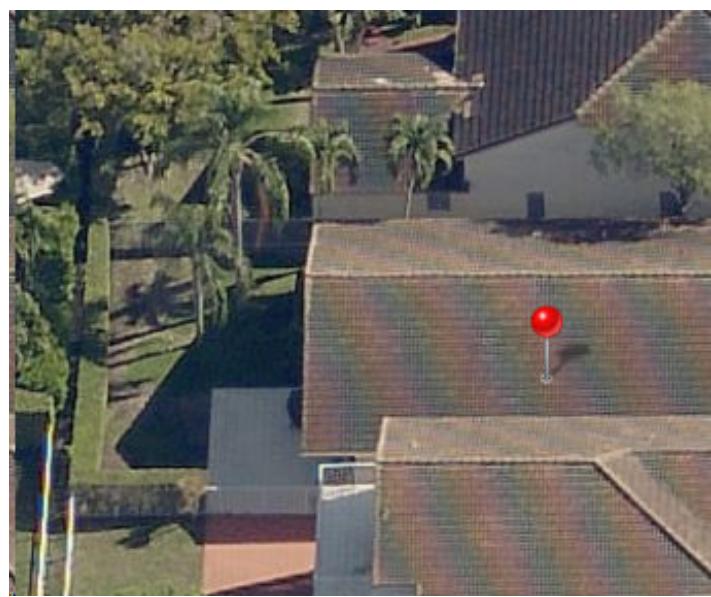
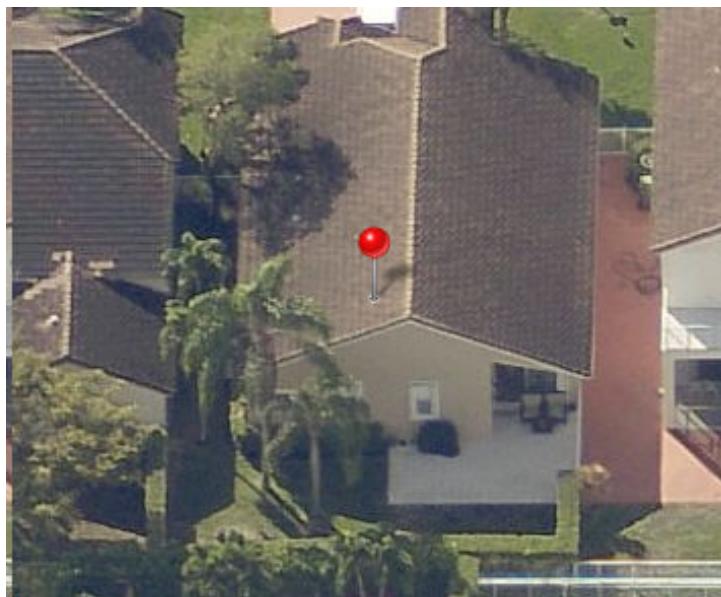


Vicinity Map

City of Pembroke Pines • Planning and Economic Development Department

Zoning Variance
ZV(R) 2017-12

Ariella Banon
15627 SW 16 Court
Pembroke Pines, FL 33024





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.ppinies.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: 11/21/17

Plans for DRC _____ Planner: Dean

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 checked="" 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: Dean Project #: PRJ 20 N/A Application #: 2V(2) 2017-12
Date Submitted: 12/7/17 Posted Signs Required: (1) Fees: \$ 250.00

SECTION 1-PROJECT INFORMATION:

 Project Name: Ariella Banon

Project Address: 15627 S.W. 16th Court

Location / Shopping Center: _____

Acreage of Property: _____ Building Square Feet: _____

Flexibility Zone: _____ **Folio Number(s):** _____

Plat Name: _____ Traffic Analysis Zone (TAZ): _____

Legal Description:

Digitized by srujanika@gmail.com

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: Ariella Banon

* Owner's Address: 15627 S.W. 16th Court

* Owner's Email Address: ariella.samantha@hotmail.com

* Owner's Phone: (754) 201-1228 * Owner's ^{Cell:} (305) 873-4288

* Agent: Judith Banon

* Contact Person: Judith Banon

* Agent's Address: 1250 S.W. 159th Terrace, Pembroke Pines

* Agent's Email Address: judyrose2@comcast.net

* Agent's Phone: (954) 885-5999 Agent's ^{Cell:} (954) 646-7307

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: Grand Palms PUD Guidelines

Required: 5' Setback or 6' High CBS Privacy Wall

Request: 1 setback w/out wall

Details of Variance, Zoning Appeal, Interpretation Request:

See attached letter

SECTION 5 - LAND USE PLAN AMENDMENT APPLICATION ONLY

City Amendment Only

City and County Amendment

Existing City Land Use:

Requested City Land Use:

Requested County Land Use:

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

The project involves the installation of two screen patio walls and one door on existing slab with an existing roof.

SECTION 7- PROJECT AUTHORIZATION

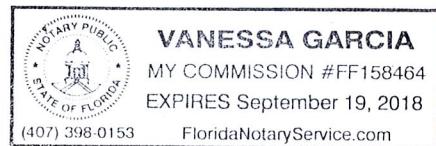
OWNER CERTIFICATION

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.

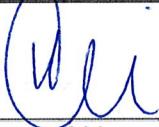

Signature of Owner

11/29/17
Date

Sworn and Subscribed before me this 29th day
of Nov., 2017



Fee Paid


Signature of Notary Public

My Commission Expires

09/19/18

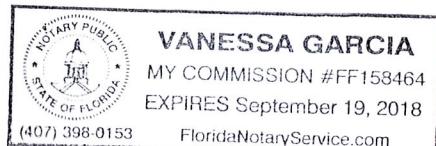
AGENT CERTIFICATION

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

11/29/17
Date

Sworn and Subscribed before me this 29th day
of Nov., 2017



Fee Paid


Signature of Notary Public

My Commission Expires

09/19/18

Attachment for variance for 15627 S. W. 16th Court

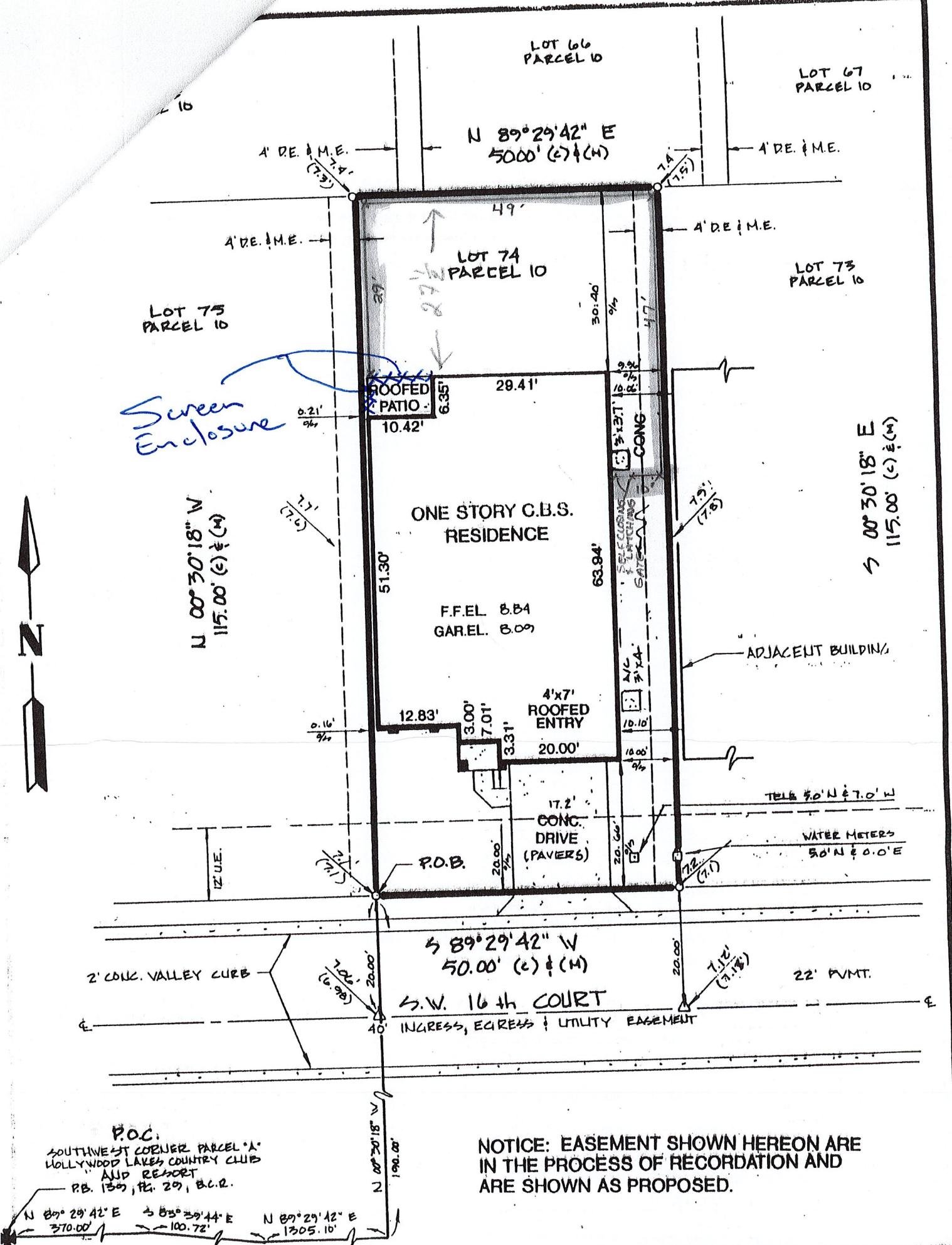
I have had chronic health issues for a long time, and even had to move back in with my parents a few years ago. One of the things I enjoyed in their home was being able to sit outside in their screened patio with my dog. The enclosure kept me safe from the mosquitos to which I am allergic, and allowed me to relax with my beloved, but overly energetic, rescue dog without always having to chase after him in an open backyard.

When I decided to buy my current home, it fit all my criteria with the exception of a screen enclosure. But I envisioned its small back patio, with an existing slab and roof, as a perfect spot for an outdoor, screened sitting area. I decided that would be a top priority as soon as I settled in, and I immediately arranged an appointment with the screen company that built my parents' enclosure. I submitted paperwork to my two homeowners' associations for approval, and in the meantime was shocked when the screen company informed me that I would require a variance because of certain architectural issues and city laws.

I did not realize that putting in two screen walls and a door would lead to complications, and I was extremely disheartened to hear the news. Unlike my parents' home, this house is directly connected to the backyards of four other homes, which has made it even more difficult and exhausting to control my dog. It also feels like I have no privacy when I'm outside – I realize that a screen is not truly enclosed, but it does feel a little more concealed.

I would be extremely appreciative if this variance was approved – it's a small thing but I feel it will make a big difference in my quality of life.

Thank you,
Ariella Banon



GRAND PALMS COMMUNITY ASSOCIATION

NOTICE OF APPROVAL

Monday, December 4, 2017

Banon, Ariella
15627 Sw 16th Court
Pembroke Pines, FL 33027

**Re: Grove Estates/ 3608-000304
15627 SW 16th Court**

Dear Ariella Banon:

Grand Palms Community Association, Inc. has approved your request as per your submitted
Plans for Architectural Change/Modification/Alteration, etc., which includes the following:
Architectural request (Patio) To install 2 screen patio walls and 1 door as noted on application submitted.

The Association requires that you obtain a permit from the city of Pembroke Pines if applicable.

Please ask your contractor to be considerate of neighbors during construction. Please request that
parking is not done on the street and that any delivered materials are placed in the rear of your yard. If
common areas or a neighbor's property is damaged, please quickly acknowledge it and arrange to have
it repaired.

Thank you for your cooperation in complying with the governing documents of your community.

If you should have any questions, please do not hesitate to call our office at 954-431-2835.
Sincerely,
FOR THE BOARD OF DIRECTORS

Mary Gobel
For Andrea Giannetto, LCAM
cc: Board of Directors

3608-000304 15627 SW 16th Court/ Architectural request (Patio)

(This was previously faxed to Jose Alfonso on 11/16/17)

REQUEST FOR REVIEW OF ARCHITECTURAL MODIFICATION
GRAND PALMS COMMUNITY ASSOCIATION, INC.

TO: Grand Palms Community Association, Inc. c/o Miami Management, Inc.
901 Sabal Palm Drive Pembroke Pines, FL 33027

FROM: (Owners Name): Ariella Banon

NEIGHBORHOOD ASSOCIATION: Grove Estates

STREET ADDRESS: 15627 S.W. 16th Court

DAY PHONE (305) 873-4288 EVENING PHONE: (754) 201-1228

Approval is hereby requested to make the following modification(s) or addition(s) as described and depicted below and/or additional attached pages. Please include such detail as the dimensions, materials, color, design, location and other pertinent data. **YOU MUST attach a copy of your site plan showing location of modification and attach a copy of your contractor's license and insurance.** For HOUSE PAINTING, please see the reverse side of this form. **THERE IS A LIMIT OF 90 DAYS FOR COMPLETION OF ANY ARCHITECTURAL APPROVALS.**

Project/Modification Description:

Build two (2) white screen walls with charcoal screening with one (1) door on existing slab with existing roof.
(Please see attached quotation.)

I understand and agree:

1. That if the modification is not completed as approved, said approval can be revoked and the modification will be required to be removed by the owner at the owner's expense.
2. That I am responsible to pay for and repair any and all damage to the common areas as a result of the installation.
3. To comply with the state, county, or city building codes, and to obtain all necessary permits if applicable and to use properly licensed and insured contractors.
4. To abide by the decision of the Grand Palms Community Association, its Committees or Board of Directors.
5. That if the modification is not approved or does not comply, we may be subject to reasonable attorney's fees.
6. That any approval given by the Grand Palms Community Association for work to be done is on an aesthetic basis only and that the approval of any proposal, improvements or alterations by the Grand Palms Community Association shall not constitute a warranty or approval as to workmanship, materials, or usefulness for any purpose of any such improvement or alteration nor as to its compliance with governmental or industry codes or standards.
7. I/We understand that I/We are responsible for proper structural and architectural details and compliance with applicable codes. By submitting a request for approval, the Owner holds harmless and indemnifies the aforesaid Members and Representatives of the Grand Palms Community Association and the Association generally, from and for any loss, claim or damages connected with the aforesaid aspects of the improvements or alterations.
8. That existing drainage systems and patterns will not be modified or altered.
9. All damage done to Association infrastructure, including, but not limited to irrigation system, roads, streetlights, etc., shall be repaired by the HOMEOWNER within 48 hours. Failure to do so will result in the Association making any and all necessary repairs at the owner's expense.
10. You must attach a copy of your contractor's license and proof of insurance.

Date of Request 11/16/17 Homeowner(s) Signature OB

Neighborhood Architectural Modification Committee Review

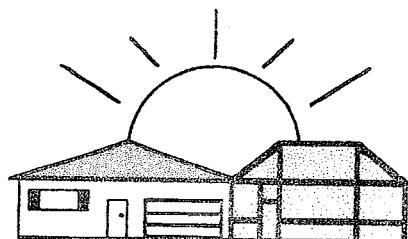
RECEIVED DATE: 11/30/17 APPROVED OR DISAPPROVED DECISION DATE: 11/30/2017
BY (sign): Dawn Diamond OWNER NOTIFICATION DATE: 11/30/2017
BY (print): Dawn Diamond DATE: _____

Grand Palms Community Association Architectural Modification Committee Review

RECEIVED DATE: 12/1/17 APPROVED OR DISAPPROVED DECISION DATE: 12/1/17
BY (sign): Hugh Klein V.P OWNER NOTIFICATION DATE: _____
BY (print): Hugh Klein DATE: 12/1/17

Dawn

reid
12-1-17



CC# 93-7236-SC-X
Licensed and Insured

Sunshine Screen & Patio

954-962-7600

5212 Cleveland Street • Hollywood, FL 33021

www.sunshinescreen.com

sunshinescreen@yahoo.com • Fax: 954-962-7699

All Major
Credit Cards
Accepted

CELL 305-873-4288

PHONE

DATE 11-15-17

ADS

ESTIMATOR Glenn

CUSTOMER BANON, ARIELLA

ADDRESS 15627 S.W. 16 COURT

CITY PEMBROKE PINES STATE FL ZIP 33027

COMMUNITY GATED YES NO CODE: GUARD

EMAIL

<input checked="" type="checkbox"/> SCREEN ROOM		<input type="checkbox"/> CARPORT	<input type="checkbox"/> POOL ENCLOSURE	<input type="checkbox"/> OTHER
ROOF	COLOR	TYPE	APPROX. SIZE	
	<input type="checkbox"/> SCREEN			
	<input type="checkbox"/> 3" INSUL.			
	<input type="checkbox"/> FAN BEAM	<input type="checkbox"/> YES <input type="checkbox"/> NO		
FRONT OVERHANG		<input type="checkbox"/> START FROM HOUSE WALL		
SIDE OVERHANG		<input type="checkbox"/> START FROM HOUSE OVERHANG		
GUTTER & DOWNSPROUT		<input type="checkbox"/> COLOR TRIM		
APPROX. STARTING HEIGHT				
SCREEN WALLS	AMOUNT <u>2</u>	APPROX. TOTAL LIN. FT. <u>16</u>	APPROX. HEIGHT AT HOUSE <u>12 1/2</u>	DOORS <u>ONE</u>
KICK PLATE	<input type="checkbox"/> ALUMINUM APPROX. HEIGHT	APPROX. LIN. FT.		
SUPER GUTTER	<input type="checkbox"/> FIB. GLASS			
CONCRETE	<input type="checkbox"/> COLOR			
OPTIONS	EXISTING SLAB.			

THIS CONTRACT INCLUDES MATERIALS, INSTALLATION AND PERMIT

THIS CONTRACT INCLUDES MATERIALS AND INSTALLATION ONLY.

TERMS

CONTRACT PRICE \$ 1680⁰⁰

DOWN PAYMENT \$ 13

AT POURING OF CONCRETE SLAB \$

BEGIN CONSTRUCTION \$

BALANCE IN FULL \$

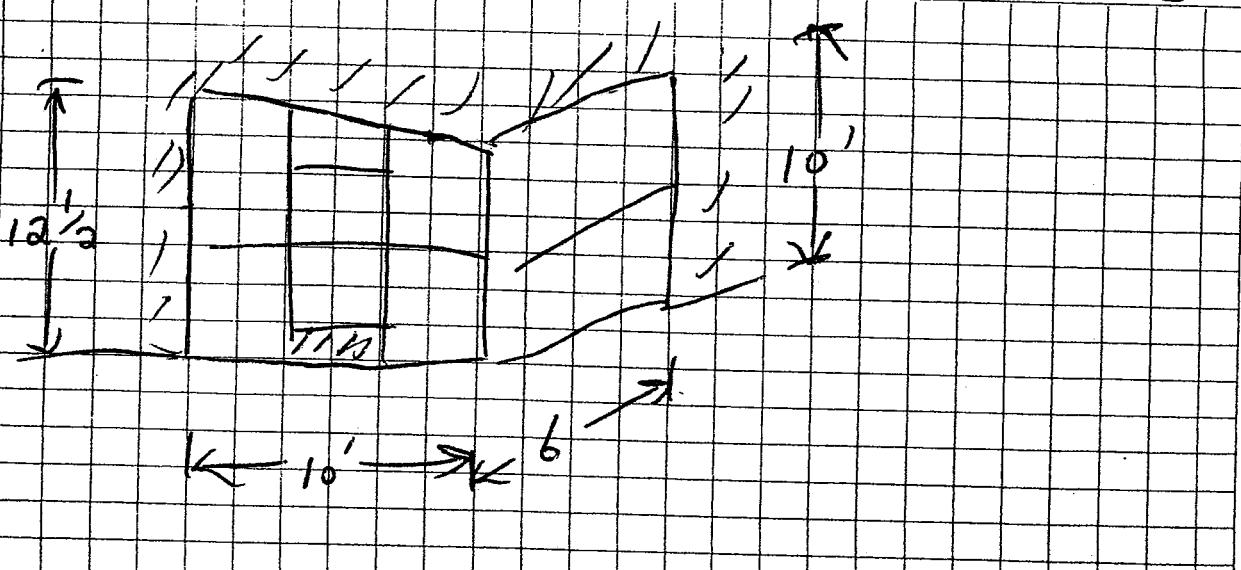
UPON COMPLETION \$ 2/3

APPROVED BY

PURCHASER

APPROVED BY

AUTHORIZED COMPANY SIGNATURE





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/16/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERs NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER		CONTACT NAME: Josephine Mansur	
Roe Insurance Inc. 9851 State Road 54		PHONE: (727) 376-0030 (A/C, No, Ext):	FAX (A/C, No): (727) 376-2262
New Port Richey FL 34655		E-MAIL: jo@roeins.com	
INSURED		ADDRESS: 11240	
Glenn B. Cummings, Inc., DBA: Sunshine Screen & Patio 5212 Cleveland Street Hollywood FL 33021		INSURER(S) AFFORDING COVERAGE	
		INSURER A: American Builders Insurance Company	
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES		CERTIFICATE NUMBER: 17-18 Revised		REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		GLP014336104	4/17/2017	4/17/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Employee Benefits \$
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:					
	AUTOMOBILE LIABILITY ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/>					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	WCV014176406	4/17/2017	4/17/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Workers Compensation applies to Florida operations only

CERTIFICATE HOLDER		CANCELLATION	
sunshinescreen@yahoo.com Ariella Banon 15627 SW 16th Ct Pembroke Pines, FL 33027		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	
		AUTHORIZED REPRESENTATIVE	
		Josephine Mansur/JM	

© 1988-2014 ACORD CORPORATION. All rights reserved.



CERTIFICATE OF COMPETENCY

Detach and **SIGN** the reverse side of this
card **IMMEDIATELY** upon receipt! You
should carry this card with you at all times.

Contractor must obtain a photo I.D. Certificate of Competency Card
every two years.

CUMMINGS, GLENN B
5212 CLEVELAND ST.



**CITY OF HOLLYWOOD
TREASURY SERVICES DIVISION
LOCAL BUSINESS TAX**

**SUNSHINE SCREEN & PATIO
5212 CLEVELAND ST
HOLLYWOOD, FL 33021**

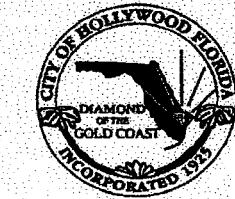
Please contact us with any changes or corrections to your information.

CUSTOMER SERVICE: Should you have any questions regarding Local Business Tax or need to update / correct any information related to your Business Tax Account, please contact us by phone at 954-921-3225, by email at businesstax@hollywoodfl.org or in person at City Hall, Room 103, 2600 Hollywood Blvd. Please send all written correspondence to: City of Hollywood, Treasury Services Division, Attn: Business Tax, Room 103, PO Box 229045, Hollywood, FL 33022-9045.

PURSUANT TO STATE LAW, LOCAL BUSINESS TAX IS LEVIED FOR THE PRIVILEGE OF DOING BUSINESS WITHIN A CITY'S LIMITS, AND IS NON-REGULATORY IN NATURE. ISSUANCE OF A LOCAL BUSINESS TAX RECEIPT BY THE CITY OF HOLLYWOOD DOES NOT MEAN THAT THE CITY HAS DETERMINED THAT THE EXISTING OR PROPOSED USE OF A LOCATION IS LAWFUL. ISSUANCE OF A LOCAL BUSINESS TAX RECEIPT DOES NOT LEGALIZE OR CONDONE THE NATURE OF THE BUSINESS BEING CONDUCTED IF CONTRARY TO ANY LOCAL, STATE OR FEDERAL LAW OR REGULATION.

THIS IS NOT A BILL. DO NOT PAY.

BELOW IS YOUR LOCAL BUSINESS TAX RECEIPT. PLEASE DETACH AND POST THIS LOCAL BUSINESS TAX RECEIPT IN A CONSPICUOUS PLACE AT YOUR PLACE OF BUSINESS.



**CITY OF
Hollywood
FLORIDA**

2017/2018 LOCAL BUSINESS TAX RECEIPT

Business Name: SUNSHINE SCREEN & PATIO

Account Registration #: B9049073-2018

DBA:

Expiration Date: 9/30/2018

Business Location: 5212 CLEVELAND ST

Tax Paid: \$251.00

Business Category: SERVICE/LICENSED BUSINESS

Classification: Contractor/Specialty

Tax Basis: 2 - 4 WORKERS

BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT

115 S. Andrews Ave., Rm. A-100, Ft. Lauderdale, FL 33301-1895 – 954-831-4000
VALID OCTOBER 1, 2017 THROUGH SEPTEMBER 30, 2018

DBA: **SUNSHINE SCREEN & PATIO**
Business Name:

Receipt #: 189-3101
Business Type: ALL OTHER TYPES CONTRACTOR
(SPEC BLDR SCREEN ENCLOSURE)

Owner Name: **GLENN B CUMMINGS**
Business Location: **5212 CLEVELAND ST**
HOLLYWOOD
Business Phone: **954-962-7600**

Business Opened: 08/01/1993
State/County/Cert/Reg: 93-7236-SC-X
Exemption Code:

Rooms	Seats	Employees	Machines	Professionals
		1		

Number of Machines:		For Vending Business Only				
Tax Amount	Transfer Fee	NSF Fee	Penalty	Prior Years	Collection Cost	Total Paid
27.00	0.00	0.00	0.00	0.00	0.00	27.00

THIS RECEIPT MUST BE POSTED CONSPICUOUSLY IN YOUR PLACE OF BUSINESS

THIS BECOMES A TAX RECEIPT

WHEN VALIDATED

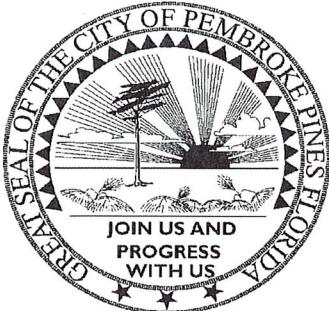
This tax is levied for the privilege of doing business within Broward County and is non-regulatory in nature. You must meet all County and/or Municipality planning and zoning requirements. This Business Tax Receipt must be transferred when the business is sold, business name has changed or you have moved the business location. This receipt does not indicate that the business is legal or that it is in compliance with State or local laws and regulations.

Mailing Address:

**GLENN B CUMMINGS
5212 CLEVELAND ST
HOLLYWOOD, FL 33021**

**Receipt #1CP-16-00010386
Paid 07/11/2017 27.00
07/10/2017 Effective Date**

2017 - 2018



Type of Meeting

Board of Adjustment

QUASI-JUDICIAL PROCEEDINGS AFFECTED PERSON

INSTRUCTIONS: This form must be completed and returned to the City Clerk's office at least seven (7) calendar days before the meeting.

AFFECTED PERSON: (a person who is the owner of the subject property or who owns property within 500 feet of the subject property or who resides in or operates a business within 500 feet of the subject property)

CASE# ZV(R) 2017-12

PROJECT NAME: Ariella Banon

MEETING DATE: January 4, 2018

NAME: Judith Banon

BUSINESS ADDRESS: _____

HOME ADDRESS: 15627 S.W. 16th Court

TELEPHONE NUMBER: (954) 885-5999

QUALIFIES AS "AFFECTED PERSON":

Subject property owner
 Owns property within 500 ft.
 Resides within 500 ft.
 Operates a business within 500 ft.
 City of Pembroke Pines representative

Signature of Affected Person Judith Banon Date: 12/20/17

EVIDENCE TO BE PRESENTED: (identify and attach a copy of all evidence to be presented at the hearing. Use additional sheet(s) if necessary.)

A. _____

B. _____

C. _____

PROPOSED WITNESS LIST: (Use additional sheet for each witness)

NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: () _____

SPEAKING: IN FAVOR OF PETITION AGAINST PETITION