



Florida's Warmest Welcome

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

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

P&Z#: 23-11000003

Development Application

Project Type: Variance

Submission #: VAR-2022-18

Site Data

Project Name:	House on triangular lot	Size of property:	5753.0
Street Address:	NE 1 Ave (vacant)	Number of units (Residential):	1.0
Folio Number(s):	484223090270	Total square feet of the building* (Non-Residential):	0.0
Project Narrative:	New 960 square foot home requires variance from the 25 foot front set back to 14 foot front setback.		

Applicant	Landowner (Owner of Record)
Name:	Business Name (if applicable):
Michael Holland	Zion Mission Inc.
Title:	Print Name:
SR	Carolina Robert Brito
Street Address:	Street Address:
800 NE 48th street	1205 SW Arborcrest
Mailing Address City/ State/ Zip:	Mailing Address City/ State/ Zip:
Pompano Beach Florida 33064	Lee Summit MO 64082
Phone Number:	Phone Number:
540-818-8423	816-655-9210
Email:	Email:
al_holland_run@yahoo.com	carolrobert@gmail.com
ePlan agent (if different):	
Name of ePlan agent:	
Email of ePlan agent:	
Phone Number of ePlan agent:	



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Owner's Certificate
Variance

OWNER'S CERTIFICATE

VAR-2022-18

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.

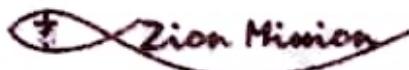
By signing below, I agree that if the proposed development is found not in compliance with the applicable standards and minimum requirements of this Code then no building permit will be issued until those conditions the Development Services Director finds reasonably necessary to ensure compliance are 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.l).

By signing below, I acknowledge that lying or misrepresentation in the application can lead to revocation. (155.8402. B. *Revocation of Approval*).

Name: Michael Holland **12/22/2022**

Signature: 



2501 SW Kenwill Ct

Lee's Summit MO 64082

carolrrobert@gmail.com

cell: 816-655-9210

December 13, 2022

To Whom it may Concern,

I, Carolina Robert Brito, Secretary and Authorized Board Member of Zion Mission, authorize Michael Holland to apply for a variance with the City of Pompano Beach for lot with Folio # 4842 23 09 0270.

Thank you,

Carolina Robert Brito, Board of Directors Officer

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004009

Entity Name: ZION MISSION, INC.**FILED****Mar 18, 2022****Secretary of State****7238702667CC****Current Principal Place of Business:**3400 NE 1 AVE
POMPANO BEACH, FL 33064**Current Mailing Address:**2501 SW KENWILL CT
LEE'S SUMMIT, MO 64082 US**FEI Number:** 65-0952411**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**ROBERT, MARTHA RP
3400 NE 1 AVENUE
POMPANO BEACH, FL 33064 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	SD	Title	TD
Name	ADILSON, ROBERT P	Name	JUSSARA, LINGEL R
Address	2501 SW KENWILL CT	Address	2501 SW KENWILL CT
City-State-Zip:	LEE'S SUMMIT MO 64082	City-State-Zip:	LEE'S SUMMIT MO 64082
Title	SD	Title	P
Name	BRITO, CAROLINA R	Name	ROBERT, MARTHA
Address	1205 SW ARBORCREST DR	Address	2501 SW KENWILL CT
City-State-Zip:	LEE'S SUMMIT MO 64082	City-State-Zip:	LEE'S SUMMIT MO 64082

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARTHA R ROBERT**PRESIDENT**

03/18/2022

Electronic Signature of Signing Officer/Director Detail

Date