



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

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

**Development 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.

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 insure compliance are met.

**Owner's Name:** Old Towne Flagler LLC  
(Print or Type)

**Address:** 2302 East Atlantic Blvd  
Pompano Beach FL, 33062  
(Zip Code)

**Phone:** 954-695-0754

**Email address:** Kim @ RMA, US. COM  
X Christopher W. Brown  
(Signature of Owner or Authorized Official)

**SWORN AND SUBSCRIBED** before me this 25<sup>th</sup> day of January, 2019.

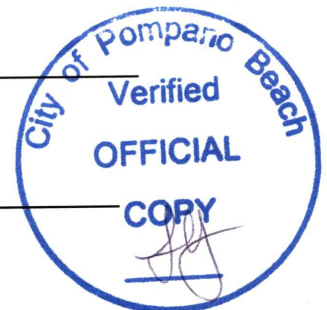
Janice M. Pennington  
**NOTARY PUBLIC, STATE OF FLORIDA**

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



- ☒ Personally know to me, or  
☐ Produced identification:

(Type of Identification Produced)



**DRC**

**PZ19-12000006  
10/21/20**

**DRC**

**PZ19-12000006  
04/03/19**



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Owner's Name: The Old Goat LLC  
(Print or Type)

Address: 141 NW 33rd Street  
Oakland Park, FL 33309  
(Zip Code)

Phone: (954) 444-5610

Email address: fdouaihi@mbrconstruction.com

[Signature]  
(Signature of Owner or Authorized Official)

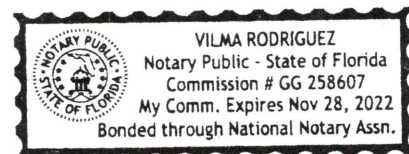
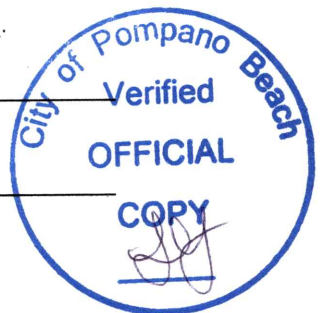
SWORN AND SUBSCRIBED before me this 28 day of January, 2019.

[Signature]  
NOTARY PUBLIC, STATE OF FLORIDA

Vilma Rodriguez  
(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: Willy Francois  
(Print or Type)

Address: 6781 Coral Reef St  
Lake Worth, FL 33467  
(Zip Code)

Phone: \_\_\_\_\_

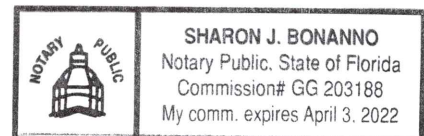
Email address: \_\_\_\_\_  
[Signature]  
(Signature of Owner or Authorized Official)

SWORN AND SUBSCRIBED before me this 6th day of FEBRUARY, 2019

[Signature]  
NOTARY PUBLIC, STATE OF FLORIDA

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

☒ Personally know to me, or  
☒ Produced identification: FLORIDA DRIVER LICENSE  
(Type of Identification Produced)



**DRC**

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Owner's Name: TEPM Inc.  
(Print or Type)  
Address: 31 NE 1st Street  
Pompano Beach FL 33060  
(Zip Code)  
Phone: 954 942 8760  
Email address: michel @ tmservice.net  
[Signature]  
(Signature of Owner or Authorized Official)

[Signature]  
SWORN AND SUBSCRIBED before me this 31<sup>st</sup> day of January, 2017

NOTARY PUBLIC, STATE OF FLORIDA

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

- ☒ Personally know to me, or  
☐ Produced identification:

(Type of identification produced)



**DRC**

PZ19-12000006  
10/21/20

**DRC**

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PZ19-12000006  
04/03/19



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**Owner's Name:** Blaise and Algalite Augustine  
(Print or Type)

**Address:** 11739 NW 26th Court  
Coral Springs, FL 33065  
(Zip Code)

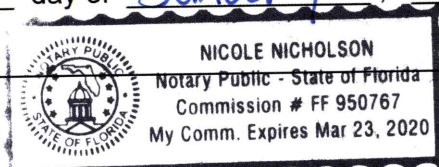
**Phone:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

  
(Signature of Owner or Authorized Official)

SWORN AND SUBSCRIBED before me this 29 day of January, 2019

  
NOTARY PUBLIC, STATE OF FLORIDA



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

- ☒ Personally know to me, or  
☐ Produced identification: \_\_\_\_\_

(Type of Identification Produced)



**DRC**

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