



City of Pompano Beach  
Department of Development Services  
Business Tax Receipt Division

100 W. Atlantic Blvd Pompano Beach, FL 33060

Phone: 954.786.4668 Fax: 954.786.4666

**Community Residence &  
Recovery Community**

**Staff Review**

<b>PROPERTY ADDRESS (of the Subject Property):</b> <b>242 SW 9 Street</b>	<b>Zoning District:</b> RS-2
--	---------------------------------

<b>Date Received:</b> 10/15/2020	<b>Date Use Established:</b> (if prior to 6/12/2018)
----------------------------------	---

<b># of Dwelling Units</b>	1	<b>C/O confirmed for multi-family:</b>	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<b>Minimum Duration of Residency</b>	<input type="radio"/> No Minimum	<input checked="" type="radio"/> 12 Months
<b>Total # of Bedroom</b>	5	<b># of Residents</b>	0	Live-in Staff	<b>Maximum Duration of Residency</b>	<input checked="" type="radio"/> No Maximum	
			10	# with disabilities		<input type="radio"/>	
<b>Minimum number of off-street parking spaces required on site and/or at remote location(s):</b>						2	

Yes	No	N/A	<b>Use-Specific Standards:</b>				
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Complies with the applicable separation from other similar uses (660 feet or 1,200 feet)				
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	The operator is licensed or certified by the State of Florida: FARR				
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Special Exception required: proposed use is located within spacing distance of an existing community residence or recovery community.				
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Special Exception required: there is no state license or certification available for the proposed use				
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Licensed by state and allowed by state statute to house up to 14 people as of right (reasonable accommodation not required for up to 14 occupants)				
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Special Exception Obtained	Meeting Date:	N/A	P&Z #:	N/A
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Reasonable Accommodation Obtained	Meeting Date:	N/A	P&Z #:	N/A

**Neighboring Uses (attach Map):**

<b>Name/ Address of Family Community Residence, Transitional Community Residence or Recovery Community:</b>	<b>Distance from Proposed Community Residence</b>
Maries Tender Loving Home	221 SW 8 Ct 230 ft
N/A	N/A
N/A	N/A
N/A	N/A

<b>Proposed Use is:</b>	Family Community Residence (155.4202. H.)
<b>Licensing/ Certification Status</b>	A state license to operate the proposed community residence




City of Pompano Beach  
Department of Development Services  
Business Tax Receipt Division

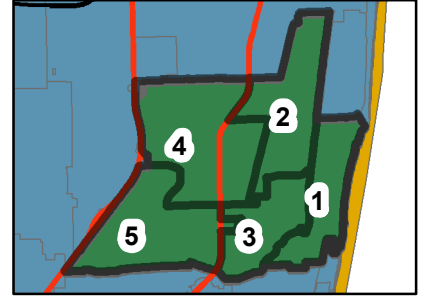
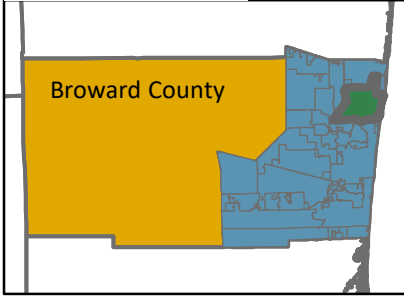
100 W. Atlantic Blvd Pompano Beach, FL 33060

Phone: 954.786.4668 Fax: 954.786.4666

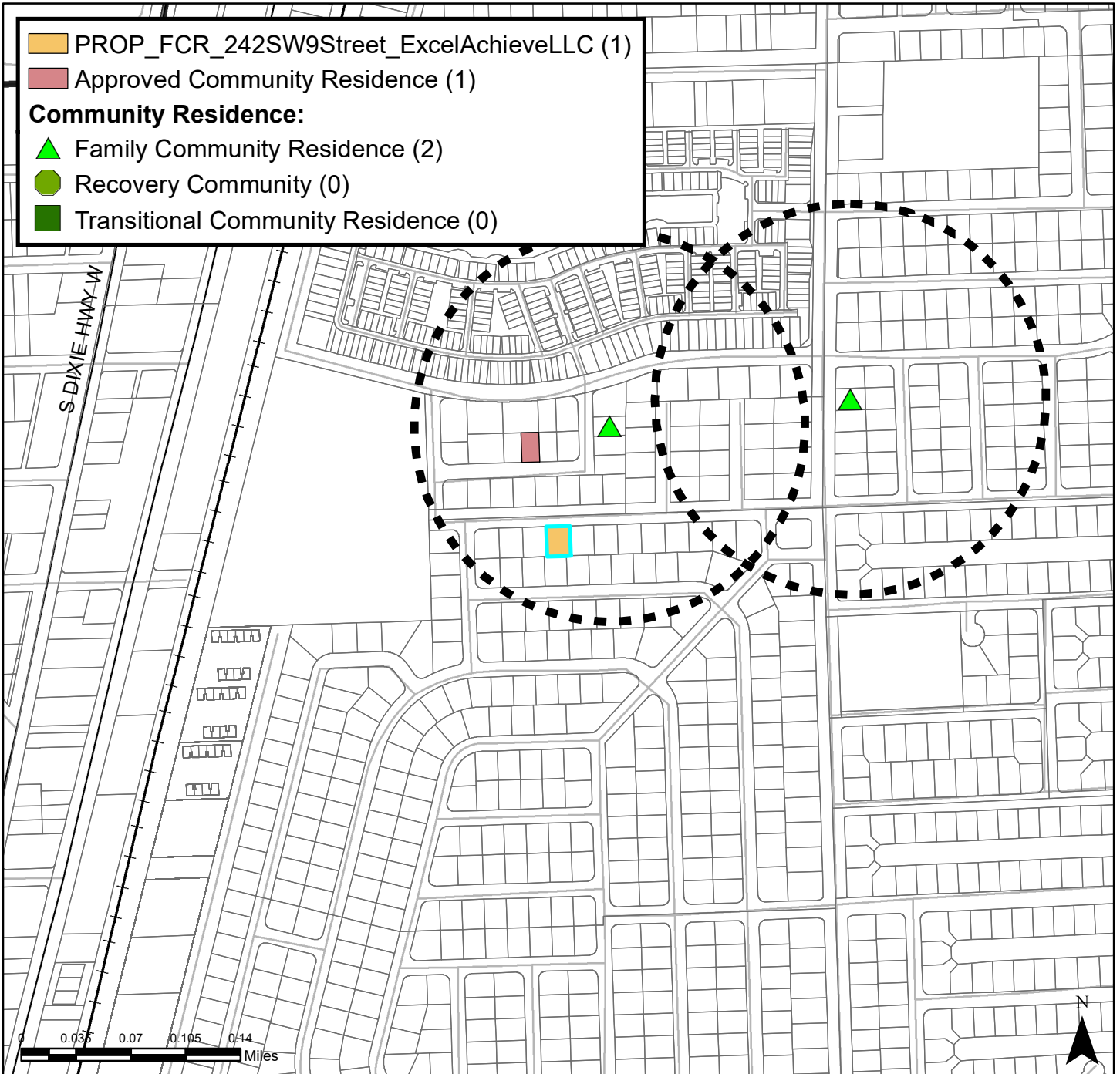
## Community Residence & Recovery Community

FOR PLAN REVIEWER ONLY (DO NOT WRITE BELOW THIS LINE)									
FINDINGS:	Minimum Off-Street Parking	Required:	2	Provided:	4	Deficient:	0		
	Minimum Separation from Existing Uses:	Required:	660	Provided:	230	Deficient:	430		
	Complies with the occupancy standards in the City's Rental Housing Code (Chapter 153)			In Compliance	<input checked="" type="radio"/>	NOT in Compliance	<input type="radio"/>	Not Applicable	<input type="radio"/>
	Applicant has been issued required state license or certificate or provisional certificate			In Compliance	<input type="radio"/>	NOT in Compliance	<input checked="" type="radio"/>	Not Applicable	<input type="radio"/>
	Use conforms with the applicable spacing distance or has obtained the <i>required special exception required</i>			In Compliance	<input type="radio"/>	NOT in Compliance	<input checked="" type="radio"/>	Not Applicable	<input type="radio"/>
	<i>Special Exception</i> has been obtained, as no license or certification is available for this use			In Compliance	<input type="radio"/>	NOT in Compliance	<input checked="" type="radio"/>	Not Applicable	<input type="radio"/>
	Applicant has obtained the required reasonable accommodation approval			In Compliance	<input type="radio"/>	NOT in Compliance	<input type="radio"/>	Not Applicable	<input checked="" type="radio"/>
Comments:	<p>-The property does not comply with the minimum distance required from another Community Residence (CR). A CR must be spaced at least 660 feet from another CR.</p> <p>-The operator has not provided a copy of the FARR approval.</p> <p>-A floor plan, with dimensions of each room must be submitted.</p>								
Reviewed by: 				Date: 11/10/2020		Date Applicant Notified: 11/10/2020			
<input type="radio"/>	<b>Approved.</b> The information submitted by the applicant has demonstrated compliance with all applicable regulations.								
<input type="radio"/>	<b>Conditional Approval.</b> Applicant has met all requirements of the Zoning Code and has a provisional certification from FARR. Applicant must provide the City with a copy of the annual certificate within 90 days.								
<input checked="" type="radio"/>	<b>Denied.</b> Application is denied for the following reason(s):								
Comments	<input checked="" type="checkbox"/>	Lacks certification or required license	<input checked="" type="checkbox"/>	Not allowed as of right					
	<input type="checkbox"/>	Not eligible for a conditional use permit	<input type="checkbox"/>	Not a community residence for people with disabilities					
	<input type="checkbox"/>	Does not comply with Housing Code	<input type="checkbox"/>	Does not meet off-street parking minimum					
	<input type="checkbox"/>	Does not meet requirements to recertify existing reasonable accommodation							

# Proposed Community Residence in Pompano Beach: 242 SW 9 Street



City of Pompano Beach  
Commission Districts



## Daniel Keester

---

**From:** Rachelle Arpin <954recovery@gmail.com>  
**Sent:** Monday, November 2, 2020 5:27 PM  
**To:** Daniel Keester  
**Subject:** Re: Community Residence / Recovery Community - 242 SW 9 Street  
**Attachments:** Floor plan.jpg; Lease agreement.docx

**EXTERNAL Email:** Do not reply, click links, or open attachments unless you recognize the sender's **EMAIL ADDRESS** as legitimate and know the contents are safe.

Good afternoon,

Thank you for calling me and following up. Yes, I apologize for all of the confusion when submitting that form. This is the first time that I have filled out these forms and am learning. I have attached the lease agreement. It is for 12 months (1 year). I simply listed all the variations of saying one year. I also have a sketch for the floor plan. If you need a better quality please advise and I will make adjustments. There are 5 bedrooms: 2+2+2+3+1. One room is a single room. There are 4 parking spaces (5 if we make accommodations). Most of the time residents do not have vehicles and that is why we picked a location in walking distance to the bus stop. We are also in the process of FARR accreditation. We have applied online and made the payments and are in the process of getting the paperwork handled. If you have any more questions please contact me. I appreciate all of your help in this process.

Best regards,

Megan Arpin  
954 Recovery  
[954recovery@gmail.com](mailto:954recovery@gmail.com)  
912-464-2905

On Mon, Nov 2, 2020 at 1:35 PM Daniel Keester <[Daniel.Keester@copbfl.com](mailto:Daniel.Keester@copbfl.com)> wrote:

Megan,

We have received an application for a Community Residence / Recovery Community. Although you may not have the final documentation that will be required, in order for me to do a more complete review I will need to know what your plan is for this program. Below, you will find some comments that must be addressed/clarified, in order for me to complete the review:

- 242 SW 9 Street – the application submitted has indicated that at this one (1) dwelling unit, there are five (5) bedrooms, and the maximum number of residents licensed is ten (10). You've indicated that there are 4 parking spaces, and that the number of residents are not permitted to maintain a motor vehicle.

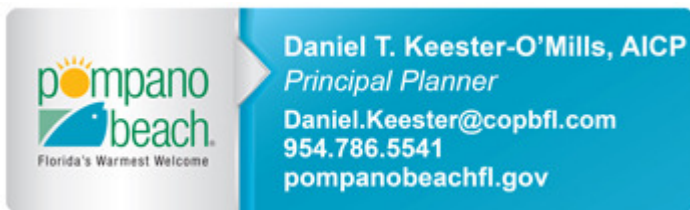
- Clarify how many people will be residing at the house. The application did not indicate whether or not there will be live-in staff, and you've indicated that the facility is licensed for 10; however, the breakdown of the number of residents / room adds up to 11 individuals. There are 5 bedrooms, and most bedrooms will have 2 residents, except for bedroom #5 which will have 3. ( $2+2+2+2+3 = 11$ , not 10). Which is correct?

- The floor plan that you provided is only for the addition of the home, and does not provide an illustration for all of the bedrooms. The application requires a floor plan of the entire house.

- On page 2, you've indicated that the facility will be FARR certified, with a Level II certification level. On page 3, you did not indicate if the certificate has been applied for or issued. There were no copies of the license/certificate submitted with the submittal. Please provide a copy of your FARR certification, if it has been attained.

- The minimum duration/residency indicates 365 days, 12 months and 1 year... This adds up to 3 years. Is this correct? If not, what is the minimum length of stay required for your residence? Please provide a copy of your standard rental agreement/lease that you have when contracting with occupants.

**I will follow-up this phone call with an email. Please provide responses to this information by replying to this email or submitting the additional documents to the Business Tax Receipt (via the drop box at City Hall).** Should you have any questions, please feel free to give me a call; however, an email or written confirmation will be necessary in order to complete my review.



Please be advised the hours of operation for City Hall is: Monday – Thursday, 7 AM – 6 PM.

## Daniel Keester

---

**From:** Rachelle Arpin <954recovery@gmail.com>  
**Sent:** Wednesday, November 4, 2020 4:32 PM  
**To:** Daniel Keester  
**Subject:** Re: Community Residence / Recovery Community - 242 SW 9 Street

**EXTERNAL Email:** Do not reply, click links, or open attachments unless you recognize the sender's **EMAIL ADDRESS** as legitimate and know the contents are safe.

Good afternoon,

I apologize for this inconvenience; however, I also wrote down the incorrect LLC as well on this document. It should be under Excel and Achieve. The reason this error occurred is because i initially thought we were going to separate this location from my other location, but FARR wants us to be all inclusive under 954 Recovery. So, Excel and Achieve is the LLC. If you need the EIN or any documentation please let me know.

On Mon, Nov 2, 2020 at 5:27 PM Rachelle Arpin <[954recovery@gmail.com](mailto:954recovery@gmail.com)> wrote:  
Good afternoon,

Thank you for calling me and following up. Yes, I apologize for all of the confusion when submitting that form. This is the first time that I have filled out these forms and am learning. I have attached the lease agreement. It is for 12 months (1 year). I simply listed all the variations of saying one year. I also have a sketch for the floor plan. If you need a better quality please advise and I will make adjustments. There are 5 bedrooms: 2+2+2+3+1. One room is a single room. There are 4 parking spaces (5 if we make accommodations). Most of the time residents do not have vehicles and that is why we picked a location in walking distance to the bus stop. We are also in the process of FARR accreditation. We have applied online and made the payments and are in the process of getting the paperwork handled. If you have any more questions please contact me. I appreciate all of your help in this process.

Best regards,

Megan Arpin  
954 Recovery  
[954recovery@gmail.com](mailto:954recovery@gmail.com)  
912-464-2905

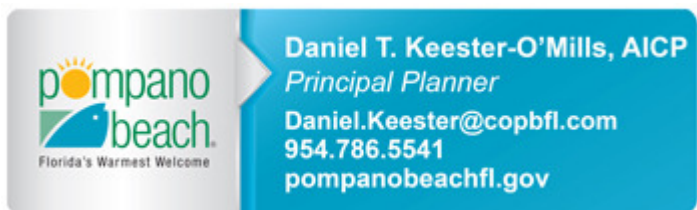
On Mon, Nov 2, 2020 at 1:35 PM Daniel Keester <[Daniel.Keester@copbfl.com](mailto:Daniel.Keester@copbfl.com)> wrote:

Megan,

We have received an application for a Community Residence / Recovery Community. Although you may not have the final documentation that will be required, in order for me to do a more complete review I will need to know what your plan is for this program. Below, you will find some comments that must be addressed/clarified, in order for me to complete the review:

- 242 SW 9 Street – the application submitted has indicated that at this one (1) dwelling unit, there are five (5) bedrooms, and the maximum number of residents licensed is ten (10). You've indicated that there are 4 parking spaces, and that the number of residents are not permitted to maintain a motor vehicle.
  - Clarify how many people will be residing at the house. The application did not indicate whether or not there will be live-in staff, and you've indicated that the facility is licensed for 10; however, the breakdown of the number of residents / room adds up to 11 individuals. There are 5 bedrooms, and most bedrooms will have 2 residents, except for bedroom #5 which will have 3. ( $2+2+2+2+3 = 11$ , not 10). Which is correct?
    - The floor plan that you provided is only for the addition of the home, and does not provide an illustration for all of the bedrooms. The application requires a floor plan of the entire house.
  - On page 2, you've indicated that the facility will be FARR certified, with a Level II certification level. One page 3, you did not indicate if the certificate has been applied for or issued. There were no copies of the license/certificate submitted with the submittal. Please provide a copy of your FARR certification, if it has been attained.
  - The minimum duration/residency indicates 365 days, 12 months and 1 year... This adds up to 3 years. Is this correct? If not, what is the minimum length of stay required for your residence? Please provide a copy of your standard rental agreement/lease that you have when contracting with occupants.

**I will follow-up this phone call with an email. Please provide responses to this information by replying to this email or submitting the additional documents to the Business Tax Receipt (via the drop box at City Hall).** Should you have any questions, please feel free to give me a call; however, an email or written confirmation will be necessary in order to complete my review.



Please be advised the hours of operation for City Hall is: Monday – Thursday, 7 AM – 6 PM.



# **LEASE AGREEMENT**

This agreement, on the date of \_\_\_\_\_ by and between 954 Recovery and

\_\_\_\_\_ hereinafter referred to as tenant, is as follows:

- **TERM:** That the tenant agrees to reside at this place of residence for no less than 12 months.
- **TIMELINESS OF PAYMENT:** Tenant hereby agrees to pay rent, in advance, on a weekly basis, from the inception of this agreement, weekly, by Friday at 11pm until the tenant's commitment is completed.
- **RENT:** The amount of weekly rent shall be \$180.00.
- **MOVE IN DEPOSIT:** Tenant shall pay 2 weeks rent a fee of \$350.00 upon moving into the house to ensure the faithful performance of the terms and conditions of this weekly agreement. Failure to abide by the terms and conditions of this lease shall result in forfeiture of 1 weeks rent. When commitment is fulfilled all tenants will receive their last week free.
- **LATE PAYMENT:** If rent is past due more then 1 week and you are employed, you will be evicted.
- **CONDITION OF THE PREMISES:** Tenant acknowledges that he has examined the house and that it is in good order, repair, and in a clean and livable condition.
- **MAINTENANCE AND REPAIR:** Tenant shall keep and maintain the house in a reasonably safe, serviceable, clean, and presentable condition. This includes, but is not limited to, notifying the housing manager of any and all damages and repairs that are needed, keeping his room and house clean and neat, disposing of waste/garbage in a safe and clean manner, and not engaging in any conduct or activity that would cause damage to the house.
- **ANIMALS:** Tenant shall keep no domestic or other animals in or about the house.
- **RIGHT OF INSPECTION:** Landlord and House manager retains the right of inspection and the right to retain a key to the house.
- **SERVICES PROVIDED:** We shall provide the following services/property to the tenant: comfortable enjoyment of the property, electric, cable, water, Wi-Fi, and bedding.
- **HOUSE RULES:** Tenant hereby agrees to adhere and abide by the HOUSE RULES AND GUIDELINES, which are attached hereto and incorporated herein, as part of this lease agreement.
- **TERMINATION:** We reserve the right to terminate this leases agreement with or without cause, and tenant hereby forfeit's the administrative fee if the tenant uses drugs or alcohol, fails to submit to a urine screen, engages in or threatens violence, is caught stealing, or violates the HOUSE RULES AND GUIDELINES.
- **DEFAULT:** Tenant shall be in default of this agreement if tenant fails to fulfill any lease obligation, house rules, or term by which the tenant is bound.



- DESTRUCTION OF THE PREMISES: Tenant shall be solely responsible for the cost to repair any and all damage caused by the tenant or due to the tenant's negligence.
- PERSONAL PROPERTY: All personal property brought or placed into the house shall be the sole responsibility of the tenant, and the house is not liable to the tenant or anyone else for damage, loss, or abandonment thereof. We shall not be responsible for property left on the premises.
- END OF THE LEASE CLEANING: Tenant is responsible to clean the property in a manner consistent with the condition the property was in at the inception of this lease agreement. Failure to do so shall result in complete forfeiture of the administrative fee.

RESIDENT NAME: \_\_\_\_\_

RESIDENT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

STAFF NAME: \_\_\_\_\_

STAFF SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

Pool  
Patio

Exit

Rm 2

Kitchen

Exit  
Laundry  
Room

Exit

Rm 3

Rm 1

Rm 4

Exit

Rm 5

Exit

242 SW 9th St  
Pompano Beach FL 33060

Front Doors

Megan Arpin

242 SW 9th St

Pompano Beach, FL 33060

912 464 2905

954recovery@gmail.com





City of Pompano Beach  
Department of Development Services

100 W. Atlantic Blvd Pompano Beach, FL 33060

Phone: 954.786.4668 Fax: 954.786.4666

License Year \_\_\_\_\_

**Community Residence &  
Recovery Community Application**

***Lying or misrepresentation in this application can lead to revocation. (155.8402.B. Revocation of Approval)***

**PROCEDURE:**

Submit this completed application to the Business Tax Receipt Office or send the completed application to the Business Tax Receipt Division to the attention of the Chief BTR Inspector. Staff will process the application, and it will be routed to a planner for review.

**APPLICATION CHECKLIST:** The following documentation shall be submitted with this completed application:

Submittal Requirement	Contact
<input type="checkbox"/> A copy of the state license with the State of Florida to operate the proposed community residence <b><i>(when applicable)</i></b>	State of Florida Department of Health <u>Address:</u> 4052 Bald Cypress Way Tallahassee, FL 32399 <u>Phone:</u> 850-245-4277 <u>Website:</u> <a href="http://www.floridahealth.gov/">http://www.floridahealth.gov/</a>
<input type="checkbox"/> A copy of the Oxford House's "Conditional Charter Certificate" or "Permanent Charter Certificate" <b><i>(when applicable)</i></b>	Oxford House, Inc. <u>Address:</u> 1010 Wayne Avenue, Suite 300 Silver Spring, MD 20910 <u>Phone:</u> (800) 689-6411 <u>Website:</u> <a href="http://www.oxfordhouse.org/userfiles/file/index.php">http://www.oxfordhouse.org/userfiles/file/index.php</a>
<input type="checkbox"/> A copy of the provisional certification to operate the proposed community residence or recovery community <b><i>(when applicable)</i></b>	Florida Association of Recovery Residences <u>Address:</u> 326 W Lantana Rd., Suite 1 Lantana, FL 33462 <u>Phone:</u> (561) 299-0405 <u>Website:</u> <a href="http://farronline.org/">http://farronline.org/</a>
<input type="checkbox"/> A copy of the certification or license to operate the proposed community residence or recovery community <b><i>(when applicable)</i></b>	Florida Association of Recovery Residences <u>Address:</u> 326 W Lantana Rd., Suite 1 Lantana, FL 33462 <u>Phone:</u> (561) 299-0405 <u>Website:</u> <a href="http://farronline.org/">http://farronline.org/</a>
<input type="checkbox"/> A copy of the certification or license to operate the proposed assisted living facility <b><i>(when applicable)</i></b>	Agency for Health Care Administration <u>Address:</u> 2727 Mahan Drive MS #30 Tallahassee, FL 32308 <u>Phone:</u> (850) 412-4304 <u>Website:</u> <a href="http://ahca.myflorida.com/">http://ahca.myflorida.com/</a>
<input type="checkbox"/> A copy of the standard rental/lease agreement to be used when contracting with occupants.	
<input type="checkbox"/> Detailed exterior site plan identifying property lines, parking spaces, storage area of garbage receptacles, screening of garbage receptacles, fences, and other similar accessory features.	
<input type="checkbox"/> Detailed interior floor plan identifying all bedrooms (with dimensions excluding closets), exits and location of fire extinguishers. <i>(fill in the information required on the table on page 4 of this application)</i>	
<input type="checkbox"/> A letter of authorization that is notarized by the property owner or corporate officer (if the property is owned by a partnership, corporation, trust, etc. or the application is being submitted on behalf of the owner by an authorized representative.)	
<input type="checkbox"/> A copy of the development order, approving a Special Exception, for the proposed use (if applicable).	
<input type="checkbox"/> A copy of the order, approving Reasonable Accommodations, for the proposed use (if applicable).	





City of Pompano Beach  
Department of Development Services

100 W. Atlantic Blvd Pompano Beach, FL 33060

Phone: 954.786.4668 Fax: 954.786.4666

License Year \_\_\_\_\_

## Community Residence & Recovery Community Application

***Lying or misrepresentation in this application can lead to revocation. (155.8402.B. Revocation of Approval)***

**Family** (City Ordinance / Zoning Code / Chapter 155 Article 9 Part 5)

An individual or two or more persons related by blood, marriage, state-approved foster home placement, or court-approved adoption—or up to three unrelated persons—that constitute a single housekeeping unit. A family does not include any society, nursing home, club, boarding or lodging house, dormitory, fraternity, or sorority.

**Family Community Residence** (City Ordinance / Zoning Code / §155.4202. H.)

A family community residence is a community residence that provides a relatively permanent living arrangement for people with disabilities where, in practice and under its rules, charter, or other governing document, does not limit how long a resident may live there. The intent is for residents to live in a family community residence on a long-term basis, typically a year or longer. Oxford House is an example of a family community residence.

**Transitional Community Residence** (City Ordinance / Zoning Code / §155.4202. I.)

A transitional community residence community residence is a community residence that provides a temporary living arrangement for four to ten unrelated people with disabilities with a limit on length of tenancy less than a year that is measured in weeks or months as determined either in practice or by the rules, charter, or other governing document of the community residence. A community residence for people engaged in detoxification is an example of a very short-term transitional community residence.

**Recovery Community** (City Ordinance / Zoning Code / §155.4203. B.)

A recovery community consists of multiple dwelling units in a single multi-family structure that are not held out to the general public for rent or occupancy, that provides a drug-free and alcohol-free living arrangement for people in recovery from drug and/or alcohol addiction, which, taken together, do not emulate a single biological family and are under the auspices of a single entity or group of related entities. Recovery communities include land uses for which the operator is eligible to apply for certification from the State of Florida. When located in a multiple-family structure, a recovery community shall be treated as a multiple family structure under building and fire codes applicable in Pompano Beach.

### Licensing and Certification

<input checked="" type="checkbox"/>	<b>Family Community Residence</b>	<input type="checkbox"/>	<b>Transitional Community Residence</b>	<input type="checkbox"/>	<b>Recovery Community</b>	<input type="checkbox"/>	<b>Assisted Living Facility</b>	<input type="checkbox"/>	<b>Other:</b> _____
<input type="checkbox"/>	<b>Agency has issued a certification, provisional certificate or license to operate the community residence as a:</b>								
<input type="checkbox"/>	<b>FARR Certification Level (if applicable)</b>						II		
<input type="checkbox"/>	<b>Name of State Licensing or Certification Agency:</b>						FARR		
<input type="checkbox"/>	<b>Statutory number under which license is required:</b>								
<b>Describe the general nature of the resident's disabilities (developmental disabilities, recovery from addiction, mental illness, physical disability, frail elderly, etc.) Do not discuss specific individuals:</b>									



City of Pompano Beach  
Department of Development Services

100 W. Atlantic Blvd Pompano Beach, FL 33060

Phone: 954.786.4668 Fax: 954.786.4666

License Year \_\_\_\_\_

## Community Residence & Recovery Community Application

*Lying or misrepresentation in this application can lead to revocation. (155.8402.B. Revocation of Approval)*

<b>STREET ADDRESS (of the Subject Property):</b> 242 SW 9th St Pompano Beach, FL 33060				<b>FOLIO #:</b>			
<b># of Live-in Staff</b>				<b>Maximum # of Residents (Licensed)</b>		10	
<b>Minimum Duration of Residency</b>				<b>Maximum Duration of Residency</b>			
<b>Day(s)</b>	<b>Month(s)</b>	<b>Year(s)</b>	<b>No Minimum</b>	<b>Day(s)</b>	<b>Month(s)</b>	<b>Year(s)</b>	<b>No Maximum</b>
365	12	1	<input type="checkbox"/>				<input checked="" type="checkbox"/>
<b># of Bedrooms</b>		5		<b># of Dwelling Units</b>		1	
<b>Will the residents be able to maintain a motor vehicle?</b>		No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> If "Yes," how many?		1	
<b># of Parking Spaces On-Site</b>		4		<b># of Parking Spaces Off-Site (if applicable)</b>			
<b>Has a certification been applied for and a provisional certification been issued?</b>				No <input type="checkbox"/>		Yes <input type="checkbox"/>	
<b>Special Exception # (if applicable)</b>				<b>Date Provisional certification was issued (if applicable):</b>			

Property Owner (Please Print)	Applicant / Agent Information (Complete if the applicant / agent is not the owner of the property)
<b>Business Name (if applicable):</b> Modify Your Reality	<b>Business Name (if applicable):</b>
<b>Print Name and Title:</b> Megan Arpin MGR	<b>Print Name and Title:</b>
<b>Mailing Street Address:</b> 7420 NW 1st Pl	<b>Mailing Street Address:</b>
<b>Mailing Address City/ State/ Zip:</b> Plantation, FL 33317	<b>Mailing Address City/ State/ Zip:</b>
<b>Primary Phone Number:</b> 912-464-2905	<b>Primary Phone Number:</b>
<b>Secondary/ Cell Phone Number:</b>	<b>Secondary/ Cell Phone Number:</b>
<b>Email:</b> 954recovery@gmail.com	<b>Email:</b>





City of Pompano Beach  
Department of Development Services

100 W. Atlantic Blvd Pompano Beach, FL 33060

Phone: 954.786.4668 Fax: 954.786.4666

License Year \_\_\_\_\_

**Community Residence &  
Recovery Community Application**

***Lying or misrepresentation in this application can lead to revocation. (155.8402.B. Revocation of Approval)***

**Local 24 Hour Contact Affidavit**

In accordance with the responsibilities of a 24-hour contact person as provided for in § 153.33(F), the responsibilities of the 24-hour contact person include:

- Be available and have the authority to address or coordinate problems associated with the property 24 hours a day, 7 days a week;
- Monitor the entire property and ensure that it is maintained free of garbage and refuse; provided however, this provision shall not prohibit the storage of garbage and litter in authorized receptacles for collection;
- See that provisions of this section are complied with and promptly address any violations of this section or any violations of law, which may come to the attention of the 24-hour contact person and
- Inform all occupants prior to occupancy of the property regulations regarding parking, garbage and refuse, and noise.

I certify that I have read and understand the information contained on this affidavit, and that to the best of my knowledge such information is true, complete, and accurate.

BEFORE ME, the undersigned authority, personally appeared \_\_\_\_\_ (PRINT NAME)

Who after being duly sworn, deposes and says: That I am the person whose signature appears below, and that the information I have provided above in this document is true and correct.

24 Hour Contact	Property Owner	<input checked="" type="radio"/> Responsible Party	<input type="radio"/> Other (below)
<b>Business Name (if applicable):</b> Modify Your Reality		<b>Print Name:</b> Megan Arpin	
<b>Relationship to Property Owner (if applicable):</b>		<b>Title:</b> Owner	
<b>Physical Street Address of Home or Business:</b> 242 SW 9th St Pompano Beach		<b>Address City/ State/ Zip:</b> Pompano Beach 242 SW 9th St FL 33060	
<b>Primary Phone Number:</b> 912-444-2905		<b>Secondary/ Cell Phone Number:</b>	
<b>Signature:</b> 		<b>Date:</b> 10/9/20	

SWORN TO AND SUBSCRIBED before me this 9<sup>th</sup> day of October 2020, in  
Pompano Beach, Broward County, Florida.

Notary Public  
Seal of Office



Syed Hussain  
Notary Public, State of Florida

Syed Hussain  
(Print Name of Notary Public)

Personally Known

F-D-L A615-556-88-622-0 Produced Identification  
Type of identification Produced:





City of Pompano Beach  
Department of Development Services

100 W. Atlantic Blvd Pompano Beach, FL 33060

Phone: 954.786.4668 Fax: 954.786.4666

License Year \_\_\_\_\_

**Community Residence &  
Recovery Community Application**

*Lying or misrepresentation in this application can lead to revocation. (155.8402.B. Revocation of Approval)*

**Number of Occupants:**

Bedroom	Dimensions of each bedroom (excluding closets) in feet:		Total Square feet in bedroom (excluding closets)	Number of residents (including any live-in staff) to sleep in each bedroom	Total gross floor area of all habitable rooms
	Width (ft)	x Length (ft)	Area (ft <sup>2</sup> )		
1	10	18	0 180	2	If you're unsure how to measure this, ask City staff for instructions.
2	10	15	0 150	2	
3	10	11	0 110	2	
4	10	13	0 130	2	
5	32	17	0 544	3	
6			0		Print the total gross floor area in the cell below:
7			0		
8			0		
Totals				0 10 Residents	0 5570 Square feet

**Please return this completed application to:**

Development Services Department  
100 West Atlantic Boulevard Room 352  
Pompano Beach, FL 33060


**Questions? Need assistance?**


**Call city staff at (954) 786-4679**

EXTERIOR OPENING SCHEDULE			PLATING SCHEDULE	TITLE
MARK	DESCRIPTION			
1	D-35	13 1/2" x 64 1/2"	14R	
2	33	55 5/8" x 21 3/4"	14R	
3	1032	26" x 25 1/2"	14R	

EXTERIOR OPENING SCHEDULE			PLATING SCHEDULE		TIME
MARK	DESCRIPTION				
1	D-35	13 1/2" x 64 1/2"		HR	
2	33	52 5/8" x 21 3/4"		HR	
3	1032	26" x 25 1/2"		HR	

### WALL LEGEND

 DENOTES NEW 6" REINFORCED  
LOAD BEARING WALL

 DENOTES NEW INTERIOR  
FRAME WALL

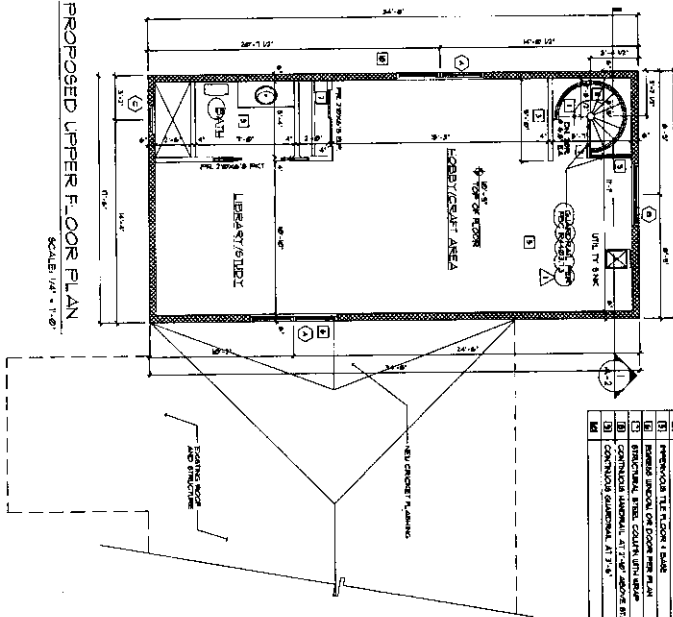
BUILDING AREAS	
NEW AC	467.66
6" AND LARGER NON AC	56.66
TOTAL FOOTAGE	524.32

BUILDING AREAS	
NEW AC	467.66
6" AND LARGER NON AC	56.66
TOTAL FOOTAGE	524.32

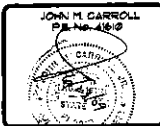
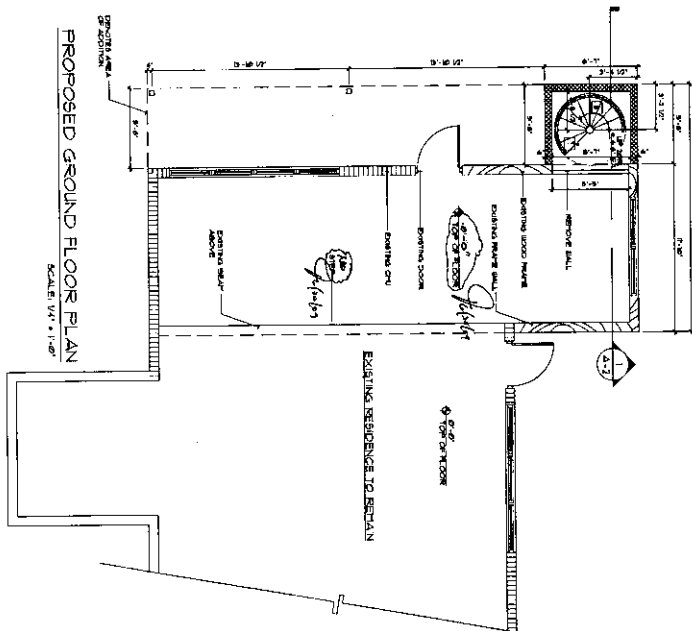
FLOOR PLAN NOTES	
1	PLANES
2	PLANES
3	PLANES
4	PLANES
5	PLANES
6	PLANES
7	PLANES
8	PLANES
9	PLANES
10	PLANES
11	PLANES
12	PLANES
13	PLANES
14	PLANES
15	PLANES
16	PLANES
17	PLANES
18	PLANES
19	PLANES
20	PLANES
21	PLANES
22	PLANES
23	PLANES
24	PLANES
25	PLANES
26	PLANES
27	PLANES
28	PLANES
29	PLANES
30	PLANES
31	PLANES
32	PLANES
33	PLANES
34	PLANES
35	PLANES
36	PLANES
37	PLANES
38	PLANES
39	PLANES
40	PLANES
41	PLANES
42	PLANES
43	PLANES
44	PLANES
45	PLANES
46	PLANES
47	PLANES
48	PLANES
49	PLANES
50	PLANES
51	PLANES
52	PLANES
53	PLANES
54	PLANES
55	PLANES
56	PLANES
57	PLANES
58	PLANES
59	PLANES
60	PLANES
61	PLANES
62	PLANES
63	PLANES
64	PLANES
65	PLANES
66	PLANES
67	PLANES
68	PLANES
69	PLANES
70	PLANES
71	PLANES
72	PLANES
73	PLANES
74	PLANES
75	PLANES
76	PLANES
77	PLANES
78	PLANES
79	PLANES
80	PLANES
81	PLANES
82	PLANES
83	PLANES
84	PLANES
85	PLANES
86	PLANES
87	PLANES
88	PLANES
89	PLANES
90	PLANES
91	PLANES
92	PLANES
93	PLANES
94	PLANES
95	PLANES
96	PLANES
97	PLANES
98	PLANES
99	PLANES
100	PLANES

FLOOR PLAN NOTES	
1	PLANETARIUM
2	PLANETARIUM
3	PLANETARIUM
4	PLANETARIUM
5	PLANETARIUM
6	PLANETARIUM
7	PLANETARIUM
8	PLANETARIUM
9	PLANETARIUM
10	PLANETARIUM
11	PLANETARIUM
12	PLANETARIUM
13	PLANETARIUM
14	PLANETARIUM
15	PLANETARIUM
16	PLANETARIUM
17	PLANETARIUM
18	PLANETARIUM
19	PLANETARIUM
20	PLANETARIUM
21	PLANETARIUM
22	PLANETARIUM
23	PLANETARIUM
24	PLANETARIUM
25	PLANETARIUM
26	PLANETARIUM
27	PLANETARIUM
28	PLANETARIUM
29	PLANETARIUM
30	PLANETARIUM
31	PLANETARIUM
32	PLANETARIUM
33	PLANETARIUM
34	PLANETARIUM
35	PLANETARIUM
36	PLANETARIUM
37	PLANETARIUM
38	PLANETARIUM
39	PLANETARIUM
40	PLANETARIUM
41	PLANETARIUM
42	PLANETARIUM
43	PLANETARIUM
44	PLANETARIUM
45	PLANETARIUM
46	PLANETARIUM
47	PLANETARIUM
48	PLANETARIUM
49	PLANETARIUM
50	PLANETARIUM
51	PLANETARIUM
52	PLANETARIUM
53	PLANETARIUM
54	PLANETARIUM
55	PLANETARIUM
56	PLANETARIUM
57	PLANETARIUM
58	PLANETARIUM
59	PLANETARIUM
60	PLANETARIUM
61	PLANETARIUM
62	PLANETARIUM
63	PLANETARIUM
64	PLANETARIUM
65	PLANETARIUM
66	PLANETARIUM
67	PLANETARIUM
68	PLANETARIUM
69	PLANETARIUM
70	PLANETARIUM
71	PLANETARIUM
72	PLANETARIUM
73	PLANETARIUM
74	PLANETARIUM
75	PLANETARIUM
76	PLANETARIUM
77	PLANETARIUM
78	PLANETARIUM
79	PLANETARIUM
80	PLANETARIUM
81	PLANETARIUM
82	PLANETARIUM
83	PLANETARIUM
84	PLANETARIUM
85	PLANETARIUM
86	PLANETARIUM
87	PLANETARIUM
88	PLANETARIUM
89	PLANETARIUM
90	PLANETARIUM
91	PLANETARIUM
92	PLANETARIUM
93	PLANETARIUM
94	PLANETARIUM
95	PLANETARIUM
96	PLANETARIUM
97	PLANETARIUM
98	PLANETARIUM
99	PLANETARIUM
100	PLANETARIUM

SCALE: 1/4" = 1'-0"



SCALE: 1/4" = 1'-0"



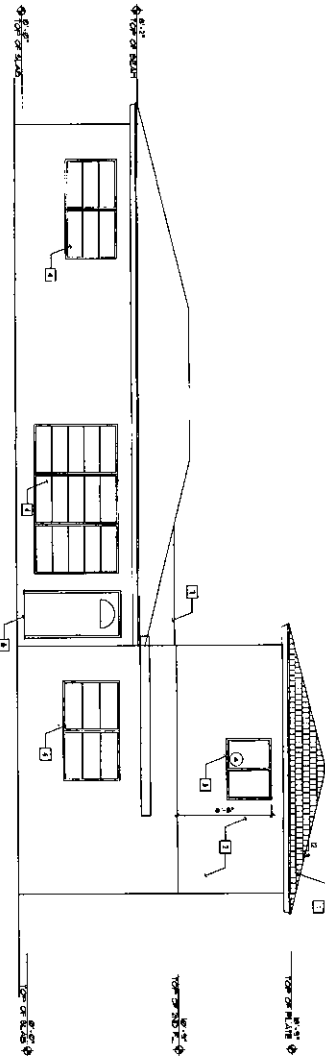
PROJECT: CONTRACT DOCUMENTS

NO.	REVISIONS:	DATE:
1	BUILDING DEPT.	6/13/70

DRWN. CUB	SCALE: AS NOTED
DWG. NAME: .....	
CHECK BY: JC	
DATE: 04-24-08	
SHEET A-1	

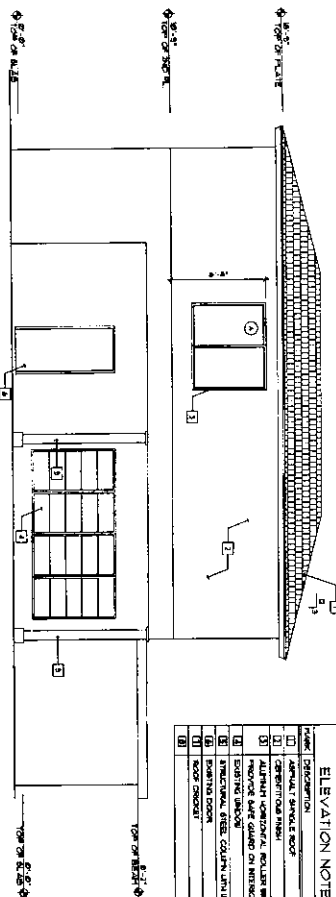
PROPOSED FRONT ELEVATION

SCALE: 1/4" = 1'-0"



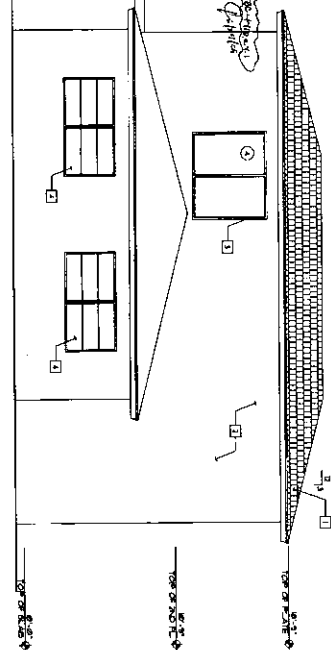
PROPOSED RIGHT SIDE ELEVATION

SCALE: V4\* - F-0\*

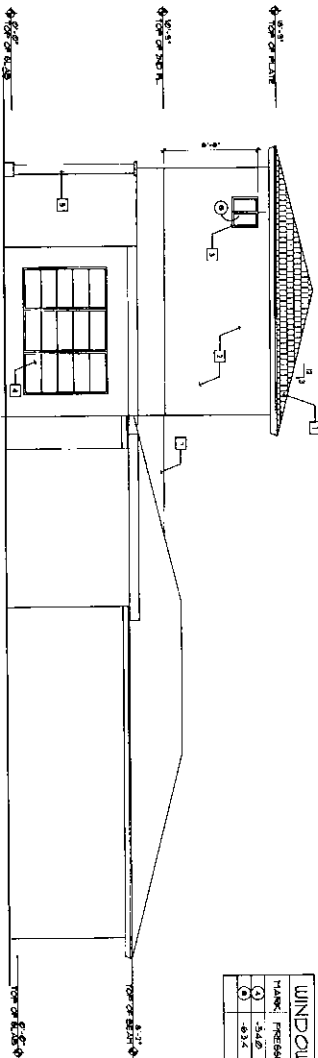


PROPOSED LEFT SIDE ELEVATION

SCALE: 1/4" = 1'-0"

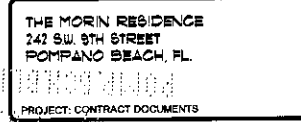
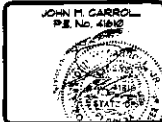


PROPOSED REAR ELEVATION

Scale:  $V_4 = 1.0$ 

ELEVATION NOTES	
MARK	DESCRIPTION
1	APPROX. 30' WIDE ROOF
2	CERAMIC TILE FLOOR
3	ALUMINUM HORIZONTAL RAILING BEHIND PORCH PORCH LANE COATED ON INTERIOR WHERE UNIFORM IS BELIEVED TO BE
4	EXISTING UNIFORM
5	EXISTING STEEL COLUMN WITH JOIST
6	POORLY DONE
7	ROOF DROOP

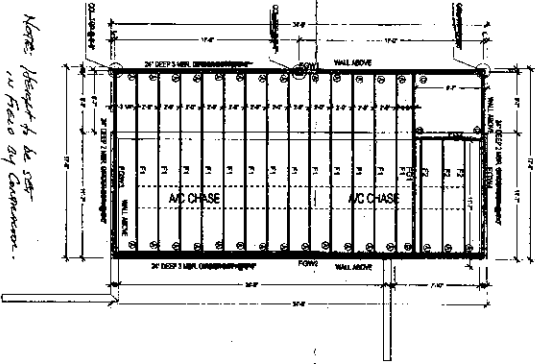
WINDOW PRESSURES	
INCHES	FEET/SECOND (FPS)
5.40	7.94
6.24	9.14

[illegible]

DRWN. CLUB	SCALE: AS NOTED
DWG. NAME: -----	
CHECK BY: JC	
DATE: 04-24-08	
SHEET A-2	

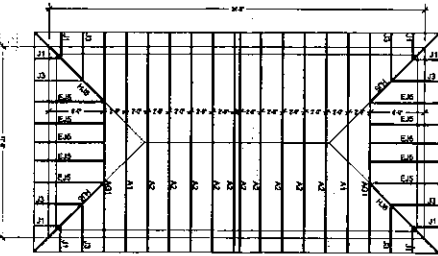
ALL DIMENSIONS AND CONDITIONS THAT EFFECT WD. TRUSSES MUST BE VERIFIED BY BUILDER AND/OR ARCHITECT BEFORE ANY PRODUCTION OF WD. TRUSSES

IF THERE ARE NO MARKUPS ON LAYOUT, THEN TRUSSES WILL BE BUILT AS DESIGNED AND CD TRUSS WILL NOT BE BACK-CHARGED FOR ANY ITEMS FOUND AFTER THE FACT OF THE RETURNED LAYOUT.

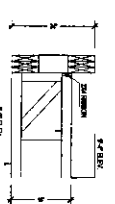


Notes: Height to be set in field by carpenter.

# FLOOR TRUSS PLACEMENT PLAN

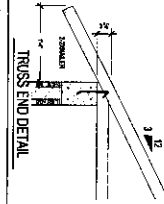


2" x 12



FLOOR TRUSS END DETAIL

APPROVED TRUSS AND/OR BY BUILDER  
DATE: 11/11/2009  
BY: [Signature]



TRUSS END DETAIL



**Causeway**  
Lumber Company  
The Builder's Choice  
TRUSS DIVISION

3020S, 304S, 31S, 32S, 33S, 34S, 35S, 36S, 37S, 38S, 39S, 40S, 41S, 42S, 43S, 44S, 45S, 46S, 47S, 48S, 49S, 50S, 51S, 52S, 53S, 54S, 55S, 56S, 57S, 58S, 59S, 60S, 61S, 62S, 63S, 64S, 65S, 66S, 67S, 68S, 69S, 70S, 71S, 72S, 73S, 74S, 75S, 76S, 77S, 78S, 79S, 80S, 81S, 82S, 83S, 84S, 85S, 86S, 87S, 88S, 89S, 90S, 91S, 92S, 93S, 94S, 95S, 96S, 97S, 98S, 99S, 100S

ASSEMBLY	LOADS	NO. OF	FLOOR
1. 2x12	30	40	
2. 2x12	15	20	
3. 2x12	10	5	
4. 2x12	0	0	
5. 2x12	0	0	
6. 2x12	0	0	
7. 2x12	0	0	
8. 2x12	0	0	
9. 2x12	0	0	
10. 2x12	0	0	
11. 2x12	0	0	
12. 2x12	0	0	
13. 2x12	0	0	
14. 2x12	0	0	
15. 2x12	0	0	
16. 2x12	0	0	
17. 2x12	0	0	
18. 2x12	0	0	
19. 2x12	0	0	
20. 2x12	0	0	
21. 2x12	0	0	
22. 2x12	0	0	
23. 2x12	0	0	
24. 2x12	0	0	
25. 2x12	0	0	
26. 2x12	0	0	
27. 2x12	0	0	
28. 2x12	0	0	
29. 2x12	0	0	
30. 2x12	0	0	
31. 2x12	0	0	
32. 2x12	0	0	
33. 2x12	0	0	
34. 2x12	0	0	
35. 2x12	0	0	
36. 2x12	0	0	
37. 2x12	0	0	
38. 2x12	0	0	
39. 2x12	0	0	
40. 2x12	0	0	
41. 2x12	0	0	
42. 2x12	0	0	
43. 2x12	0	0	
44. 2x12	0	0	
45. 2x12	0	0	
46. 2x12	0	0	
47. 2x12	0	0	
48. 2x12	0	0	
49. 2x12	0	0	
50. 2x12	0	0	
51. 2x12	0	0	
52. 2x12	0	0	
53. 2x12	0	0	
54. 2x12	0	0	
55. 2x12	0	0	
56. 2x12	0	0	
57. 2x12	0	0	
58. 2x12	0	0	
59. 2x12	0	0	
60. 2x12	0	0	
61. 2x12	0	0	
62. 2x12	0	0	
63. 2x12	0	0	
64. 2x12	0	0	
65. 2x12	0	0	
66. 2x12	0	0	
67. 2x12	0	0	
68. 2x12	0	0	
69. 2x12	0	0	
70. 2x12	0	0	
71. 2x12	0	0	
72. 2x12	0	0	
73. 2x12	0	0	
74. 2x12	0	0	
75. 2x12	0	0	
76. 2x12	0	0	
77. 2x12	0	0	
78. 2x12	0	0	
79. 2x12	0	0	
80. 2x12	0	0	
81. 2x12	0	0	
82. 2x12	0	0	
83. 2x12	0	0	
84. 2x12	0	0	
85. 2x12	0	0	
86. 2x12	0	0	
87. 2x12	0	0	
88. 2x12	0	0	
89. 2x12	0	0	
90. 2x12	0	0	
91. 2x12	0	0	
92. 2x12	0	0	
93. 2x12	0	0	
94. 2x12	0	0	
95. 2x12	0	0	
96. 2x12	0	0	
97. 2x12	0	0	
98. 2x12	0	0	
99. 2x12	0	0	
100. 2x12	0	0	

## TRUSS MEMBER INFORMATION

MEMBER	TYPE	SIZE	LENGTH	WEIGHT	SPACING	NOTES
1	2x12	12x12	12.00	1.20	12.00	
2	2x12	12x12	12.00	1.20	12.00	
3	2x12	12x12	12.00	1.20	12.00	
4	2x12	12x12	12.00	1.20	12.00	
5	2x12	12x12	12.00	1.20	12.00	
6	2x12	12x12	12.00	1.20	12.00	
7	2x12	12x12	12.00	1.20	12.00	
8	2x12	12x12	12.00	1.20	12.00	
9	2x12	12x12	12.00	1.20	12.00	
10	2x12	12x12	12.00	1.20	12.00	
11	2x12	12x12	12.00	1.20	12.00	
12	2x12	12x12	12.00	1.20	12.00	
13	2x12	12x12	12.00	1.20	12.00	
14	2x12	12x12	12.00	1.20	12.00	
15	2x12	12x12	12.00	1.20	12.00	
16	2x12	12x12	12.00	1.20	12.00	
17	2x12	12x12	12.00	1.20	12.00	
18	2x12	12x12	12.00	1.20	12.00	
19	2x12	12x12	12.00	1.20	12.00	
20	2x12	12x12	12.00	1.20	12.00	
21	2x12	12x12	12.00	1.20	12.00	
22	2x12	12x12	12.00	1.20	12.00	
23	2x12	12x12	12.00	1.20	12.00	
24	2x12	12x12	12.00	1.20	12.00	
25	2x12	12x12	12.00	1.20	12.00	
26	2x12	12x12	12.00	1.20	12.00	
27	2x12	12x12	12.00	1.20	12.00	
28	2x12	12x12	12.00	1.20	12.00	
29	2x12	12x12	12.00	1.20	12.00	
30	2x12	12x12	12.00	1.20	12.00	
31	2x12	12x12	12.00	1.20	12.00	
32	2x12	12x12	12.00	1.20	12.00	
33	2x12	12x12	12.00	1.20	12.00	
34	2x12	12x12	12.00	1.20	12.00	
35	2x12	12x12	12.00	1.20	12.00	
36	2x12	12x12	12.00	1.20	12.00	
37	2x12	12x12	12.00	1.20	12.00	
38	2x12	12x12	12.00	1.20	12.00	
39	2x12	12x12	12.00	1.20	12.00	
40	2x12	12x12	12.00	1.20	12.00	
41	2x12	12x12	12.00	1.20	12.00	
42	2x12	12x12	12.00	1.20	12.00	
43	2x12	12x12	12.00	1.20	12.00	
44	2x12	12x12	12.00	1.20	12.00	
45	2x12	12x12	12.00	1.20	12.00	
46	2x12	12x12	12.00	1.20	12.00	
47	2x12	12x12	12.00	1.20	12.00	
48	2x12	12x12	12.00	1.20	12.00	
49	2x12	12x12	12.00	1.20	12.00	
50	2x12	12x12	12.00	1.20	12.00	
51	2x12	12x12	12.00	1.20	12.00	
52	2x12	12x12	12.00	1.20	12.00	
53	2x12	12x12	12.00	1.20	12.00	
54	2x12	12x12	12.00	1.20	12.00	
55	2x12	12x12	12.00	1.20	12.00	
56	2x12	12x12	12.00	1.20	12.00	
57	2x12	12x12	12.00	1.20	12.00	
58	2x12	12x12	12.00	1.20	12.00	
59	2x12	12x12	12.00	1.20	12.00	
60	2x12	12x12	12.00	1.20	12.00	
61	2x12	12x12	12.00	1.20	12.00	
62	2x12	12x12	12.00	1.20	12.00	
63	2x12	12x12	12.00	1.20	12.00	
64	2x12	12x12	12.00	1.20	12.00	
65	2x12	12x12	12.00	1.20	12.00	
66	2x12	12x12	12.00	1.20	12.00	
67	2x12	12x12	12.00	1.20	12.00	
68	2x12	12x12	12.00	1.20	12.00	
69	2x12	12x12	12.00	1.20	12.00	
70	2x12	12x12	12.00	1.20	12.00	
71	2x12	12x12	12.00	1.20	12.00	
72	2x12	12x12	12.00	1.20	12.00	
73	2x12	12x12	12.00	1.20	12.00	
74	2x12	12x12	12.00	1.20	12.00	
75	2x12	12x12	12.00	1.20	12.00	
76	2x12	12x12	12.00	1.20	12.00	
77	2x12	12x12	12.00	1.20	12.00	
78	2x12	12x12	12.00	1.20	12.00	
79	2x12	12x12	12.00	1.20	12.00	
80	2x12	12x12	12.00	1.20	12.00	
81	2x12	12x12	12.00	1.20	12.00	
82	2x12	12x12	12.00	1.20	12.00	
83	2x12	12x12	12.00	1.20	12.00	
84	2x12	12x12	12.00	1.20	12.00	
85	2x12	12x12	12.00	1.20	12.00	
86	2x12	12x12	12.00	1.20	12.00	
87	2x12	12x12	12.00	1.20	12.00	
88	2x12	12x12	12.00	1.20	12.00	
89	2x12	12x12	12.00	1.20	12.00	
90	2x12	12x12	12.00	1.20	12.00	
91	2x12	12x12	12.00	1.20	12.00	
92	2x12	12x12	12.00	1.20	12.00	
93	2x12	12x12	12.00	1.20	12.00	
94	2x12	12x12	12.00	1.20	12.00	
95	2x12	12x12	12.00	1.20	12.00	
96	2x12	12x12	12.00	1.20	12.00	
97	2x12	12x12	12.00	1.20	12.00	
98	2x12	12x12	12.00	1.20	12.00	
99	2x12	12x12	12.00	1.20	12.00	
100	2x12	12x12	12.00	1.20	12.00	



**CUSTOM IMPROVEMENTS**

**MARIN RES**

242 SW 8th STREET

POMPAHO BEACH, FL 33069

DATE: 11/11/2009

PROJECT: 11/11/2009

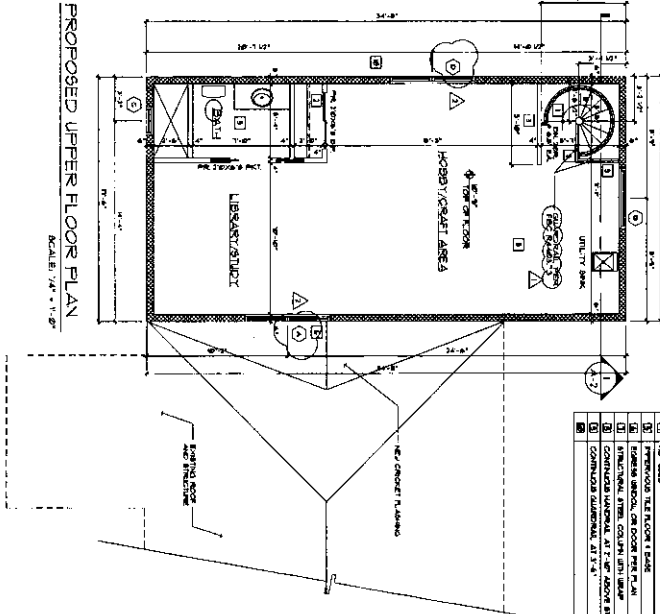
CLC28030F

EXTERIOR OPENING SCHEDULE				
NO.	DESCRIPTION	FRAME OPENING	TYPE	FINISH
1	DOOR	13' 0" X 6' 0" (13' 0" X 6' 0")	ALUM.	BRONZE
2	DOOR	52' 0" X 21' 0" (52' 0" X 21' 0")	ALUM.	BRONZE
3	DOOR	78' 0" X 21' 0" (78' 0" X 21' 0")	ALUM.	BRONZE
4	DOOR	13' 0" X 6' 0" (13' 0" X 6' 0")	ALUM.	BRONZE

BASED ON IMPACT RESISTANT WINDOWS - HORIZONTAL ROLLER - WHITE FINISH

WALL LEGEND	
	EXTERIOR WALL
	INTERIOR WALL
	PARTITION WALL

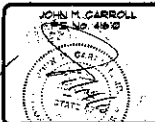
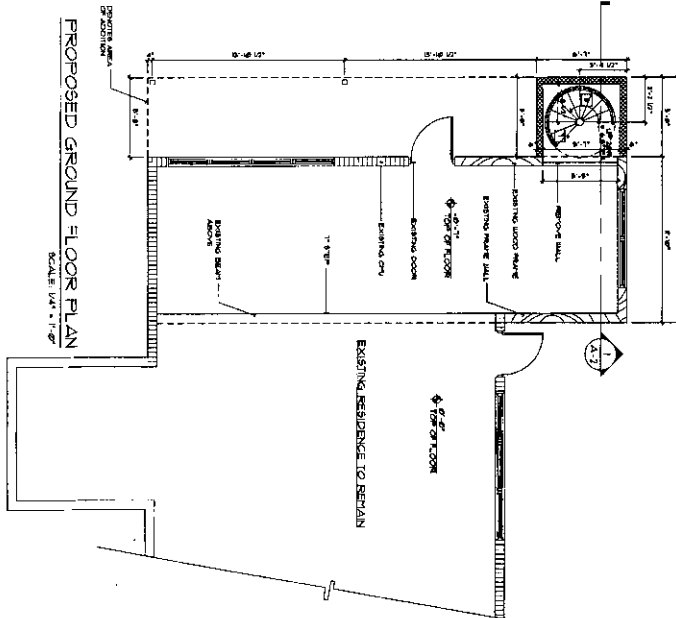
PROPOSED UPPER FLOOR PLAN  
SCALE: 1/4" = 1'-0"



BUILDING AREAS	
NEW AC	607 sq
EXISTING AND LANDING NEW AC	70 sq
TOTAL FOOTAGE	677 sq

FLOOR PLAN NOTES	
1	SEE EXTERIOR WALL SECTION FOR FINISHES
2	SEE EXTERIOR WALL SECTION FOR FINISHES
3	SEE EXTERIOR WALL SECTION FOR FINISHES
4	SEE EXTERIOR WALL SECTION FOR FINISHES
5	SEE EXTERIOR WALL SECTION FOR FINISHES
6	SEE EXTERIOR WALL SECTION FOR FINISHES
7	SEE EXTERIOR WALL SECTION FOR FINISHES
8	SEE EXTERIOR WALL SECTION FOR FINISHES
9	SEE EXTERIOR WALL SECTION FOR FINISHES
10	SEE EXTERIOR WALL SECTION FOR FINISHES
11	SEE EXTERIOR WALL SECTION FOR FINISHES
12	SEE EXTERIOR WALL SECTION FOR FINISHES
13	SEE EXTERIOR WALL SECTION FOR FINISHES
14	SEE EXTERIOR WALL SECTION FOR FINISHES
15	SEE EXTERIOR WALL SECTION FOR FINISHES
16	SEE EXTERIOR WALL SECTION FOR FINISHES
17	SEE EXTERIOR WALL SECTION FOR FINISHES
18	SEE EXTERIOR WALL SECTION FOR FINISHES
19	SEE EXTERIOR WALL SECTION FOR FINISHES
20	SEE EXTERIOR WALL SECTION FOR FINISHES

PROPOSED GROUND FLOOR PLAN  
SCALE: 1/4" = 1'-0"



THE MORIN RESIDENCE  
242 SW 9TH STREET  
POMPANO BEACH, FL  
PROJECT: CONTRACT DOCUMENTS

NO.	REVISIONS	DATE
1	BUILDING DEPT.	06/13/05
2	CUST. REQ. REVISIONS	06/13/05

DRWN. CUB	SCALE: AS NOTED
DWG. NAME	
CHECK BY: JC	
DATE: 04-24-05	
SHEET A-1	

# CITY FILE COPY

09-1215

Building Code in Effect  
Florida Building Code

THIS PLAN IS APPROVED  
SUBJECT TO ALL CODES OF THE  
CITY OF POMPANO BEACH

#### 106.10.2.1 Compliance

The issuance or granting of a permit shall not be deemed or construed to be a permit for, or an approval of, any violation of this Code.

#### 106.6.1 Plans

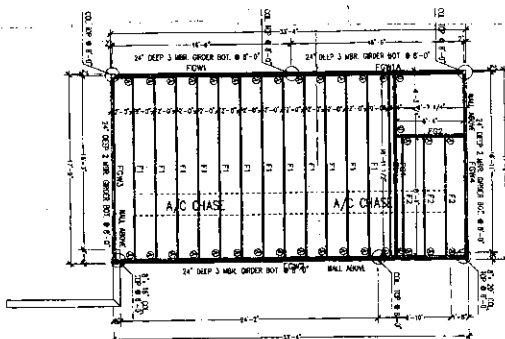
The permit holder shall maintain and keep this set at the building site during the hours of work in progress and available for mandatory inspections.

By: [Signature]  
Date: 2-1-10 Permit #: 09-1215

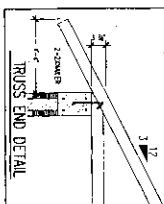
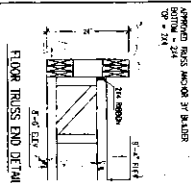
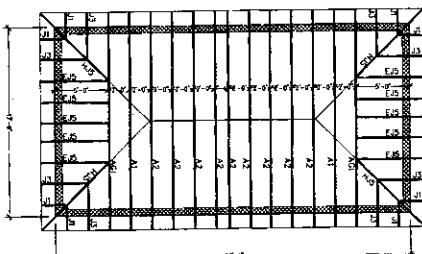
ALL DIMENSIONS AND CONDITIONS THAT EFFECT WD. TRUSSES MUST BE VERIFIED BY BUILDER AND/OR ARCHITECT BEFORE ANY PRODUCTION OF WD. TRUSSES

IF THERE ARE NO MARKUPS ON LAYOUT, THEN TRUSSES WILL BE BUILT AS DESIGNED AND CO. TRUSS WILL NOT BE BACK-CHARGED FOR ANY ITEMS FOUND AFTER THE FACT OF THE RETURNED LAYOUT.

FLOOR TRUSS PLACEMENT PLAN



ROOF TRUSS PLACEMENT PLAN



VERIFY ALL DIMENSIONS WITH HGT. CO. HGT. & LOCATION. ORDER LOCATIONS, CL. HGTs, COFFER CLS LOCATIONS, END DETAILS, PITCH, RASDA, D.H. & CANT. SOME DOWN FRAMING REQ. BY BDR. DROP C/C, CEILING CHANGE & COFFER C/C AREAS

WCS TRUSS DATA		ASSET-02		TOL-02		TOL-03		TOL-04	
Truss Type	40	Truss Type	40	Truss Type	40	Truss Type	40	Truss Type	40
Truss Length	15	Truss Length	15	Truss Length	15	Truss Length	15	Truss Length	15
Truss Width	10	Truss Width	10	Truss Width	10	Truss Width	10	Truss Width	10
Truss Height	5	Truss Height	5	Truss Height	5	Truss Height	5	Truss Height	5
Truss Spacing	10	Truss Spacing	10	Truss Spacing	10	Truss Spacing	10	Truss Spacing	10
Truss Material	55	Truss Material	55	Truss Material	55	Truss Material	55	Truss Material	55
Truss Color	65	Truss Color	65	Truss Color	65	Truss Color	65	Truss Color	65

TRUSS HANGER INFORMATION	
Truss Hanger Type	200
Truss Hanger Material	200
Truss Hanger Color	200
Truss Hanger Spacing	200
Truss Hanger Height	200
Truss Hanger Width	200
Truss Hanger Length	200
Truss Hanger Weight	200
Truss Hanger Volume	200
Truss Hanger Area	200
Truss Hanger Perimeter	200
Truss Hanger Surface Area	200
Truss Hanger Volume	200
Truss Hanger Area	200
Truss Hanger Perimeter	200
Truss Hanger Surface Area	200

IMPORTANT INFORMATION	
Truss Hanger Type	200
Truss Hanger Material	200
Truss Hanger Color	200
Truss Hanger Spacing	200
Truss Hanger Height	200
Truss Hanger Width	200
Truss Hanger Length	200
Truss Hanger Weight	200
Truss Hanger Volume	200
Truss Hanger Area	200
Truss Hanger Perimeter	200
Truss Hanger Surface Area	200
Truss Hanger Volume	200
Truss Hanger Area	200
Truss Hanger Perimeter	200
Truss Hanger Surface Area	200

SHOE DRAWING APPROVAL	
Truss Hanger Type	200
Truss Hanger Material	200
Truss Hanger Color	200
Truss Hanger Spacing	200
Truss Hanger Height	200
Truss Hanger Width	200
Truss Hanger Length	200
Truss Hanger Weight	200
Truss Hanger Volume	200
Truss Hanger Area	200
Truss Hanger Perimeter	200
Truss Hanger Surface Area	200
Truss Hanger Volume	200
Truss Hanger Area	200
Truss Hanger Perimeter	200
Truss Hanger Surface Area	200

CUSTOM TRUSSES	
Truss Hanger Type	200
Truss Hanger Material	200
Truss Hanger Color	200
Truss Hanger Spacing	200
Truss Hanger Height	200
Truss Hanger Width	200
Truss Hanger Length	200
Truss Hanger Weight	200
Truss Hanger Volume	200
Truss Hanger Area	200
Truss Hanger Perimeter	200
Truss Hanger Surface Area	200
Truss Hanger Volume	200
Truss Hanger Area	200
Truss Hanger Perimeter	200
Truss Hanger Surface Area	200

CUSTOM IMPROVEMENTS	
Truss Hanger Type	200
Truss Hanger Material	200
Truss Hanger Color	200
Truss Hanger Spacing	200
Truss Hanger Height	200
Truss Hanger Width	200
Truss Hanger Length	200
Truss Hanger Weight	200
Truss Hanger Volume	200
Truss Hanger Area	200
Truss Hanger Perimeter	200
Truss Hanger Surface Area	200
Truss Hanger Volume	200
Truss Hanger Area	200
Truss Hanger Perimeter	200
Truss Hanger Surface Area	200

MARIN RES.	
Truss Hanger Type	200
Truss Hanger Material	200
Truss Hanger Color	200
Truss Hanger Spacing	200
Truss Hanger Height	200
Truss Hanger Width	200
Truss Hanger Length	200
Truss Hanger Weight	200
Truss Hanger Volume	200
Truss Hanger Area	200
Truss Hanger Perimeter	200
Truss Hanger Surface Area	200
Truss Hanger Volume	200
Truss Hanger Area	200
Truss Hanger Perimeter	200
Truss Hanger Surface Area	200

242 SW 9th STREET	
Truss Hanger Type	200
Truss Hanger Material	200
Truss Hanger Color	200
Truss Hanger Spacing	200
Truss Hanger Height	200
Truss Hanger Width	200
Truss Hanger Length	200
Truss Hanger Weight	200
Truss Hanger Volume	200
Truss Hanger Area	200
Truss Hanger Perimeter	200
Truss Hanger Surface Area	200
Truss Hanger Volume	200
Truss Hanger Area	200
Truss Hanger Perimeter	200
Truss Hanger Surface Area	200

PAMPANO BEACH FL.	
Truss Hanger Type	200
Truss Hanger Material	200
Truss Hanger Color	200
Truss Hanger Spacing	200
Truss Hanger Height	200
Truss Hanger Width	200
Truss Hanger Length	200
Truss Hanger Weight	200
Truss Hanger Volume	200
Truss Hanger Area	200
Truss Hanger Perimeter	200
Truss Hanger Surface Area	200
Truss Hanger Volume	200
Truss Hanger Area	200
Truss Hanger Perimeter	200
Truss Hanger Surface Area	200

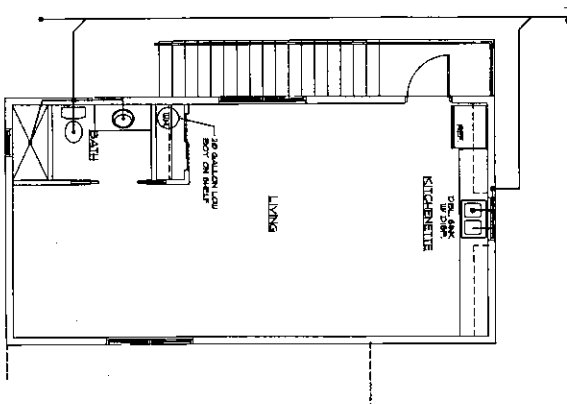
C1C28030F	
Truss Hanger Type	200
Truss Hanger Material	200
Truss Hanger Color	200
Truss Hanger Spacing	200
Truss Hanger Height	200
Truss Hanger Width	200
Truss Hanger Length	200
Truss Hanger Weight	200
Truss Hanger Volume	200
Truss Hanger Area	200
Truss Hanger Perimeter	200
Truss Hanger Surface Area	200
Truss Hanger Volume	200
Truss Hanger Area	200
Truss Hanger Perimeter	200
Truss Hanger Surface Area	200



[illegible]

_____	Chicken Oak (COO)
⌋	Lavatory/Sink
⌋	Bathroom/Fido
⌋	Shower Vent (AAV)
⌋	Toilet (TLC)
⌋	Vent to Roof
⌋	Washing Machine
⌋	Water Heater
_____	Other

## BCALE, V4, 1-2



APPROVED

SHEET AC-1	
DATE: 04-14-08	
CHECK BY: JC	
DWG NAME: .....	
DRWN: CUB	SCALE: AS NOTED

NO.	REVISIONS	DATE

PROJECT: CONTRACT DOCUMENTS  
THE MORIN RESIDENCE  
1242 SW 9TH STREET  
POPLAND BEACH, FL.

DESIGN AND BUILD  
1242 SW 9TH STREET  
POPLAND BEACH, FL. 33004  
(954) 922-4448  
(954) 922-0007  
WWW.TFCB.COM

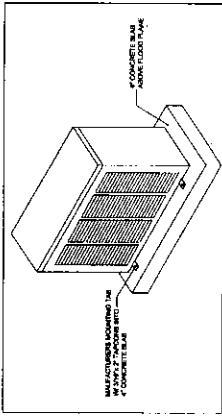
JOHN M. CARROLL  
P.E. NO. 4190  
FLORIDA PROFESSIONAL ENGINEER  
1242 SW 9TH STREET  
POPLAND BEACH, FL. 33004  
(954) 922-4448  
(954) 922-0007  
WWW.TFCB.COM



MINI-SPLIT SCHEDULE  
MAKE: MITSUBISHI  
MODEL: MU2-18  
TOTAL BTU: 18,000  
TOTAL TON: 5.3  
VOLTAGE: 208V  
PHASE: 3  
WIRE: 3  
GND: 1  
WATER FLOW: 20 GPM  
PUMP: 1/2 HP  
PUMP TYPE: 1/2 HP

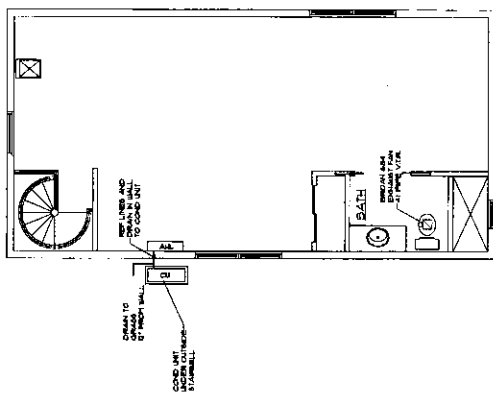


MINI-SPLIT AHU BRACKET MOUNTING

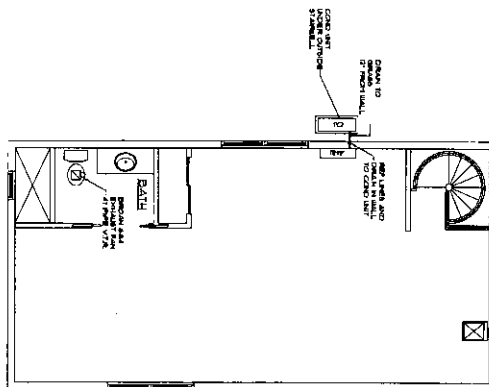


MINI-SPLIT CU MOUNTING DETAIL

AIR CONDITIONING DETAILS



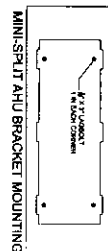
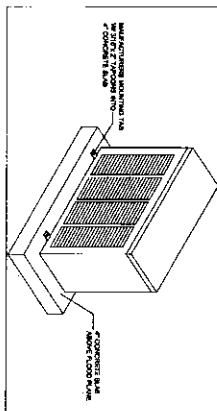
PROPOSED UPPER A/C PLAN  
SCALE: 1/4" = 1'-0"



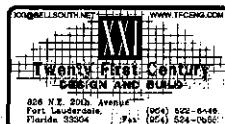
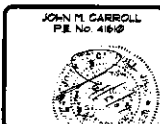
PROPOSED UPPER A/C PLAN  
SCALE: 1/4" = 1'-0"

### AIR CONDITIONING DETAILS

MINI-SPLIT CU MOUNTING DETAIL



MINI-SPLIT SCHEDULE  
NAME: JEFFREY L. CARROLL  
DATE: 04-24-08  
SCALE: 1/4" = 1'-0"  
TOTAL SHEET COUNT: 10  
SHEET NO.: 10  
SHEET TITLE: A/C UNIT  
SHEET SCALE: 1/4" = 1'-0"

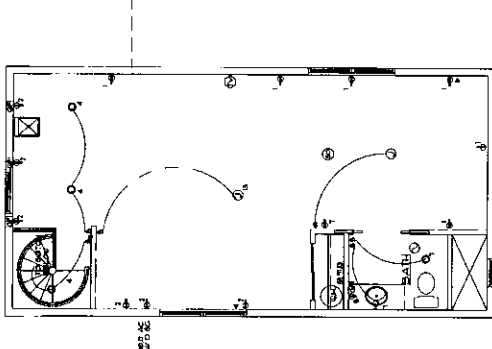


THE MORIN RESIDENCE  
242 SW 8TH STREET  
POMPANO BEACH, FL.  
PROJECT: CONTRACT DOCUMENTS

NO.	REVISIONS:	DATE:

DRWN. C&D	SCALE: AS NOTED
DWG. NAME:	
CHECK BY: JC	
DATE: 04-24-08	
SHEET AC-1	

PROPOSED ELECTRICAL FLOOR PLAN

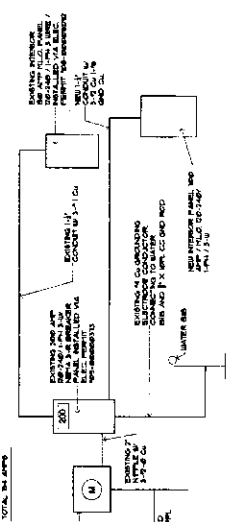


PROPOSED ELECTRICAL FLOOR PLAN

[illegible]

# ELECTRICAL SYMBOLS LEGEND

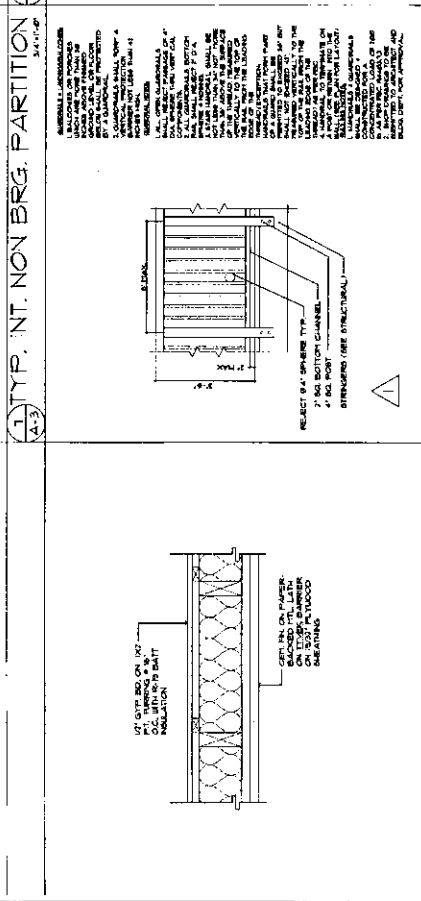
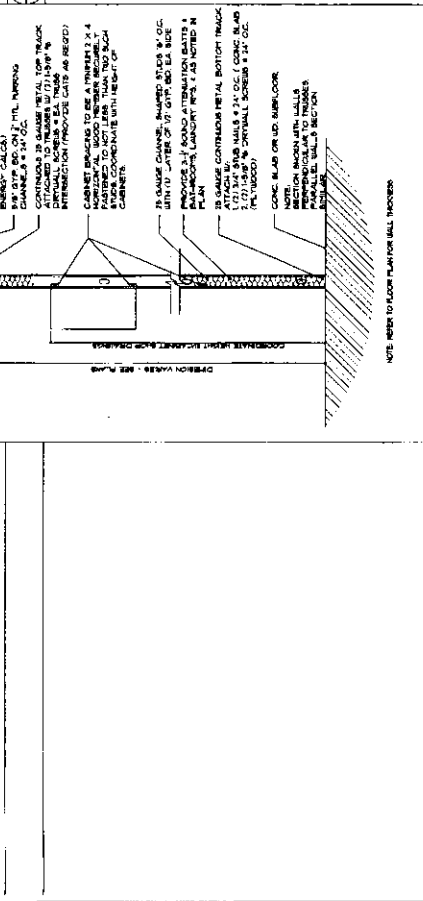
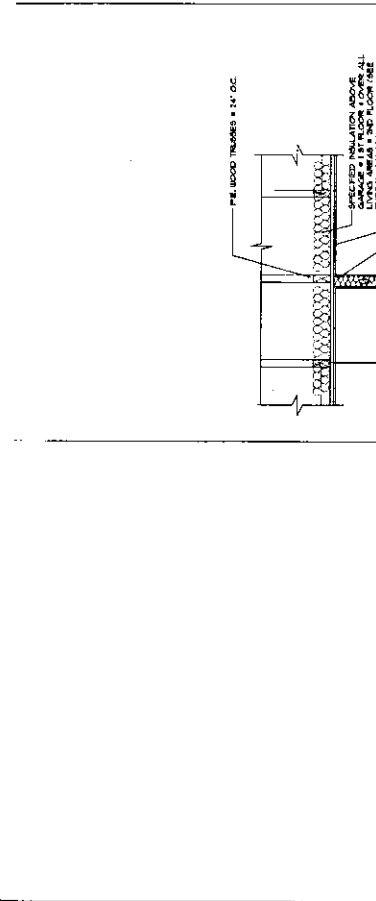
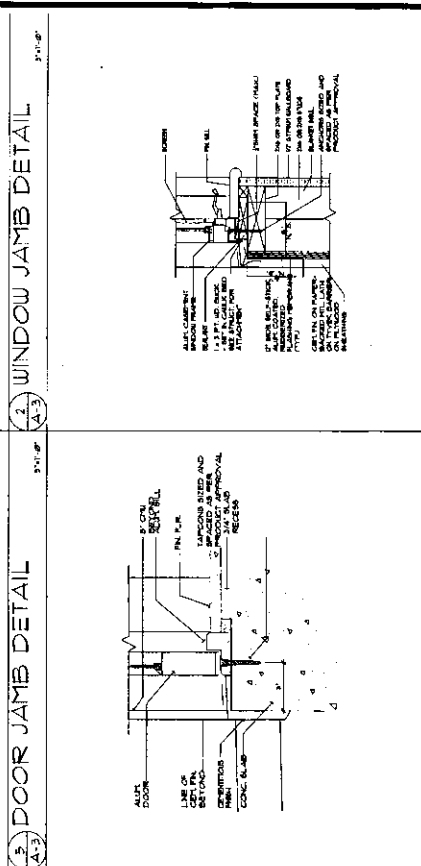
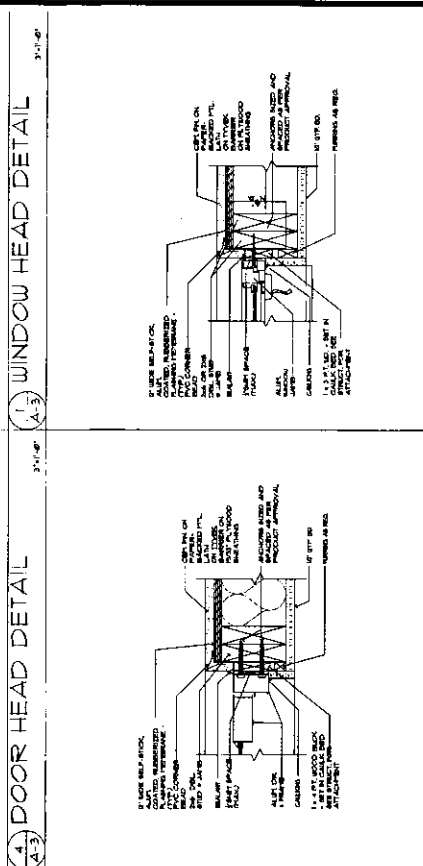
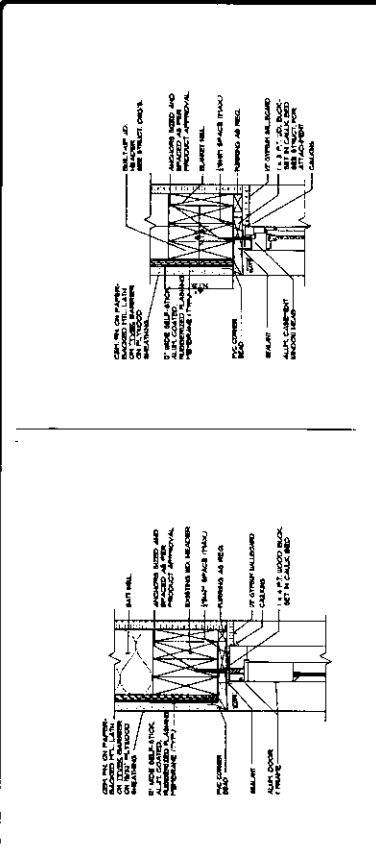
① ONE WAY SWITCH	⑩ CIRCULAR RECEPTACLE	⑮ CENTRAL AIR	⑳ SECURITY LIGHT
② TWO WAY SWITCH	⑪ DISCRETE DIMMER RECEPTACLE	⑯ DOWN LIGHT	㉑ REFRIGERATOR LIGHTING
③ THREE WAY SWITCH	⑫ COMMERCIAL LIGHT FIXTURE	⑰ DOWNY OUTLET	㉒ LANDSCAPE LIGHTING
④ SMALL PUNCTURED POINTING	⑬ SMALL POINTING	⑱ GULLY OUTLET	㉓ EXHAUST FAN
⑤ HAT BOX POINTING	⑭ NO. SINGLE DETECTOR	㉔ TELEPHONE JACK	㉕ TELEPHONE CABLE OUTLET
⑥ RECEPTACLE	⑮ DISCRETE DIMMER RECEPTACLE	㉖ PUSH BUTTON	㉗ TWO AND OVERCABLE
⑦ FLOOR COVERING RECEPTACLE	⑯ DISCRETE DIMMER RECEPTACLE		㉘ TWO AND OVERCABLE
⑧ FLOOR COVERING RECEPTACLE	⑰ DOWNY OUTLET		㉙ TWO AND OVERCABLE
⑨ HEAT LAMP	⑱ GULLY OUTLET		㉚ TWO AND OVERCABLE



SHEET: A-4  
 DATE: 05-15-07  
 CHECK BY: JC  
 DWN NAME: JC  
 SCALE: AS NOTED  
 DWN CUB: JC

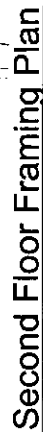
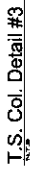
NO. 1  
 BUILDING DETAIL  
 DATE: 05/15/07  
 REVISIONS:









PROJECT: CONSTRUCTION DOCUMENTS  
 THE MORN RESIDENCE  
 142 6TH STREET  
 POMPANO BEACH, FL



1. TYP. INT. NON BRG. PARTITION (A-3)  
 2. WINDOW JAMB DETAIL (A-3)  
 3. WINDOW SILL DETAIL (A-3)  
 4. DOOR THRESHOLD (A-3)  
 5. WINDOW HEAD DETAIL (A-3)  
 6. DOOR HEAD DETAIL (A-3)



[illegible]

 <p>① Dovetail Joint</p>	 <p>② Mortise and Tenon Joint</p>
 <p>③ Half Lap Joint</p>	 <p>④ Butt Joint</p>
 <p>⑤ Scarf Joint</p>	 <p>⑥ Finger Joint</p>
 <p>⑦ Double Dovetail Joint</p>	 <p>⑧ Mortise and Tenon Joint</p>

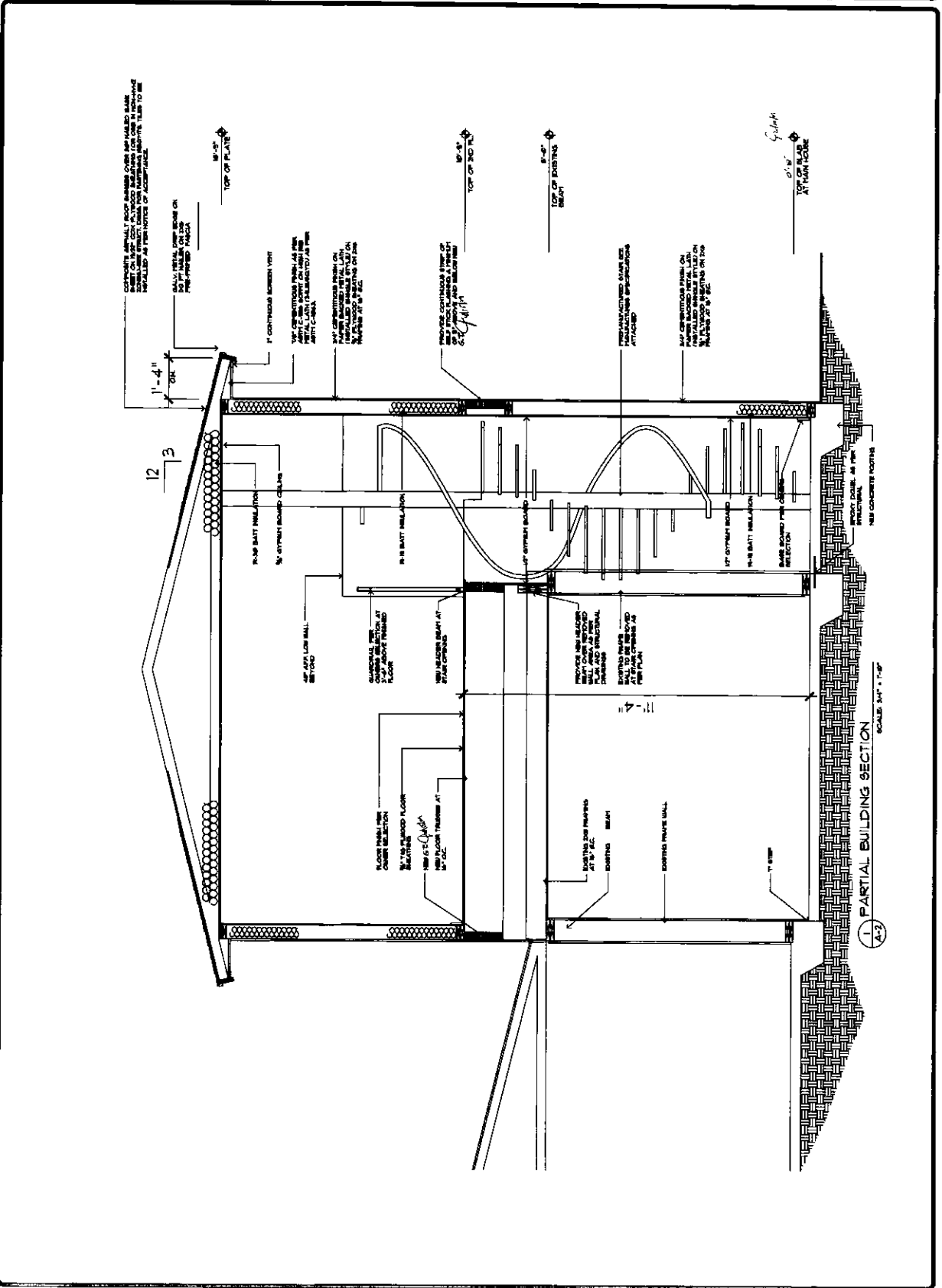


BEAM SCHEDULE		
PLACEMENT	BAZES	TYPE
WPS	73/2" x 48"	6" x 9" 20000 BEAM

[illegible]







**CITY OF POMPANO BEACH, FLORIDA A 024481**

PERMIT FOR REPAIR NO. 10583

PROJECT NO. 10583 DATE 1/13/85

TRAILER NUMBER OF PERMIT 10583

APPROVAL OF WORK: OK

OWNER: 11111

ADDRESS: 11111

CITY: 11111

STATE: 11111

ZIP: 11111

DATE: 1/13/85

TIME: 11:11

PERMIT FEE: 11111

STAMP: 11111

**CITY OF POMPANO BEACH, FLORIDA A 024481**

PERMIT FOR REPAIR NO. 10583

PROJECT NO. 10583 DATE 1/13/85

TRAILER NUMBER OF PERMIT 10583

APPROVAL OF WORK: OK

OWNER: 11111

ADDRESS: 11111

CITY: 11111

STATE: 11111

ZIP: 11111

DATE: 1/13/85

TIME: 11:11

PERMIT FEE: 11111

STAMP: 11111

**FLOOD ZONE -**

(A) Zone - 11111 (B) Zone - 11111 (C) Zone - 11111

DATE: 1/13/85

TIME: 11:11

PERMIT FEE: 11111

STAMP: 11111

**PERMIT FOR REPAIR NO. 10583**

PROJECT NO. 10583 DATE 1/13/85

TRAILER NUMBER OF PERMIT 10583

APPROVAL OF WORK: OK

OWNER: 11111

ADDRESS: 11111

CITY: 11111

STATE: 11111

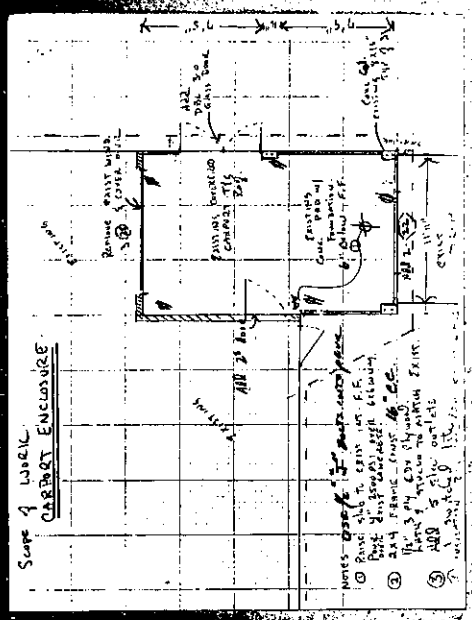
ZIP: 11111

DATE: 1/13/85

TIME: 11:11

PERMIT FEE: 11111

STAMP: 11111



**PERMIT FOR REPAIR NO. 10583**

PROJECT NO. 10583 DATE 1/13/85

TRAILER NUMBER OF PERMIT 10583

APPROVAL OF WORK: OK

OWNER: 11111

ADDRESS: 11111

CITY: 11111

STATE: 11111

ZIP: 11111

DATE: 1/13/85

TIME: 11:11

PERMIT FEE: 11111

STAMP: 11111

**PERMIT FOR REPAIR NO. 10583**

PROJECT NO. 10583 DATE 1/13/85

TRAILER NUMBER OF PERMIT 10583

APPROVAL OF WORK: OK

OWNER: 11111

ADDRESS: 11111

CITY: 11111

STATE: 11111

ZIP: 11111

DATE: 1/13/85

TIME: 11:11

PERMIT FEE: 11111

STAMP: 11111

**CITY OF MIAMI PLANNING DEPARTMENT**

**PLANNING PERMIT NO. 4516**

**DATE: 11-25-76**

**1. Project Name:** 1200 S.W. 3rd Street

**2. Owner:** 1200 S.W. 3rd Street

**3. Project Description:** RENOVATION OF EXISTING BUILDING

**4. Project Location:** 1200 S.W. 3rd Street

**5. Project Area:** 1.00 AC.

**6. Project Area:** 1.00 AC.

**7. Project Area:** 1.00 AC.

**8. Project Area:** 1.00 AC.

**9. Project Area:** 1.00 AC.

**10. Project Area:** 1.00 AC.

**11. Project Area:** 1.00 AC.

**12. Project Area:** 1.00 AC.

**13. Project Area:** 1.00 AC.

**14. Project Area:** 1.00 AC.

**15. Project Area:** 1.00 AC.

**16. Project Area:** 1.00 AC.

**17. Project Area:** 1.00 AC.

**18. Project Area:** 1.00 AC.

**19. Project Area:** 1.00 AC.

**20. Project Area:** 1.00 AC.

**21. Project Area:** 1.00 AC.

**22. Project Area:** 1.00 AC.

**23. Project Area:** 1.00 AC.

**24. Project Area:** 1.00 AC.

**25. Project Area:** 1.00 AC.

**26. Project Area:** 1.00 AC.

**27. Project Area:** 1.00 AC.

**28. Project Area:** 1.00 AC.

**29. Project Area:** 1.00 AC.

**30. Project Area:** 1.00 AC.

**31. Project Area:** 1.00 AC.

**32. Project Area:** 1.00 AC.

**33. Project Area:** 1.00 AC.

**34. Project Area:** 1.00 AC.

**35. Project Area:** 1.00 AC.

**36. Project Area:** 1.00 AC.

**37. Project Area:** 1.00 AC.

**38. Project Area:** 1.00 AC.

**39. Project Area:** 1.00 AC.

**40. Project Area:** 1.00 AC.

**41. Project Area:** 1.00 AC.

**42. Project Area:** 1.00 AC.

**43. Project Area:** 1.00 AC.

**44. Project Area:** 1.00 AC.

**45. Project Area:** 1.00 AC.

**46. Project Area:** 1.00 AC.

**47. Project Area:** 1.00 AC.

**48. Project Area:** 1.00 AC.

**49. Project Area:** 1.00 AC.

**50. Project Area:** 1.00 AC.

**51. Project Area:** 1.00 AC.

**52. Project Area:** 1.00 AC.

**53. Project Area:** 1.00 AC.

**54. Project Area:** 1.00 AC.

**55. Project Area:** 1.00 AC.

**56. Project Area:** 1.00 AC.

**57. Project Area:** 1.00 AC.

**58. Project Area:** 1.00 AC.

**59. Project Area:** 1.00 AC.

**60. Project Area:** 1.00 AC.

**61. Project Area:** 1.00 AC.

**62. Project Area:** 1.00 AC.

**63. Project Area:** 1.00 AC.

**64. Project Area:** 1.00 AC.

**65. Project Area:** 1.00 AC.

**66. Project Area:** 1.00 AC.

**67. Project Area:** 1.00 AC.

**68. Project Area:** 1.00 AC.

**69. Project Area:** 1.00 AC.

**70. Project Area:** 1.00 AC.

**71. Project Area:** 1.00 AC.

**72. Project Area:** 1.00 AC.

**73. Project Area:** 1.00 AC.

**74. Project Area:** 1.00 AC.

**75. Project Area:** 1.00 AC.

**76. Project Area:** 1.00 AC.

**77. Project Area:** 1.00 AC.

**78. Project Area:** 1.00 AC.

**79. Project Area:** 1.00 AC.

**80. Project Area:** 1.00 AC.

**81. Project Area:** 1.00 AC.

**82. Project Area:** 1.00 AC.

**83. Project Area:** 1.00 AC.

**84. Project Area:** 1.00 AC.

**85. Project Area:** 1.00 AC.

**86. Project Area:** 1.00 AC.

**87. Project Area:** 1.00 AC.

**88. Project Area:** 1.00 AC.

**89. Project Area:** 1.00 AC.

**90. Project Area:** 1.00 AC.

**91. Project Area:** 1.00 AC.

**92. Project Area:** 1.00 AC.

**93. Project Area:** 1.00 AC.

**94. Project Area:** 1.00 AC.

**95. Project Area:** 1.00 AC.

**96. Project Area:** 1.00 AC.

**97. Project Area:** 1.00 AC.

**98. Project Area:** 1.00 AC.

**99. Project Area:** 1.00 AC.

**100. Project Area:** 1.00 AC.

