



## APPLICATION

QUASI-JUDICIAL PROCEEDINGS AFFECTED PERSON  
OFFICE OF CITY CLERK  
CITY OF PEMBROKE PINES, FLORIDA

Type of Meeting

- ☒ City Commission  
☐ Planning & Zoning Board  
☐ Board of Adjustment

**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 #** ZC 2018-01 **PROJECT NAME:** SAFStor Pembroke Pines **MEETING DATE:** 06-20-2018

**NAME:** SSGT 18804 Pines Blvd, LLC

**BUSINESS ADDRESS:** 18804 Pines Boulevard, Pembroke Pines FL 33029

**HOME ADDRESS:** \_\_\_\_\_

**TELEPHONE NUMBER:** (214) 217-9797

**HOW QUALIFIES AS AFFECTED PERSON:**

- ☐ Subject property owner  
☒ Own property within 500 ft.  
☐ Reside within 500 ft.  
☒ Operate a business within 500 ft.  
☐ City of Pembroke Pines representative

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

**NAME:** Mickey Huaroto

**ADDRESS:** 3101 S. Federal Hwy, Boynton Beach FL 33435

**TELEPHONE NUMBER:** (954) 716-1588

**SPEAKING:** ☐ IN FAVOR OF PETITION ☒ AGAINST PETITION

**EVIDENCE TO BE PRESENTED:** (Identify and attach a copy of all documentary evidence which is to be presented at the hearing. Use additional sheet[s] if necessary.)

- A. \_\_\_\_\_  
B. \_\_\_\_\_  
C. \_\_\_\_\_

Signature of Affected Person:

SSGT 18804 Pines Blvd, LLC

Michael McQuinn

Date:

6/12/18

Michael McQuinn

President, Strategic Storage Growth Trust, Inc., Manager