



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

P&Z#: 21-12000001

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

Development Application

Development Review (Check all that apply)

Site Plan		Building Design	
<input type="checkbox"/> Minor	<input checked="" type="checkbox"/> Major	<input checked="" type="checkbox"/> Applicable (AAC Required)	<input type="checkbox"/> Not Applicable
Street Address: 101 NW 12th Street		Folio Number: 484235310210	Zoning District: B-3
Subdivision: Monticello Park		Block: B	Lot: 9-12, part of 13, 14-16
Date of Pre-Application Meeting (Required for Major Site Plan): Tuesday, Jan. 26, 2021 - 10:00 a.m.			

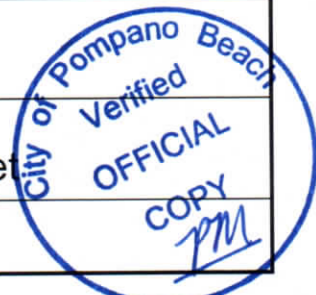
Site Data

Project Name: Medical Offices and Senior Center

Acres*: 1.5	Number of units (Residential):	Total square feet of the building* (Non-Residential): 17,000
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\*Minimum of one acre. Acres should be rounded to the nearest tenth. Square feet for non-residential developments should be rounded to the nearest thousand.

Owner's Representative or Agent	Landowner (Owner of Record)
Business Name (if applicable): Design Kollaborative Architects and Planners	Business Name (if applicable): Dorwes, LLC
Print Name and Title: Andre Capi, Director	Print Name and Title: ALANDE BREZAUZ/ OWNER
Signature: 	Signature: 
Date: 3-2-2021	Date: 02/25/2021
Street Address: 61 NE 1st., #2	Street Address: 9400 NW 12th Avenue, Bay 1
Mailing Address City/ State/ Zip: Pompano Beach, FL 33060	Mailing Address City/ State/ Zip: Miami, FL 33150
Phone Number: 954-941-3329	Phone Number: 305-901-6251
Email: a.capi@dk-group.com	Email: edolce@iandbmedical.net
Email of Plan agent (if different): debra.hernandez@ibigroup.com	



PZ21-12000001  
5/19/2021



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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.

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).

Owner's Name: ALANDE BREZAULT  
(Print or Type)

Address: 9400 NW 12th Avenue, Bay 1  
Miami, FL 33150

(Zip Code)

Phone: (305) 901-6251

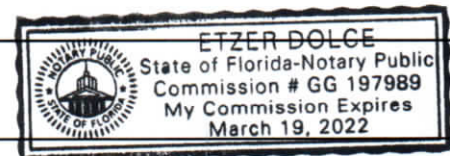
Email address: edolce@iandbmedical.net

(Signature of Owner or Authorized Official)

SWORN AND SUBSCRIBED before me this 25th day of February, 2021 by means of  
☐ physical presence or ☐ online notarization.

NOTARY PUBLIC, STATE OF FLORIDA

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



☒ Personally know to me, or  
☐ Produced identification:

(Type of Identification Produced)