



**City of Pembroke Pines**  
**Planning & Economic Development Department**  
**601 City Center Way 3<sup>rd</sup> Floor**  
**Pembroke Pines FL, 33025**

## Summary

<b>Agenda Date:</b>	April 23, 2026	<b>Application ID:</b>	MSC 2026-0011
<b>Project:</b>	Boulevard Animal Hospital Paint Change	<b>Project Number:</b>	N/A
<b>Project Planner:</b>	Cole Williams, Senior Planner		
<b>Owner:</b>	ANIMAL KINGDOM VETERINARY SERV	<b>Agent:</b>	Steven Davis
<b>Location:</b>	6590 Pines Boulevard	<b>District:</b>	1
<b>Existing Zoning:</b>	B-3 (General Business)	<b>Existing Land Use:</b>	Commercial
<b>Reference Applications:</b>	SN2014-14, SN92-26		
<b>Applicant Request:</b>	Color change to an existing building		
<b>Staff Recommendation:</b>	Approval		
<b>Final:</b>	<input checked="" type="checkbox"/> Planning & Zoning Board	<input type="checkbox"/> City Commission	
<b>Reviewed for the Agenda:</b>	Director: <u>MS</u>	Assistant Director:	<u>JY</u>

## Project Description / Background

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Steven Davis, agent, is requesting approval of a color change to the Boulevard Animal Hospital located at 6590 Pines Boulevard.

The existing building was constructed in the early 1970s. Signage for the site was last updated in 2014 through sign application SN2014-14.

The property owner was cited by the Code Compliance division for changes without approval. The following citations are on record with the Code Compliance division:

- Case #260301170 – 6590 Pines Boulevard – Paint color change without Planning and Zoning Board approval.

### **BUILDINGS / STRUCTURES:**

The following colors are proposed for the existing building and associated structures:

- Main body: SW 7667 (Zircon)
- Trim: SW 7669 (Summit Gray)

No other site modifications are being proposed at this time.

**Staff has reviewed the proposed changes and finds that the proposal meets code requirements. Staff therefore recommends approval of this application.**

**Enclosed:** Unified Development Application  
Memo from Planning Division (4/14/2026)  
Miscellaneous Plan  
Subject Site Aerial Photo



# City of Pembroke Pines

## Planning and Economic Development Department

### Unified Development Application

Planning and Economic Development  
 City Center - Third Floor  
 601 City Center Way  
 Pembroke Pines, FL 33025  
 Phone: (954) 392-2100  
<http://www.ppines.com>

*Prior to the submission of this application, the applicant must have a pre-application meeting with Planning Division staff to review the proposed project submittal and processing requirements.*

Pre Application Meeting Date: \_\_\_\_\_

# Plans for DRC \_\_\_\_\_ Planner: \_\_\_\_\_

Indicate the type of application you are applying for:

- |   |   |
|---|---|
| <input type="checkbox"/> Appeal*                      | <input type="checkbox"/> Sign Plan                                |
| <input type="checkbox"/> Comprehensive Plan Amendment | <input type="checkbox"/> Site Plan*                               |
| <input type="checkbox"/> Delegation Request           | <input type="checkbox"/> Site Plan Amendment*                     |
| <input type="checkbox"/> DRI*                         | <input type="checkbox"/> Special Exception*                       |
| <input type="checkbox"/> DRI Amendment (NOPC)*        | <input type="checkbox"/> Variance (Homeowner Residential)         |
| <input type="checkbox"/> Flexibility Allocation       | <input type="checkbox"/> Variance (Multifamily, Non-residential)* |
| <input type="checkbox"/> Interpretation*              | <input type="checkbox"/> Zoning Change (Map or PUD)*              |
| <input type="checkbox"/> Land Use Plan Map Amendment* | <input type="checkbox"/> Zoning Change (Text)                     |
| <input type="checkbox"/> Miscellaneous                | <input type="checkbox"/> Zoning Exception*                        |
| <input type="checkbox"/> Plat*                        | <input type="checkbox"/> Deed Restriction                         |

**INSTRUCTIONS:**

1. All questions must be completed on this application. If not applicable, mark *N/A*.
2. Include all submittal requirements / attachments with this application.
3. All applicable fees are due when the application is submitted (Fees adjusted annually).
4. Include mailing labels of all property owners within a 500 feet radius of affected site with signed affidavit (Applications types marked with \*).
5. All plans must be submitted no later than noon on Thursday to be considered for Development Review Committee (DRC) review the following week.
6. Adjacent Homeowners Associations need to be noticed after issuance of a project number and a minimum of 30 days before hearing. (Applications types marked with \*).
7. The applicant is responsible for addressing staff review comments in a timely manner. Any application which remains inactive for over 6 months will be removed from staff review. A new, updated, application will be required with applicable fees.
8. Applicants presenting demonstration boards or architectural renderings to the City Commission must have an electronic copy (PDF) of each board submitted to Planning Division no later than the Monday preceding the meeting.

**Staff Use Only**

**Project Planner:** \_\_\_\_\_ **Project #:** PRJ 20\_\_\_\_ - \_\_\_\_ **Application #:** \_\_\_\_\_

**Date Submitted:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Posted Signs Required:** (\_\_\_\_) **Fees:** \$\_\_\_\_\_

**SECTION 1-PROJECT INFORMATION:**

Project Name: Boulevard Animal Hospital

Project Address: 6590 Pines Blvd. Pembroke Pines, FL 33084

Location / Shopping Center: Free standing building

Acreage of Property: Approx 1/2 acre. Building Square Feet: Approx. 2900 SF

Flexibility Zone: \_\_\_\_\_ Folio Number(s): \_\_\_\_\_

Plat Name: \_\_\_\_\_ Traffic Analysis Zone (TAZ): \_\_\_\_\_

Legal Description: Paint the building.

Has this project been previously submitted?  Yes  No

Describe previous applications on property (Approved Variances, Deed Restrictions, etc...) Include previous application numbers and any conditions of approval.

Date	Application	Request	Action	Resolution / Ordinance #	Conditions of Approval

**SECTION 2 - APPLICANT / OWNER / AGENT INFORMATION**

Owner's Name: Steven Davis

Owner's Address: 6590 Pines Blvd. Pembroke Pines, FL 33024

Owner's Email Address: Stevendavis5454@gmail.com

Owner's Phone: 954-966-0600      Owner's Fax: 954-966-5710

Agent: \_\_\_\_\_

Contact Person: Andrika Davis      954-295-0496

Agent's Address: \_\_\_\_\_

Agent's Email Address: Andrie2075@gmail.com

Agent's Phone: \_\_\_\_\_      Agent's Fax: \_\_\_\_\_

*All staff comments will be sent directly to agent unless otherwise instructed in writing from the owner.*

**SECTION 3- LAND USE AND ZONING INFORMATION:**

**EXISTING**

Zoning: \_\_\_\_\_

Land Use / Density: \_\_\_\_\_

Use: \_\_\_\_\_

Plat Name: \_\_\_\_\_

Plat Restrictive Note: \_\_\_\_\_

**PROPOSED**

Zoning: \_\_\_\_\_

Land Use / Density: \_\_\_\_\_

Use: \_\_\_\_\_

Plat Name: \_\_\_\_\_

Plat Restrictive Note: \_\_\_\_\_

**ADJACENT ZONING**

North: \_\_\_\_\_

South: \_\_\_\_\_

East: \_\_\_\_\_

West: \_\_\_\_\_

**ADJACENT LAND USE PLAN**

North: \_\_\_\_\_

South: \_\_\_\_\_

East: \_\_\_\_\_

West: \_\_\_\_\_

*-This page is for Variance, Zoning Appeal, Interpretation and Land Use applications only-*

**SECTION 4 – VARIANCE • ZONING APPEAL • INTERPRETATION ONLY**

Application Type (Circle One):  Variance  Zoning Appeal  Interpretation

Related Applications: \_\_\_\_\_

Code Section: \_\_\_\_\_

Required: \_\_\_\_\_

Request: \_\_\_\_\_

Details of Variance, Zoning Appeal, Interpretation Request:

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**SECTION 5 - LAND USE PLAN AMENDMENT APPLICATION ONLY**

City Amendment Only

City and County Amendment

Existing City Land Use: \_\_\_\_\_

Requested City Land Use: \_\_\_\_\_

Existing County Land Use: \_\_\_\_\_

Requested County Land Use: \_\_\_\_\_

SECTION 6 - DESCRIPTION OF PROJECT (attach additional pages if necessary)

Paint the building of the Animal Hospital.

Trim - Sherwin Williams 7669 Summit Gray

Body - Sherwin Williams - 7667 Zircon

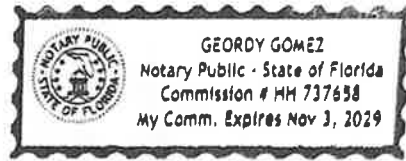
**SECTION 7- PROJECT AUTHORIZATION**

**OWNER CERTIFICATION**

This is to certify that I am the owner of the property described in this application and that all information supplied herein is true and correct to the best of my knowledge.

[Signature] \_\_\_\_\_ Date 4/9/26

Sworn and Subscribed before me this 9<sup>th</sup> day  
of April, 2026



[Signature] \_\_\_\_\_ My Commission Expires  
Fee Paid \_\_\_\_\_ Signature of Notary Public

**AGENT CERTIFICATION**

This is to certify that I am the agent of the property owner described in this application and that all information supplied herein is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Agent \_\_\_\_\_ Date

Sworn and Subscribed before me this \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Fee Paid \_\_\_\_\_ Signature of Notary Public My Commission Expires

Waiver of Florida Statutes Section 166.033, Development Permits and Orders

Applicant: Steven Davis

Authorized Representative: \_\_\_\_\_

Application Number: \_\_\_\_\_

Application Request: \_\_\_\_\_

I, Steven Davis (print Applicant/Authorized Representative name), on behalf of Boulevard Animal Hospital (Applicant), hereby waive the deadlines and/or procedural requirements of Florida Statute Section 166.033 as the provisions of said statute apply to the above referenced application, including, but not limited to the following:

- a. 30-day requirement for Applicant Response to Staff determination of incompleteness as described in DRC Comments and/or Letter to Applicant;
- b. 30-day Staff review of Applicant Response to DRC Comments and/ or Letter to Applicant;
- c. Limitation of three (3) Staff Requests for Additional Information;
- d. Requirement of Final Determination on Applicant's application approving, denying, or approving with conditions within 120 or 180 days of the determination of incompleteness, as applicable.



\_\_\_\_\_  
Signature of Applicant or Applicant's  
Authorized Representative

4/9/20

\_\_\_\_\_  
Date

Steven Davis

\_\_\_\_\_  
Print Name of Applicant/Authorized Representative

**PLANNING DIVISION STAFF COMMENTS**

**Memorandum:**

Date: April 14, 2026  
To: MSC 2026-0011  
From: Cole Williams, Senior Planner  
Re: Boulevard Animal Hospital

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**Items which do not conform with the City of Pembroke Pines Code of Ordinances or other Governmental Regulations:**

**PLANNING HAS NO COMMENTS REGARDING THIS APPLICATION**

- Main body: SW 7667 (Zircon)
- Trim: SW 7669 (Summit Gray)



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