



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

P&Z#: 23-11000020

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

Development Application

Project Type: Variance

Submission #: VAR-2023-23

Site Data			
Project Name:	ReVive SurgiCenter	Size of property:	18765.0
Street Address:	1347 E. Sample Road, Suite 102	Number of units (Residential):	0.0
Folio Number(s):	484213030490	Total square feet of the building* (Non-Residential):	5589.0
Project Narrative:	Variance from the residential zoning distance separation requirement for a specialty medical facility - Code Section 155.4209.B.3.a		

Applicant		Landowner (Owner of Record)	
Name:		Business Name (if applicable):	
Matthew Scott, Esq. for Greenspoon Marder LLP		CCDV Holdings LLC	
Title:		Print Name:	
Partner		Dane Pohlman	
Street Address:		Street Address:	
200 E. Broward Boulevard, Suite 1800		7331 NW 25TH TERRACE	
Mailing Address City/ State/ Zip:		Mailing Address City/ State/ Zip:	
Fort Lauderdale Florida 33301		BOCA RATON Florida 33496	
Phone Number:		Phone Number:	
954-333-4372		314-283-8738	
Email:		Email:	
matthew.scott@gmlaw.com		dane.pohlman@gmail.com	
ePlan agent (if different):			
Name of ePlan agent:			
Email of ePlan agent:			
Phone Number of ePlan agent:			



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

**Owner's Certificate
Variance**

VAR-2023-23

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: Shane Zalonis for Greenspoon Marder 11/20/2023

Signature: *Shane Zalonis*

CCDV Holdings LLC
7331 N.W. 25th Terrace
Boca Raton, FL 35496

Authorization and Letter of Representation

CCDV Holdings LLC hereby authorizes Matthew H. Scott, Esq. and/or the law firm of Greenspoon Marder LLP to represent CCDV Holdings LLC before all officials, bodies, instrumentalities and at any meetings and public hearings necessary in connection with the special exception and variance applications for ReVive SurgiCenter LLC's occupation of the tenant space located at 1347 E. Sample Road, Suite B, with the City of Pompano Beach, Florida.

By: CCDV Holdings LLC

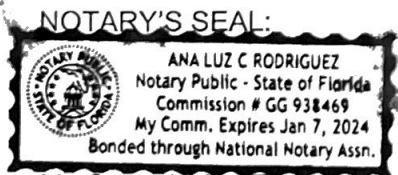


Dane Pohlman, D.O.
Manager


STATE OF _____) ss
COUNTY OF _____)

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, the foregoing instrument was acknowledged before me by means of physical presence or online notarization, by _____ Dane Pohlman, Manager of CCDV Holdings LLC, a Florida Limited Liability Company, on behalf of the corporation. He/she is personally known to me or has produced LIC # P455-163-82-348-0 (Type of Identification) as identification.

WITNESS my hand and official seal in the County and State last aforesaid this 15 day of Nov, 2023.



My Commission Expires: 1/7/2024



FL Notary Public-Signature
ANA LUZ C RODRIGUEZ
Name of Notary Public Typed, Printed or Stamped

ReVive SurgiCenter LLC
7331 N.W. 25th Terrace
Boca Raton, FL 35496

Authorization and Letter of Representation

ReVive SurgiCenter LLC hereby authorizes Matthew H. Scott, Esq. and/or the law firm of Greenspoon Marder LLP to represent ReVive SurgiCenter LLC before all officials, bodies, instrumentalities and at any meetings and public hearings necessary in connection with their matters with the City of Pompano Beach, Florida.

By: ReVive SurgiCenter LLC

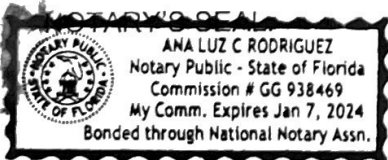


Dane Pohlman, D.O.
Manager

STATE OF) ss
COUNTY OF)

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, the foregoing instrument was acknowledged before me by means of physical presence or online notarization, by _____ Dane Pohlman, Manager of ReVive SurgiCenter LLC, a Florida Limited Liability Company, on behalf of the corporation. He/she is personally known to me or has produced Lic # P455-163-82-348-0 (Type of Identification) as identification.

WITNESS my hand and official seal in the County and State last aforesaid this 15 day of NOV, 2023.





FL Notary Public-Signature
ANA LUZ C RODRIGUEZ
Name of Notary Public Typed, Printed or Stamped

My Commission Expires: 1/7/2024