



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

P&Z#: 23-17000004

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

Development Application

Project Type: Special Exceptions

Submission #: SPEX-2023-8

Site Data

Project Name:	EMS Recycling	Size of property:	104285.0
Street Address:	1820 NW 21st Street	Number of units (Residential):	0.0
Folio Number(s):	4842 27 13 0010	Total square feet of the building* (Non-Residential):	18909.0
Project Narrative:	The contract buyer intends to use the property for concrete crushing, which is not a used defined by the zoning code but has been determined to be most-closely similar to a waste-related service use		

Applicant		Landowner (Owner of Record)	
Name:		Business Name (if applicable):	
Paola A. West		SES WPB LLC	
Title:		Print Name:	
Principal/ Senior Land Planner		Attn: Michael Tomkovich	
Street Address:		Street Address:	
10152 Indiantown Road, #159		5718 E Adamo Drive	
Mailing Address City/ State/ Zip:		Mailing Address City/ State/ Zip:	
Jupiter Florida 33478		Tampa Florida 33619	
Phone Number:		Phone Number:	
954-529-9417		954-648-8927	
Email:		Email:	
pwest@planw3st.com		raul@emssitedevelopment.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
Special Exceptions

OWNER'S CERTIFICATE

SPEX-2023-8

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: Paola A. West 06/27/2023

Signature: P West

June 26, 2023

Scott Reale, Senior Planner
City of Pompano Beach
Development Services, Department 1510
100 West Atlantic Boulevard
Pompano Beach, Florida 33060

Via Electronic Mail: scott.reale@copbfl.com

RE: Special Exception and Variance for 1820 NW 21 ST (Folio 484227130010)

Mr. Reale,

The purpose of this letter is to authorize PlanW3st LLC to act as SES WPB, LLC's ("SES WPB") agent with respect to submitting, representing, and processing the above-referenced application. The authorization conferred by this letter is limited to the extent necessary to permit PlanW3st LLC to obtain approval of a special exception and variance permitting waste-related service uses at the property, provided that such special exception and variance does not render SES WPB's current, active use of the property non-conforming. SES WPB reserves the right to revoke this letter of authorization at any time in its sole discretion.

If you have any questions, please do not hesitate to contact me directly.


Sincerely,



Michael Tomkovich
SES WPB, LLC
5718 E Adamo Drive
Tampa, FL 33619

STATE: Florida
COUNTY: Hillsborough

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization, this 26th day of June, 2023, by Michael Tomkovich, as authorized representative of SES WPB, LLC, a Florida limited liability company who is personally known to me or has produced _____ as identification.



Notary Public
My Commission expires:

Felicia A. Johanson
Printed Notary Signature



Felicia A. Johanson
Comm. #HH022277
Expires: July 22, 2024
Bonded Thru Aaron Notary

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000040124

Entity Name: SES WPB, LLC

Current Principal Place of Business:

5718 E ADAMO DRIVE
TAMPA, FL 33619

Current Mailing Address:

5718 E ADAMO DRIVE
TAMPA, FL 33619 US

FEI Number: 46-5074029

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TOMKOVICH, MICHAEL
5718 E ADAMO DRIVE
TAMPA, FL 33619 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: MICHAEL TOMKOVICH

03/28/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name TOMKOVICH, MICHAEL
Address 5718 E ADAMO DRIVE
City-State-Zip: TAMPA FL 33619

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL TOMKOVICH

MANAGER

03/28/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date