



## SIGN WAIVER APPLICATION

Subject Property Address: 2801 N State Road 7, Margate FL 33063

Subject Folio Number(s): 484124060010

Description of Request:

The hospital would like to swap signs to make the sign more legible. We are requesting 3 lines of copy on the building per the drawing set submitted.

### AUTHORIZED AGENT INFORMATION

Name: Seda Limon

Address: 1020 Savage Court Longwood Florida 32750

Phone Number: 954-884-3685

Email Address: Permitteam@islsign.com

### APPLICANT INFORMATION (IF DIFFERENT THAN THE PROPERTY OWNER)

Name: Same as Above

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### PROPERTY OWNER INFORMATION

Name: Northwest Regional Hospita

Address: PO Box 80610, Indianapolis IN 46280

Phone Number: \_\_\_\_\_ Email Address: Kristen.Lindenboom@HCAh



## SIGN WAIVER APPLICATION DETAILS

COMPLETE THIS FORM OR PROVIDE A LETTER THAT ADDRESSES ALL OF THE BELOW

Specific code section the waiver is being requested from and description of the request:

In order for the application to be considered by the Board of Adjustment, an applicant must prove that the request meets the criteria for granting a waiver. Below are the criteria from §40.706(S) of the City of Margate Code of Ordinances:

1. "There is something unique about the building or site configuration that would cause the signage permitted by this article to be ineffective in identifying a use or structure that would otherwise be entitled to a sign."



2. "The granting of a waiver is not contrary to the intent of the sign code, the aesthetics of the area, or does not create a nuisance or adversely affect any neighboring properties."

3. "Literal enforcement of this article would result in unreasonable and undue hardship upon the petitioner." (A mere economic disadvantage due to the owner's preference as to what they would like to do with the property is not sufficient to constitute a hardship entitling the owner to a variance.)



## OWNER'S AUTHORIZATION AFFIDAVIT

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

2801 N State Road 7, Margate FL 33063

being the subject property for this Sign Waiver application, and I hereby grant authorization to Interstate Sign and Lighti to file an application with the City of Margate for approval of the same.

If the application is denied, I understand that an appeal to the City Commission may be filed within 7 days via the City Clerk's office.

Seda Limon

Print owner's or authorized agent's name

Signature of owner or authorized agent

Owner/Agent Phone Number: 402-681-3989

Email Address: PermitTeam@islsign.co

Owner/Agent Address: 1020 Savage Court Longwood Florida 32750

STATE OF FLORIDA COUNTY OF SEMINOLE

Sworn to (or affirmed) and subscribed before me by means of ☒ physical presence or ☐ online notarization, this 13 day of March, 2024 (year), by SEDA LIMON (print name of person making statement).



Donna Barstow  
(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 NA





## PUBLIC HEARING SIGN AGREEMENT

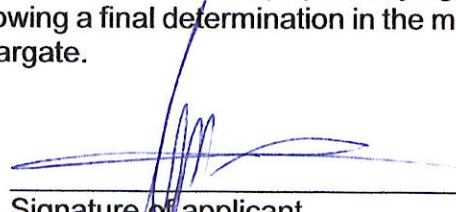
Subject Property Address: 2801 N State Road 7, Margate FL 33063

Subject Folio Number(s): 484124060010

Pursuant to the requirements set forth in §40-310 of the Code of the City of Margate, Florida, the applicants(s) for the public hearing for the application described above do(es) hereby agree that failure to remove the sign(s) within two (2) business days following a final determination in the matter will result in the forfeiture of the \$150 collected by the City of Margate.

Seda Limon

Print applicant's name

  
Signature of applicant

Qualifying Agent

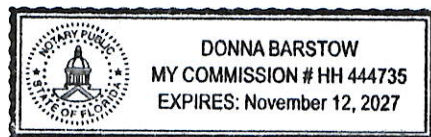
Print applicant's title

Interstate Sign and Lighting

Print applicant's organization/company

STATE OF FLORIDA COUNTY OF SEMINOLE

Sworn to (or affirmed) and subscribed before me by means of ☒ physical presence or ☐ online notarization, this 13<sup>th</sup> day of March, 2024 (year), by SEDA LIMON (print name of person making statement).



Donna Barstow  
(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: NA