

BOARD OF ADJUSTMENT
CITY OF MARGATE, FLORIDA

BA # 01-17
HEARING DATE 1-3-17

VARIANCE REQUEST

PART I. TO BE COMPLETED BY PETITIONER

Applicant: Chris Akers, with Littlejohn an S&ME COMPANY Date: 11/4/2016

Relationship to Subject Property: Engineering Consultant to Northwest Medical Center

Address of Property: 2801 North State Rd 7, Margate, FL, 33063

Legal Description: See attached

CF-1
Describe Variance Requested: Building height variance to exceed the allowable 50' height

List Details of Hardship: The existing 6-story hospital currently exceeds the maximum allowable 50' height. The floor to floor heights have previously been set, and the proposed vertical expansion of the hospital tower will closely match those heights. Please refer to the attached architectural elevations for the proposed 3rd and 4th floors.

Chris R. Akers
Signature of Applicant

1935 21st Ave. South,
Nashville, TN 37212
Address

Phone # (615) 385-4144

Fax# (615) 385-4020

PART II. TO BE COMPLETED BY THE ECONOMIC DEVELOPMENT DEPT.

Describe request and how it varies from the Code: _____

Section of Code involved: _____ Zoning of Property: _____

Have plans been submitted to and approved by the Building Department? _____

Additional Comments: _____

By: _____ Date: _____
Economic Development Director

PART III. 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

City of Margate
*** CUSTOMER RECEIPT ***

Batch ID: RR0DI 11/15/16 00 Receipt no: 23607

Type	SvcCd	Description	Amount
EQ		ECDV MISCELLANEOUS	
	Qty	1.00	\$200.00

LITTLEJOHN, AN S&ME COMPANY
1935 21 ST AVENUE SOUTH
NASHVILLE, TN 37212
(615) 385-4144
BA-22-16 VARIANCE REQUEST
NORTHWEST MEDICAL CENTER
2801 NORTH STATE ROAD 7
MARGATE, FL 33063
CHRIS AKERS
LITTLEJOHN, AN S&ME COMPANY
ADDRESS ABOVE
(615) 385-4144
CAKERS@SMEINC.COM

Tender detail
CK Ref#: 1149 \$200.00
Total tendered: \$200.00
Total payment: \$200.00

Trans date: 11/15/16 Time: 15:53:27

HAVE A GREAT DAY!

City of Margate
*** CUSTOMER RECEIPT ***

Batch ID: RRODI 12/06/16 00 Receipt no: 34282

Type	SvcCd	Description	Amount
EB		ECDV BANNERS	
	Qty		
	1.00		\$150.00

NORTHWEST MEDICAL CENTER
2801 NORTH STATE ROAD 7
MARGATE, FL 33063
VARIANCE REQUEST BA-01-17
NORTHWEST MEDICAL CENTER
ADDRESS AS ABOVE
CHRIS AKERS
LITTLEJOHN, AN S&ME COMPANY
1935 21ST AVENUE SOUTH
NASHVILLE, TN 37212
(615) 385-4144
CAKERS@SEMINC.COM

Tender detail
CK Ref#: 3099500143 \$150.00
Total tendered: \$150.00
Total payment: \$150.00

Trans date: 12/06/16 Time: 17:35:22

HAVE A GREAT DAY!

PROPERTY OWNER CERTIFICATION AND PERMISSION TO PROCEED

I hereby certify that I am the owner of the property located at 2801 North State Rd 7, Margate, FL, 33063

being the subject property for this variance application, and I give authorization to

Littlejohn, an S&ME Company to file this petition for the said

variance.

Erica Gulkich

Print owner's name

Erica Gulkich

Signature of owner

Subscribed and sworn to before me this 7th day of NOVEMBER
202016

[Signature]

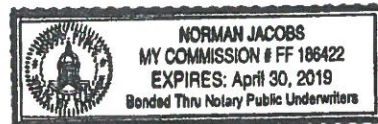
Signature of Notary

NORMAN JACOBS

Print or type name of Notary

☒ Personally known to me

☐ Produced identification _____





MARGATE
Together We Make It Great

PUBLIC HEARING SIGN REMOVAL BOND AGREEMENT
In accordance with Ordinance #1500.485

I, ERICA Gulrich, 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 (one hundred fifty dollar) 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

2801 North SR 7

Address

Eri Gulrich

Signature

12/1/16
Date

OFFICE USE ONLY

Date of Decision: _____

Tabled to date
certain? _____

Two Business Days (after
decision) _____

COMPLIED? Y N

If YES, initiate check request to Finance (601-0000-220.18-00)

If NO, inform Finance to deposit Bond (001-0000-369.90-01)

ERICA GULRICH, CEO

Copy to Petitioner, Finance Department
Original to File