



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

P&Z#: 18-18000003

100 W. Atlantic Blvd Pompano Beach, FL 33060

Phone: 954.786.4634 Fax: 954.786.4666

Request for Vacation

Request for Vacation

Request for Vacation		
<input type="checkbox"/> Easement Vacation	<input checked="" type="checkbox"/> Right-of-Way Vacation	
Street Address: SW 11th Street, west of Dixie Highway	Folio Number: 494202030030, 494202030140, 494202030130, 494202030010	Zoning District: B-3
Subdivision: Fairview Amended Plat 10-25	Block: 1 & 2	Lot: 1) 8-12, (2) 1-6 and 17-24
Type of Easement (if applicable):		
Does Petitioner have any financial interest in properties near or abutting this property?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, explain: _____	
Improvements Located on Property: None		

Applicant	Landowner (Owner of Record)
Business Name (if applicable): Keith and Associates, Inc.	Business Name (if applicable): Aloha 1, LLC
Print Name and Title: Mike Vonder Meulen, AICP	Print Name and Title: CRISTIAN ARIEL SANTUCHO, Chief Executive Manager
Signature:	Signature:
Date: 5/16/18	Date: 05-15-18
Street Address: 301 East Atlantic Blvd.	Street Address: 345 Ocean Dr. # 1102
Mailing Address City/ State/ Zip: Pompano Beach, FL 33060	Mailing Address City/ State/ Zip: Miami Beach, FL 33139
Phone Number: 954-788-3400	Phone Number: 954-524-2575
Email: mvondermeulen@keithteam.com	Email: jds@shiff.com
Email of ePlan agent (if different): mamodio@keithteam.com	



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Reason for Request

(A separate sheet may be attached for additional information.):

see justification letter

Aloha 1, LLC

Name of Petitioner

Owner

Petitioner's Interest in Property



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OWNER'S CERTIFICATE

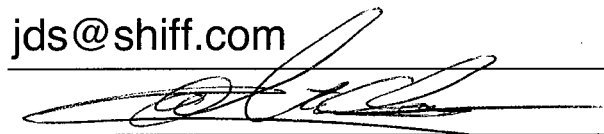
This is to certify that I am the owner of the subject lands described in this application and that I have authorized the filing of the aforesaid application for rezoning.

Owner's Name: Aloha 1, LLC
(Print or Type)

Address: 345 Ocean Dr. # 1102
Miami Beach, FL 33139
(Zip Code)

Phone: 954-524-2575

Email address: jds@shiff.com


(Signature of Owner or Authorized Official)

SWORN AND SUBSCRIBED before me this 14 day of MAY, 2018.


NOTARY PUBLIC, STATE OF FLORIDA

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

☐ Personally know to me, or
☒ Produced identification: FL Drivers License
(Type of Identification Produced)

