 N Federal Highway et al.	Folio Number: See attached	Zoning District:
Subdivision: Multiple	Block:	Lot:
Type of Easement (if applicable): Portion of ROW.		
Does Petitioner have any financial interest in properties near or abutting this property?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain: <u>Petitioner owns 100% of the abutting land.</u>	
Improvements Located on Property: Sidewalk/Pavement		

Applicant	Landowner (Owner of Record)
Business Name (if applicable): AMP-IV Hidden Harbour, LLC	Business Name (if applicable): AMP-IV Hidden Harbour, LLC
Print Name and Title: Andrew Sturner, Authorized Person	Print Name and Title: Andrew Sturner, Authorized Person
Signature: 	Signature: 
Date: <u>10-8-19</u>	Date: <u>10-8-19</u>
Street Address: 2890 NE 187 Street	Street Address: 2890 NE 187 Street
Mailing Address City/ State/ Zip: Aventura, FL 33180	Mailing Address City/ State/ Zip: Aventura, FL 33180
Phone Number: 305 931 2550	Phone Number: 305 931 2550
Email: asturner@aquamarinepartners.com	Email: asturner@aquamarinepartners.com
Email of ePlan agent (if different): Graham Penn	





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**Reason for Request**

(A separate sheet may be attached for additional information.):

See attached.

AMP-IV Hidden Harbour, LLC

**Name of Petitioner**

Owner of 100% of Abutting Land

**Petitioner's Interest in Property**



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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 for rezoning.

**Owner's Name:** AMP-IV Hidden Harbour, LLC  
(Print or Type)

**Address:** 2890 NE 187 Street  
Aventura FL 33180  
(Zip Code)

**Phone:** 305 931 2550

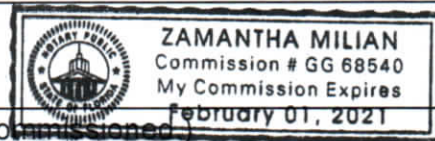
**Email address:** asturner@aquamarinepartners.com

(Signature of Owner or Authorized Official)

**SWORN AND SUBSCRIBED** before me this 8<sup>th</sup> day of October, 2019.

**NOTARY PUBLIC, STATE OF FLORIDA**

*Zamantha Milian*



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

☒ Personally know to me, or  
☐ Produced identification: \_\_\_\_\_  
(Type of Identification Produced)