



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

P&Z#: 16-13000006


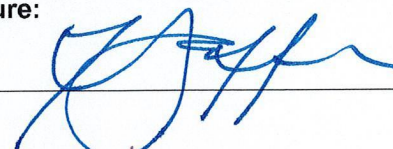
100 W. Atlantic Blvd Pompano Beach, FL 33060  
Phone: 954.786.4634 Fax: 954.786.4666

Rezoning Application

Rezoning Review

Rezoning			
Site Specific		Planned Development	
Street Address: <u>20 SW 27TH AVE</u>		Folio Number: <u>4942 04 23 0010</u>	Current Zoning: <u>B-2</u>
Subdivision: <u>LOEHMANN'S PLAZA AT PALM SPRINGS</u>	Block:	Lot:	Proposed Zoning: <u>B-3</u>
Have any previous applications been filed? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		If Yes, give date of hearing and finding:	
Date of Pre-Application Conference: <u>11-22-16</u>			

Site Data		
Project Name: <u>POMPANO HEALTH PARK</u>		
Acres:	Number of units (Residential): <u>0</u>	Total square feet of the building (Non-Residential):

Owner's Representative or Agent	Landowner (Owner of Record)
Business Name (if applicable):	Business Name (if applicable):
Print Name and Title: <u>SHALINA JAFFER PROJECT MANAGER</u>	Print Name and Title: <u>FAURIA JAFFER - OWNER</u>
Signature: 	Signature: 
Date: <u>11-23-16</u>	Date: <u>11-23-16</u>
Street Address: <u>3410 STALLION LANE</u>	Street Address: <u>3410 STALLION LANE</u>
Mailing Address City/ State/ Zip: <u>WESTON, FL 33331</u>	Mailing Address City/ State/ Zip: <u>WESTON, FL 33331</u>
Phone Number: <u>954-609-4760</u>	Phone Number: <u>954-591-7888</u>
Email: <u>SHALINA.JAFFER@GMAIL.COM</u>	Email: <u>FAURIAJAFFER@AOL.COM</u>
Email of ePlan agent (if different): <u>com</u>	





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Rezoning 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 for rezoning.

Owner's Name: FRUZIA JAFFER  
(Print or Type)

Address: 20 SW 27th Ave  
POMPAÑO BEACH FL 33069  
(Zip Code)

Phone: 954-591-7888

Email address: FRUZIAJAFER@AOL.COM

[Signature]  
(Signature of Owner or Authorized Official)

SWORN AND SUBSCRIBED before me this 23<sup>RD</sup> day of November, 2016.

NOTARY PUBLIC, STATE OF FLORIDA

Julia Marie Camacho

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

☒ Personally know to me, or  
☐ Produced identification: \_\_\_\_\_  
(Type of Identification Produced)



JULIA MARIE CAMACHO  
MY COMMISSION # GG 008579  
EXPIRES: November 5, 2020  
Bonded Thru Budget Notary Services