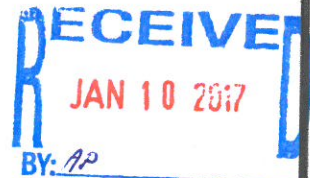




City of Margate
DEVELOPMENT REVIEW COMMITTEE
Application for Community Residential Home

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

2/14 DRC
Submittal Date (official use):



Project Name <u>Margate Assisted Living And Adult Care Center</u>		
Address <u>521 NW 70th Way Margate, FL 33063</u>		
Acreage	Folio Number <u>484135010640</u>	DRC # <u>02-17-01</u>
Existing Use <u>Residential home.</u>		
Legal Description <u>ORIOLE-MARGATE SEC 3 74-45B LOT 5 BLK G</u>		
<u>R-1C One-Family Dwelling</u>		

Describe proposal/request in detail, including non-residential square footage and/or number of dwelling units
<u>Assisted Living home for upto six adults two per room maximum</u>

Agent/Contact Name <u>Khadija Ali</u>	
Address <u>12381 NW 97th Place</u> <u>Hialeah Gardens Florida 33018</u>	
Phone Number <u>206 949 5646</u>	Fax Number
Email Address <u>Khadija.Ali@Comcast.net</u>	

Property Owner Name <u>Carmine Arcello</u>	
Address <u>521 NW 70th Way Margate Florida 33063</u>	
Phone Number <u>954 240 7890</u>	Fax Number
Email Address	

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.

Carmine Arcello
Property Owner's Signature

12-28-16
Date

Affidavit for Margate Assisted Living and Adult Care Cent

I Khadija Ali would like to do business of an Assisted Living Facility licensed by AHCA in your city of Margate and would really appreciate it for giving me this opportunity.

The number of residents will be maximum six, two per room if double occupancy, or if single to a room will be three. The number of care givers will be two full time and one part time employee as the need arises and changes to more if needed.

I understand that I will need a sprinkler system installed and will be working with the fire department to meet their needs.

Parking arrangements will also be met according to the needs by the building and zoning departments requirements, as the employees will be working one employee at a time on shift work as the needs arise.

Thank you for granting me this opportunity again.

Sincerely,


Khadija Ali

01/09/2017

City of Margate
*** CUSTOMER RECEIPT ***

Batch ID: RRODI 1/10/17 00 Receipt no: 54277

Type	Svccd	Description	Amount
EQ		ECDV MISCELLANEOUS	
	Qty	1.00	\$250.00
KHADIJA ALI SOLE PROP			
DBA KHADIJA ALI			
4409 NE 20TH ST			
RENTON, WA 98059-3833			
DRC# 02-17-01			
COMMUNITY RESIDENTIAL HOME			
MARGATE ASSISTED LIVING &			
ADULT CARE CENTER			
521 NW 70TH WAY			
MARGATE, FL 33063			
BY KHADIJA ALI			
12381 NW 97 PLACE			
HIALEAH GARDENS, FL 33018			
206-949-5646			
KHADIJA.ALI@COMCAST.NET			

Tender detail
CK Ref#: 1061 \$250.00
Total tendered: \$250.00
Total payment: \$250.00

Trans date: 1/12/17 Time: 17:23:28

HAVE A GREAT DAY!