

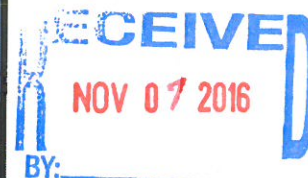


City of Margate
DEVELOPMENT REVIEW COMMITTEE
Application for Site Plan

5790 Margate Blvd., Margate, FL 33063
954-972-6454

*Expedited
DRC 11/22/16*

Submittal Date (official use):



| | | |
|--|-------------------------------------|----------------------|
| Project Name NORTHWEST MEDICAL CENTER | | |
| Address 2801 North State Rd 7, Margate, FL 33063 | | |
| Acreage +/- 27.8 | Folio Number See Attached | DRC # <i>11-1604</i> |
| Existing Use Medical Campus | | |
| Legal Description See Attached | | |
| | | |
| | | |
| <i>706</i> | | |

| |
|--|
| Describe proposal/request in detail, including non-residential square footage and/or number of dwelling units |
| The proposed project consists of a vertical expansion of the existing hospital building (85,908 sf), a Central Energy Plan (CEP) addition (5,357 sf), and a new parking garage (114,790 sf). |
| |

| | |
|---|-------------------------------------|
| Agent/Contact Name Chris Akers with Littlejohn, an S&ME Company | |
| Address 1935 21st Ave. South, Nashville, TN 37212 | |
| | |
| Phone Number (615) 385-4144 | Fax Number (615) 385-4020 |
| Email Address cakers@smeinc.com | |

| | |
|---|------------|
| Property Owner Name NORTHWEST Medical center | |
| Address 2801 North SR 7 | |
| Margate, FL 33063 | |
| Phone Number 954-978-4008 | Fax Number |
| Email Address Erica.Gulrich@HCAHealthcare.com | |

OWNER'S AFFIDAVIT: I certify that I am the owner of record for the above referenced property and give authorization to file this petition. I understand that I, or a representative on my behalf, must be present at the DRC meeting. I further understand that my petition will be subject to the regulations of Chapter 16 ½ of the Margate City Code.

Property Owner's Signature

11/4/16
Date

City of Margate
*** CUSTOMER RECEIPT ***

Batch ID: RRODI 11/07/16 00 Receipt no: 19844

| Type | SvcCd | Description | Amount |
|------|-------|---------------------------|------------|
| EL | | ECDV SITE PLAN NON RESID. | |
| Qty | | 1.00 | \$17564.40 |

NORTHWEST MEDICAL CENTER
2801 NORTH STATE ROAD 7
MARGATE, FL 33063
SITE PLAN
DRC 11-16-04
EXPEDITED REVIEW
NORTHWEST MEDICAL CENTER
2801 NORTH STATE ROAD 7
CHRIS AKERS, LITTLEJOHN
1935 21ST AVENUE
NASHVILLE, TN 37212
(615) 385-4144
CAKERS@SMEINC.COM

Tender detail
CK Ref#: 3099500141 \$17564.40
Total tendered: \$17564.40
Total payment: \$17564.40

Trans date: 11/08/16 Time: 10:53:49

HAVE A GREAT DAY!