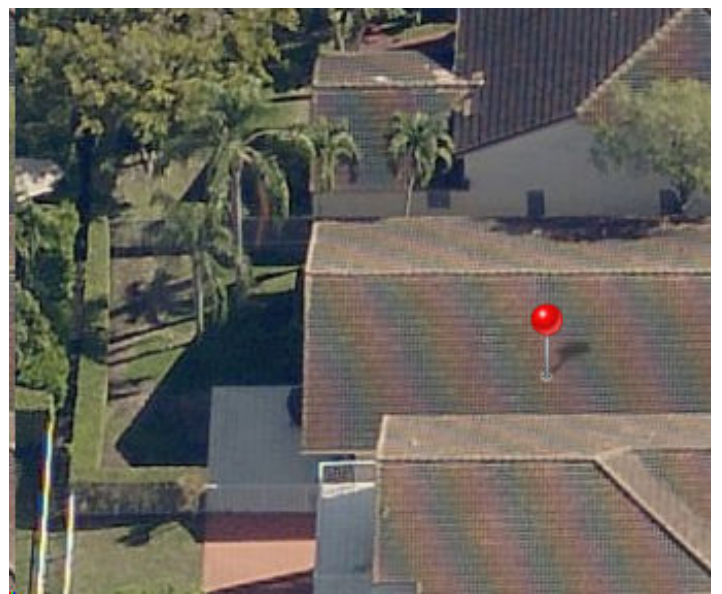
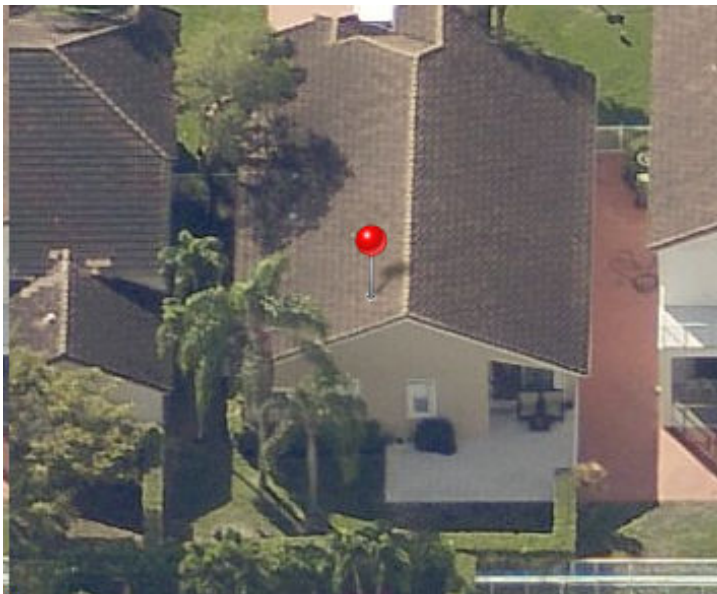


# Vicinity Map

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.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: 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 #: 2017-12

Date Submitted: 12/7/17 Posted Signs Required: (1) Fees: \$ 200.00



**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:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 <sup>Cell:</sup> ~~Fax:~~ (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 <sup>Cell:</sup> ~~Fax:~~ (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	PROPOSED
Zoning: _____	Zoning: _____
Land Use / Density: _____	Land Use / Density: _____
Use: _____	Use: _____
Plat Name: _____	Plat Name: _____
Plat Restrictive Note: _____	Plat Restrictive Note: _____
_____	_____
ADJACENT ZONING	ADJACENT LAND USE PLAN
North: _____	North: _____
South: _____	South: _____
East: _____	East: _____
West: _____	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 POD Guidelines

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

Request: 0' 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: \_\_\_\_\_

Existing County 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.



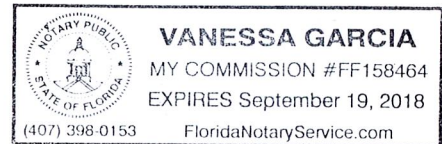
## SECTION 7- PROJECT AUTHORIZATION

### 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]* 11/29/17  
Signature of Owner Date

Sworn and Subscribed before me this 29<sup>th</sup> day  
of Nov., 2017



Fee Paid

*[Signature]*  
Signature of Notary Public

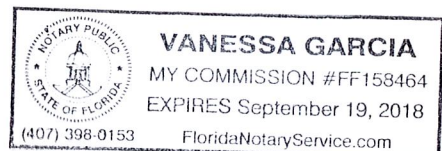
09/19/18  
My Commission Expires

### 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]* 11/29/17  
Signature of Agent Date

Sworn and Subscribed before me this 29<sup>th</sup> day  
of Nov., 2017



Fee Paid

*[Signature]*  
Signature of Notary Public

09/19/18  
My Commission Expires

## Attachment for variance for 15627 S. W. 16<sup>th</sup> 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.

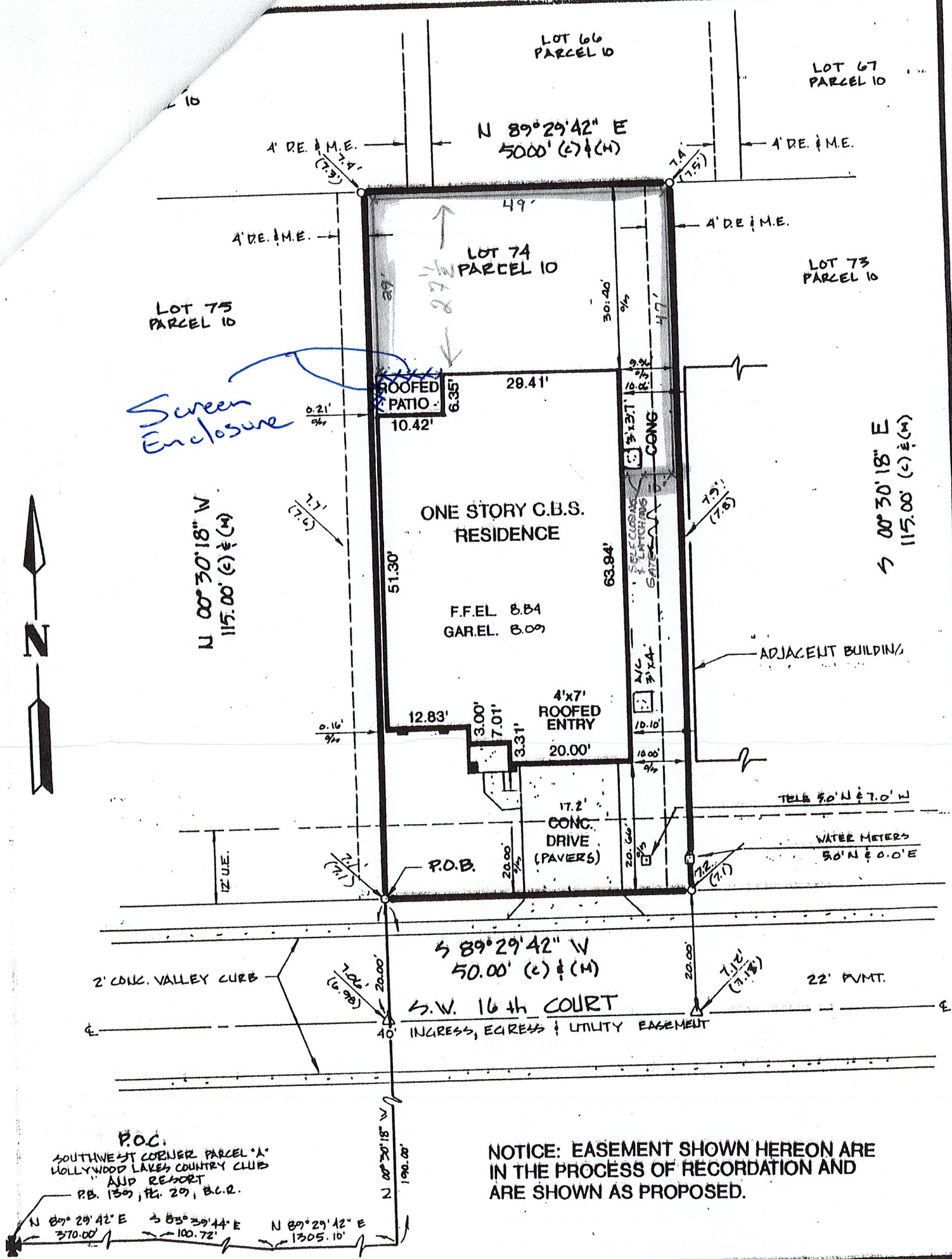
When I decided to buy my current home, it fit all my criteria with the exception of a screen enclosure. But I envisioned its small back patio, with an existing slab and roof, as a perfect spot for an outdoor, screened sitting area. I decided that would be a top priority as soon as I settled in, and I 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





NOTICE: EASEMENT SHOWN HEREON ARE IN THE PROCESS OF RECORDATION AND ARE SHOWN AS PROPOSED.

LEGEND

BENCHMARK REFERENCE:

# 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

AB

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):

Hugo Klein

V.P.

OWNER NOTIFICATION DATE:

BY (print):

HUGO KLEIN

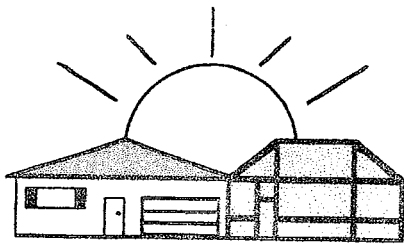
DATE:

12/1/17

DAR

rec'd  
12-1-17





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

# Sunshine Screen & Patio

## 954-962-7600

All Major  
Credit Cards  
Accepted

5212 Cleveland Street • Hollywood, FL 33021

www.sunshinescreen.com

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

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																																	
<table border="1"> <tr> <td rowspan="5">ROOF</td> <td><input type="checkbox"/> SCREEN</td> <td>COLOR</td> <td>TYPE</td> <td>APPROX. SIZE</td> </tr> <tr> <td><input type="checkbox"/> 3" INSUL.</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> FAN BEAM</td> <td><input type="checkbox"/> YES <input type="checkbox"/> NO</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> ALUMINUM PAN</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">FRONT OVERHANG</td> <td><input type="checkbox"/> START FROM HOUSE WALL</td> <td></td> </tr> <tr> <td colspan="2">SIDE OVERHANG</td> <td><input type="checkbox"/> START FROM HOUSE OVERHANG</td> <td></td> </tr> <tr> <td colspan="2">GUTTER &amp; DOWNSPOUT</td> <td><input type="checkbox"/> COLOR TRIM</td> <td></td> </tr> <tr> <td colspan="2">APPROX. STARTING HEIGHT</td> <td></td> <td></td> </tr> </table>				ROOF	<input type="checkbox"/> SCREEN	COLOR	TYPE	APPROX. SIZE	<input type="checkbox"/> 3" INSUL.				<input type="checkbox"/> FAN BEAM	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> ALUMINUM PAN				FRONT OVERHANG		<input type="checkbox"/> START FROM HOUSE WALL		SIDE OVERHANG		<input type="checkbox"/> START FROM HOUSE OVERHANG		GUTTER & DOWNSPOUT		<input type="checkbox"/> COLOR TRIM		APPROX. STARTING HEIGHT			
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APPROX. STARTING HEIGHT																																				
SCREEN WALLS	AMOUNT <u>2</u>	APPROX. TOTAL LIN. FT. <u>16</u>	APPROX. HEIGHT AT HOUSE <u>12' 10"</u>																																	
KICK PLATE	COLOR <u>WHITE</u>	DOORS <u>ONE</u>																																		
SUPER GUTTER	<input type="checkbox"/> ALUMINUM APPROX. HEIGHT	APPROX. LIN. FT.																																		
CONCRETE	<input type="checkbox"/> SLAB	SIZE																																		
	<input type="checkbox"/> PAVERS	SQ. FT.																																		
	<input type="checkbox"/> FOOTING	LIN. FT.																																		
	<input type="checkbox"/> UNDERMINE	LIN. FT.																																		
OPTIONS																																				

☒ THIS CONTRACT INCLUDES MATERIALS, INSTALLATION AND PERMIT

☐ THIS CONTRACT INCLUDES MATERIALS AND INSTALLATION ONLY.

TERMS

CONTRACT PRICE \$ 1680<sup>00</sup>

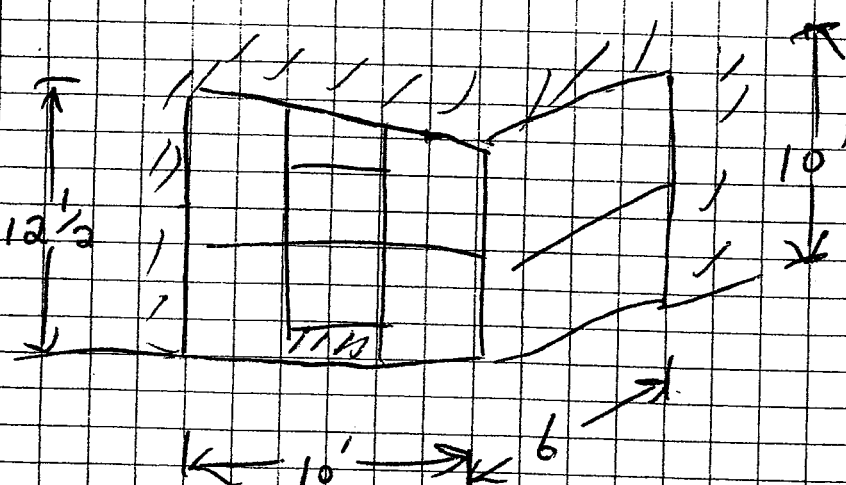
DOWN PAYMENT \$ 1/3

BEGIN CONSTRUCTION \$

BALANCE IN FULL \$ 2/3

APPROVED BY PURCHASER

APPROVED BY [Signature]  
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).

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

**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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			GLP014336104	4/17/2017	4/17/2018	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,00
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person) \$ 5,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY \$ 1,000,000
	OTHER:						GENERAL AGGREGATE \$ 2,000,000
	<b>AUTOMOBILE LIABILITY</b>						PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input type="checkbox"/> ANY AUTO						Employee Benefits \$
	<input type="checkbox"/> ALL OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> HIRED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b>						\$
	<b>EXCESS LIAB</b>						EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR						AGGREGATE \$
	<input type="checkbox"/> CLAIMS-MADE						\$
	DED \$						
	RETENTION \$						
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>			WCV014176406	4/17/2017	4/17/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N					E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					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

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SCREEN ENCLOSURES

# BROWARD COUNTY

## FLORIDA

88-7236-003

CUMMINGS, GLENN B. QUALIFYING

SUNSHINE SCREEN & PATIO

5212 CLEVELAND ST.

HOLLYWOOD FL 33024

EXPIRES 03/31/2010

**BROWARD COUNTY**  
FLORIDA

### 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.  
HOLLYWOOD, FL 33024





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

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

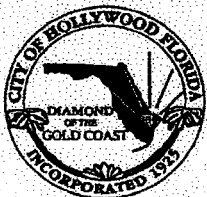
**Please contact us with any changes or corrections to your information.**

**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](mailto: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.



**2017/2018 LOCAL BUSINESS TAX RECEIPT**

**Business Name: SUNSHINE SCREEN & PATIO  
DBA:  
Business Location: 5212 CLEVELAND ST  
Business Category: SERVICE/LICENSED BUSINESS  
Classification: Contractor/Specialty  
Tax Basis: 2 - 4 WORKERS**

**Account Registration #: B9049073-2018  
Expiration Date: 9/30/2018  
Tax Paid: \$251.00**

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

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

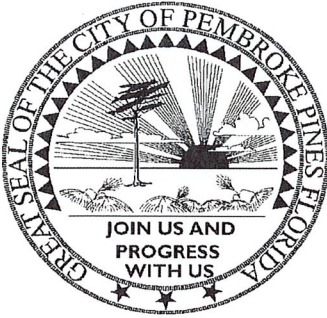
**Business Opened:08/01/1993**  
**State/County/Cert/Reg:93-7236-SC-X**  
**Exemption Code:**

		For Vending Business Only				
		Number of Machines:		Vending Type:		
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 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.

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