



City of Margate
BOARD OF ADJUSTMENT
Application for Sign Waiver

901 NW 66th Avenue, Margate, FL 33063
For Planning & Zoning Questions: 954-979-6213

OFFICE USE ONLY
BA #: 2-2022
Hearing Date: 9/13/2022

PART I. TO BE COMPLETED BY APPLICANT

Name of Applicant: Atlas Signs Holdings, Inc

Address of Applicant: 1077 W. Blue Heron Blvd. West Palm Beach, FL. 33404

Email: permitting@atlasbtw.com Phone: 561-863-6659

Name of Agent: Gina Penney

Email: gina.p@atlasbtw.com Phone: 561-720-6936

Address of Agent: 1077 W. Blue Heron Blvd. West Palm Beach, FL. 33404

Name of Property Owner: NORTHWEST REGIONAL HOSP INC, DUCHARME MCMILLEN & ASSOC

Address of Property Owner: PO BOX 80610, Indianapolis, IN 46280

Email: kristen.lindenboom@hcshealthcare.com Phone: _____

PART II. PROPERTY INFORMATION:

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

Colonial Park 115-14 B. Parcel A Less PT Desc AS, BEG AT NW COR OF PAR A, ELY 452.35, SLY 901.8, SWLY 31.54, NYL 368.94, NWLY 92.62, WLY 363.95, NLY 485 TO POB& Less COMM N/L of Colonial DR & W R/W State Rd. 7, S 588.76, W. 182.43 TO POB, W 146.37, S 25.50, W 89.55, N. 182.70 E 256.54, SW 98, SW 62.96 TO POB

Lot Size/Area: _____ Zoning District: CF-1 Folio #: 484124060010

Existing Use: 73 - Privately Owned Hospital Proposed Use: 73 Privately Owned Hospital

PART III. APPLICATION REQUIRMENTS: Please submit the following to the Development Services Department:

- 1) Sign waiver application form with Part I - Part IV completed and signed.
- 2) Legal survey with embossed seal, (1 original, stamped/sealed + 2 copies*) and 1 electronic copy in pdf format.
- 3) Layout or plan showing proposed changes; such as location of fence, building, etc. (3 paper copies and 1 electronic copy in pdf format required).
- 4) PROPERTY OWNER CERTIFICATION AND PERMISSION TO PROCEED form must be completed
- 5) Cash or Check in the amount of \$200.00 payable to: CITY OF MARGATE.
- 6) Public hearing sign bond agreement and cash or check in the amount of \$150.00 payable to: CITY OF MARGATE

PUBLIC HEARING NOTICES:

Per Section 31-55, at least 14 days prior to a scheduled hearing, the petitioner is responsible for mailing public notice to all property owners within 1,500 feet and posting public hearing signs on the property.

Proof of mailing and affidavit must be submitted at least 10 days prior to the scheduled hearing.

ATTENDEANCE AT HEARING IS MANDATORY FOR THE PETITIONER

FEE SCHEDULE:

Sign Waiver Request: \$200.00

Sign Bond: \$150.00

Reimburse City for Newspaper Ad

Phone: (954) 979-6213

www.margatefl.com

PART IV. VARIANCE:

The process for requesting a sign waiver is documented in Section 39.19 of the Margate Code of Ordinances.

Indicate the specific code a sign waiver is requested from and summarize the context:

See attached pages

The following questions must be answered to demonstrate the foundation for the sign waiver request as specifically required by the Code of Ordinances. As the applicant, you bear the burden of proving the sign waiver criteria:

1) There is something unique about the building or site configuration that would cause the sign permitted by this code 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:

City of Margate
Board of Adjustment
901 NW 66th Ave.
Margate, FL. 33063

June 1, 2022

RE: Part IV. Variance (Comprehensive Sign Plan) Monument, Wall and Directional Signs.

Indicate the specific code a sign waiver is requested from and summarize the context:

The requested exception is essential due to the size of the complex, the number of entrances and the nature of the business operating within the complex. It is imperative for clear visible signs within a hospital complex vehicle access way and parking lot.

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

This is a large Hospital complex with many entry points and services, the signs allowed by code would not be sufficient in directing patients, family members or emergency vehicles to the correct entrance.

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 and neighboring properties:

By granting this allowance of a comprehensive sign package it will provide necessary direction within the hospital campus. This will not affect the surrounding neighbors as most of the proposed signs are within the complex and not visible from the ROW. The signs are designed to be aesthetically appealing while standing out enough to provide accurate direction.

3) Literal enforcement of this article would result in unreasonable and undue hardship upon the petitioner:

The allowance of this comprehensive sign package will provide the necessary direction to effectively navigate through the campus during high stress emergency situations. This will provide clear precise direction which will create a smooth traffic flow through the complex. Enforcement of this article can cause confusion and misdirection traffic when it is imperative to arrive at your intended location rapidly.



Gina Penney | Permitting Manager
P: 561-863-6659 x1913 | M: 561-779-9165

PART V. TO BE COMPLETED AFTER BOARD OF ADJUSTMENT ACTION.

Board Action:

Approved _____ Denied _____ Tabled to: _____

List Any Special Conditions: _____

Chairman of the Board of Adjustment

Date

Secretary of the Board of Adjustment

Date

If you would like this document in an alternate format, please call (954) 979-6213 or email dsd@margatefl.com

Phone: (954) 979-6213
www.margatefl.com



PROPERTY OWNER CERTIFICATION AND PERMISSION TO PROCEED

I hereby certify that I am the owner of the property located at 2801 N. State Road 7, Margate, FL. 33063,
being the subject property for this application for a sign waiver and I give authorization
to Kenneth Jones to file this petition. I understand that I, or a
representative on my behalf, must be present at the BOA meeting. If my sign waiver application is denied, I
understand that I may file an appeal within 7 days via the city clerk's office.

Kenneth Jones
Print Property Owner's name

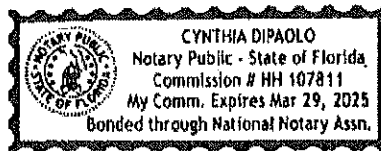
[Signature]
Signature of Property Owner

Sworn to (or affirmed) and subscribed before me by means of ☒ physical presence or ☐ online notarization,
this 26 day of May (year), by Ken Jones (name of person making statement).

Cynthia DiPaolo
Print or type name of Notary

[Signature]
Signature of Notary

☒ Personally known to me
☐ Produced identification





MARGATE

PUBLIC HEARING SIGN REMOVAL BOND AGREEMENT

I, Gina Penney, petitioner of record and on behalf of the property owner, hereby agree that the subject public hearing sign shall be removed within two (2) business days following a final determination by the governing body. Further, it is understood that by complying with this section, the \$150 cash bond will be returned to the petitioner of record.

If said public hearing sign is not removed in two (2) business days, I hereby authorize the administration of the City of Margate to remove said sign, billing the costs of the removal of the sign to the owner of the property.

I understand that the \$150 cash bond shall be forfeited and applied against the cost of removal to the City of Margate if said public hearing sign is not removed in two (2) business days.

Northwest Medical Center

Business Name

PO BOX 80610, Indianapolis, IN 46280

Street location

[Signature]

Signature

5/26/22

Date

OFFICE USE ONLY

Date of Decision: _____

Tabled to date certain _____

Two Business Days (after decision) _____

COMPLIED: Yes _____ No _____

If YES, initiate check request to Finance
(601-0000-220 18-00)

If NO, inform Finance to deposit Bond
(001-0000-369 90-01)

Copy to Petitioner, Finance Department
Original to File

Phone: (954) 979-6213
www.margatefl.com

INCUMBENCY CERTIFICATE
NORTHWEST MEDICAL CENTER, INC.

The undersigned, being the Vice President and Assistant Secretary of **NORTHWEST MEDICAL CENTER, INC.**, a Florida corporation (the "Company"), does hereby certify that the following named persons have been duly elected and are current officers of the Company holding the office set forth opposite their names below:

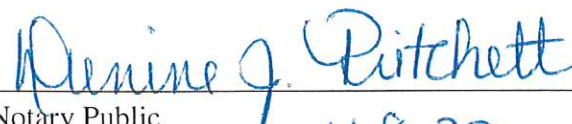
<u>Name</u>	<u>Title</u>
Nicholas L. Paul	Vice President
Kenneth Jones	Vice President

14th IN WITNESS WHEREOF, the undersigned has hereunto set his hand as of this day of March, 2022.

By: 
John M. Franck II
Vice President and Assistant Secretary

STATE OF TENNESSEE
COUNTY OF DAVIDSON

The foregoing instrument was acknowledgment before me on this 14th day of March, 2022, by John M. Franck II, with whom I am personally acquainted, and who, upon oath, acknowledged he is the Vice President and Assistant Secretary of Northwest Medical Center, Inc., a Florida corporation.


Notary Public
My Commission Expires: 11-8-22





FLORIDA | NORTH CAROLINA | GEORGIA

CORPORATE HEADQUARTERS

1077 West Blue Heron Blvd., West Palm Beach, Florida 33404
PHONE: (561) 863.8659 / 800.772.7932 FAX: (561) 863.4294
www.atlassignindustries.us

NORTHEAST DIVISION

707 Commerce Drive, Concord, North Carolina 28025
PHONE: (704) 788.3733 / 800.772.7932 FAX: (704) 788.3843

Dear Customer:

This letter is required in order for ATLAS SIGN INDUSTRIES to apply for permit(s) to install signs at your location. It must be signed by an officer (or owner) of your company and must be notarized.

Thank you.

I: Kristen Lindentbaum Property owner or agent of:

2801 N STATE ROAD 7, MARGATE, FL 33063

Address

Do hereby give permission to ATLAS SIGN INDUSTRIES or its agent to erect a sign at the above location.

Kristen Lindentbaum
Property owner or agent (Please type or print)

[Signature]
Signature of Property owner or agent

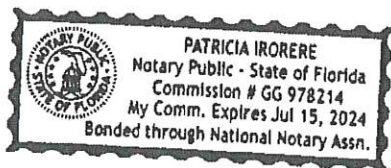
3/30/22
Date

2801 N SR 7 Margate, FL 33063
Mailing Address

954-978-4008

Telephone Number

This instrument was acknowledged before me this 31st Day of March, 2022.



[Signature]
Notary Public (Signature)

PATRICIA IRORE
Notary Public (Printed Name)

Personally Known- ☒

Produced Identification- ☐

Type: _____

PROPERTY SUMMARY
Tax Year: 2022

Property ID: 484124060010

Property Owner(s): NORTHWEST REGIONAL HOSP INC
 % DUCHARME MCMILLEN & ASSOC

Mailing Address: PO BOX 80610 INDIANAPOLIS, IN 46280

Physical Address: 2801 N STATE ROAD 7 MARGATE, 33063

Property Use: 73-01 Hospital - privately owned

Millage Code: 1212

Adj. Bldg. S.F.: 500974

Bldg Under Air S.F.:
Effective Year: 1990

Year Built: 1984

Units/Beds/Baths: 0 / /

Deputy Appraiser: Commercial Department

Appraisers Number: 954-357-6835

Email: commercialtrim@bcpa.net

Zoning: CF-1 - COMMUNITY FACILITIES
 DISTRICT

Abbr. Legal Des.: COLONIAL PARK 115-14 B
 PARCEL A LESS PT DESC AS, BEG AT NW COR OF
 PAR A, ELY 452.35, SLY 901.8, SWLY 31.54, NLY
 368.94, NWLY 92.62, WLY 363.95, NLY 485 TO POB
 & LESS PT DESC'D, IN OR 29350/0925, & LESS
 COMM N/L OF COLONIAL DR & W R/W STATE
 RD 7, S 588.76, W 182.43 TO POB, W 146.37, S
 25.50, W 89.55, N 182.70 E 256.54, SW 98, SW 62.96
 TO POB

2020 values are considered "working values" and are subject to change.

PROPERTY ASSESSMENT

Year	Land	Building / Improvement	Agricultural Saving	Just / Market Value	Assessed / SOH Value	Tax
2022	\$5,644,400	\$60,394,290	0	\$66,038,690	\$66,038,690	
2021	\$5,644,400	\$60,375,090	0	\$66,019,490	\$66,019,490	\$1,444,618.67
2020	\$5,644,400	\$58,584,760	0	\$64,229,160	\$64,229,160	\$1,403,220.88

EXEMPTIONS AND TAXING AUTHORITY INFORMATION

	County	School Board	Municipal	Independent
Just Value	\$66,038,690	\$66,038,690	\$66,038,690	\$66,038,690
Portability	0	0	0	0
Assessed / SOH	\$66,038,690	\$66,038,690	\$66,038,690	\$66,038,690
Granny Flat				
Homestead	0	0	0	0
Add. Homestead	0	0	0	0
Wid/Vet/Dis	0	0	0	0
Senior	0	0	0	0
Exemption Type	0	0	0	0
Affordable Housing	0	0	0	0
Taxable	\$66,038,690	\$66,038,690	\$66,038,690	\$66,038,690

SALES HISTORY FOR THIS PARCEL

Date	Type	Price	Book/Page or Cin
10/03/1994	Multi Warranty Deed	\$17,121,100	22709 / 442
09/01/1994	Multi Warranty Deed		22709 / 442

LAND CALCULATIONS

Unit Price	Units	Type
\$8.00	705,550 SqFt	Square Foot

RECENT SALES IN THIS SUBDIVISION

Property ID	Date	Type	Qualified/ Disqualified	Price	CIN	Property Address
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SPECIAL ASSESSMENTS

Fire	Garb	Light	Drain	Impr	Safe	Storm	Clean	Misc
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SCHOOL

 Margate Elementary: B
 Margate Middle: B
 Coral Springs High: C

ELECTED OFFICIALS

Property Appraiser	County Comm. District	County Comm. Name	US House Rep. District	US House Rep. Name
Marty Kiar	2	Mark David Bogen	22	Ted Deutch
Florida House Rep. District	Florida House Rep. Name	Florida Senator District	Florida Senator Name	School Board Member
96	Christine Hunschofsky	33	Rosalind Osgood	Lori Alhadeff

City of Margate
*** CUSTOMER RECEIPT ***

Batch ID: UMARAJ2

7/14/22 00

Receipt no: 2454692

Type	SvcCd	Description	Amount
EB		ECDV BANNERS	
	Qty	1.00	\$150.00
EL		ECDV SITE PLAN NON RESID.	
	Qty	1.00	\$200.00

APPLICATION FOR SIGN WAIVER
& PUBLIC HEARING SIGN BOND
FOR-
NW REGIONAL HOSPITAL
2801 NORTH STATE ROAD 7
MARGATE FL 33063
CONTACT- ATLAS SIGN HOLDINGS
1077 BLUE HERON BLVD.
WEST PALM BEACH FL 33404
TEL- 561-863-6659
EMAIL-PERMITTING@ATLASBTW.COM

Tender detail

CK Ref#: 18 \$350.00

City of Margate
*** CUSTOMER RECEIPT ***

Batch ID: UMARAJ2 7/14/22 00 Receipt no: 2454692

	Type	SvcCd	Description	Amount
Total tendered:			\$350.00	
Total payment:			\$350.00	

Trans date: 7/14/22 Time: 15:13:30

HAVE A GREAT DAY!