



SITE PLAN APPLICATION

Subject Property Address: 830 S STATE ROAD 7, MARGATE

Subject Folio Number(s): 494206180935

Description of Request:

Site Plan Amendment for the development of a one-story daycare facility totaling 7,685 sq. ft.

Design Overview:

A 773 sq. ft. playground will be enclosed by a 6-foot-high wall, in compliance with child safety and family fencing regulations.

The 6,912 sq. ft. building will include 8 classrooms, an administrative office, lobby, kitchen, and laundry. The facility is designed to accommodate up to 132 children and 10 to 12 staff members.

Age Group: Infants to 5 years old

Hours of Operation: 7:00 AM – 6:00 PM

AUTHORIZED AGENT INFORMATION

Name: Raymond Baladi

Address: 4158 Sapphire Ter, Weston 33331

Phone Number: 786-542-3739

Email Address: rb@arbuildingconsulting.com

APPLICANT INFORMATION (IF DIFFERENT THAN THE PROPERTY OWNER)

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

PROPERTY OWNER INFORMATION

Name: JADE'S HOLDINGS LLC

Address: 1800 CATHEDRAL DR MARGATE, FL 33063

Phone Number: 954-6449674

Email Address: lisanote@hotmail.com



OWNER'S AUTHORIZATION AFFIDAVIT

I hereby certify that I am the owner or authorized signatory of the property located at

830 S STATE ROAD 7, MARGATE, FL 33068

being the subject property for this Site Plan application, and I hereby grant authorization to RAYMOND BALADI to file an application with the City of Margate for approval of the same.

Wilza Lisa Louis

Print owner's or authorized signatory name

Wilza Louis

Signature of owner or authorized signatory

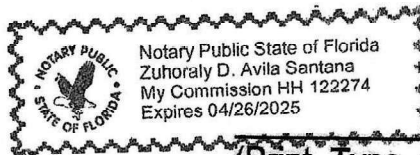
Owner/Agent Phone Number: 954-644-0674

Email Address: Lisanote@hotmail.com

Owner/Agent Address: 1639 NW 82nd Ave. Coral Springs, FL 33071

STATE OF FLORIDA COUNTY OF BROWARD

Sworn to (or affirmed) and subscribed before me by means of ☒ physical presence or ☐ online notarization, this 10th day of April 2025 (year), by LISA LOUIS (print name of person making statement).



Zuhoraly Avila
(Signature of Notary Public - State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)

☐ Personally Known OR ☒ Produced Identification

Type of Identification Produced DL



MASTER PARKING PLAN APPLICATION

Subject Property Address: 830 S State Road 7, Margate

Subject Folio Number(s): 494206180935

Description of Request:

Change of use from retail to child care

AUTHORIZED AGENT INFORMATION

Name: Raymond Baladi

Address: 4158 sapphire Ter, Weston 33331

Phone Number: 7865423739 Email Address: rb@arbuildingconsultingcom

APPLICANT INFORMATION (IF DIFFERENT THAN THE PROPERTY OWNER)

Name: _____

Address: _____

Phone Number: _____ Email Address: _____

PROPERTY OWNER INFORMATION

Name: Jade's Holding LLC

Address: 1800 Cathedral Dr MArgate , FL 33063

Phone Number: 954-6449674 Email Address: lisanote@hotmail.com



OWNER'S AUTHORIZATION AFFIDAVIT

I hereby certify that I am the owner or authorized signatory of the property located at

830 S State Road 7, Margate

being the subject property for this Master Parking Plan application, and I hereby grant authorization to Raymond Baladi to file an application with the City of Margate for approval of the same.

Lisa Louis
Print owner's or authorized signatory name

[Signature]
Signature of owner or authorized signatory

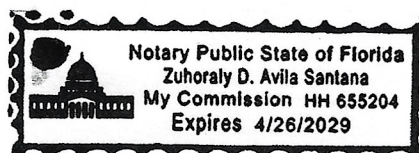
Owner/Agent Phone Number: 954-644-0624

Email Address: lisanote@hotmail.com

Owner/Agent Address: 1639 NW 82 nd ave , Coral Spring , FL 33071

STATE OF FLORIDA COUNTY OF Broward

Sworn to (or affirmed) and subscribed before me by means of ☐ physical presence or ☐ online notarization, this 24 day of July, 25 (year), by Lisa Louis (print name of person making statement).



[Signature]
(Signature of Notary Public - State of Florida)

Zuhoraly Avila
(Print, Type, or Stamp Commissioned Name of Notary Public)

☐ Personally Known OR ☒ Produced Identification

Type of Identification Produced DL