



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

P&Z#: 25-11000005

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

**Development Application**

**Project Type:** Variance

**Submission #:** VAR-2025-6

**Site Data**

<b>Project Name:</b>	Addition ATF	<b>Size of property:</b>	7200.0
<b>Street Address:</b>	1615 SE 1st St, pompano beach, FL 33060	<b>Number of units (Residential):</b>	1.0
<b>Folio Number(s):</b>	4942 01 05 0150	<b>Total square feet of the building* (Non-Residential):</b>	
<b>Project Narrative:</b>	Zoning Variance - encroach into the 10-foot side yard setback (East) by 2 inches. The property is in a TO-EOD zone.		

**Applicant**

**Landowner (Owner of Record)**

<b>Name:</b>	<b>Business Name (if applicable):</b>
	YPAN, LLC
<b>Title:</b>	<b>Print Name:</b>
	Yolanda Pandolfo
<b>Street Address:</b>	<b>Street Address:</b>
	1615 SE 1st St
<b>Mailing Address City/ State/ Zip:</b>	<b>Mailing Address City/ State/ Zip:</b>
	Pompano Beach Florida 33060
<b>Phone Number:</b>	<b>Phone Number:</b>
	754-304-5798
<b>Email:</b>	<b>Email:</b>
	qpaninc@gmail.com

**ePlan agent (if different):**

<b>Name of ePlan agent:</b>	
<b>Email of ePlan agent:</b>	
<b>Phone Number of ePlan agent:</b>	



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**Owner's Certificate  
Variance**

**OWNER'S CERTIFICATE**

VAR-2025-6

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:** Yolanda Pandolfo 03/18/2025

**Signature:** YPandolfo

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000447582

**Entity Name:** YPAN, LLC

**Current Principal Place of Business:**

1390 S FEDERAL HWY  
POMPANO BEACH,, FL 33062

**Current Mailing Address:**

1390 S FEDERAL HWY  
POMPANO BEACH,, FL 33062 US

**FEI Number:** 87-4791676

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PANDOLFO, YOLANDA  
1390 S FEDERAL HWY  
POMPANO BEACH, FL 33062 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

**Authorized Person(s) Detail :**

Title MGR  
Name PANDOLFO, YOLANDA  
Address 1390 S FEDERAL HWY  
City-State-Zip: POMPANO BEACH FL 33062

*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:** YOLANDA PANDOLFO

CEO

01/22/2025

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date