

BOARD OF ADJUSTMENT
CITY OF MARGATE, FLORIDA

BA # 18-17
HEARING DATE 9-12-17

VARIANCE REQUEST

PART I. TO BE COMPLETED BY PETITIONER

Applicant: RT2 P+B Corp.

Date: 8/28/17

Relationship to Subject Property: Owner

Address of Property: 2970 N. State rd 7, Margate FL 33063

Legal Description: Platts plat 138-48 B Portion of Parcel A Desc'd

as: beg most NLY NW COR OF PARA, E 178.83 ALG N/L, S 305, WLY 214.25
N 269.53, NE 49.79 TO POB.

Describe Variance Requested: Variance for interior signage
including menu boards, directional signage, + monument sign.

List Details of Hardship: NEW CAR WASH -

THE CODE PROVISIONS DO NOT ACCOUNT FOR
THE SIGNAGE NEED TO SAFELY DIRECT TRAFFIC
FLOW ON OUR SIDE AND THE MENU PROVISIONS
DO NOT APPLY

X [Signature]
Signature of Applicant

2110 N OCEAN BLVD, PALM 2 #17D
Address FORT LAUDERDALE, FL 33305

Phone # 954-482-0732

Fax# _____

Jderi@risingtidecarwash.com

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

PROPERTY OWNER CERTIFICATION AND PERMISSION TO PROCEED

I hereby certify that I am the owner of the property located at 2910 N STATE RD 7 33063
being the subject property for this variance application, and I give authorization to
JOHN D'EM to file this petition for the said
variance.

JOHN D'EM
Print owner's name

[Signature]
Signature of owner

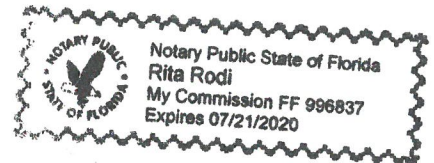
Subscribed and sworn to before me this 29 day of AUGUST
20 17.

[Signature]
Signature of Notary

Rita Rodi
Print or type name of Notary

 Personally known to me

✓ Produced identification FL DL



City of Margate
*** CUSTOMER RECEIPT ***

Batch ID: RR0DI 8/29/17 00 Receipt no: 172388

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

RISING TIDE CAR WASH MARGATE
2970 N STATE ROAD 7
MARGATE, FL 33063
VARIANCE # BA-18-17
RT 2 P&B CORP (RISING TIDE)
2970 N STATE ROAD 7
JOHN D'ERI
954-482-0732
JDERI@RISINGTIDECARWASH.COM

Tender detail

CK Ref#:	1004	\$200.00
Total tendered:		\$200.00
Total payment:		\$200.00

Trans date: 8/29/17 Time: 16:56:46

HAVE A GREAT DAY!

City of Margate
*** CUSTOMER RECEIPT ***

Batch ID: RR0DI 8/29/17 00 Receipt no: 172375

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

RISING TIDE CAR WASH MARGATE
2970 N STATE ROAD 7
MARGATE, FL 33063
SIGN BOND REMOVAL AGREEMENT
VARIANCE # BA-18-17
RT 2 P&B CORP
2970 N STATE ROAD 7
JOHN D'ERI, OWNER
954-482-0732
JDERI@RISINGTIDECARWASH.COM

Tender detail

CK Ref#:	1005	\$150.00
Total tendered:		\$150.00
Total payment:		\$150.00

Trans date: 8/29/17 Time: 16:46:25

HAVE A GREAT DAY!

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

I, John D'ErI,
Petitioner of record and on behalf of the property
owner, hereby agree that 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.

RT2P+B Corp
Business Name

2970 N. State rd 7 Margate FL 33063
Street location

X [Signature]
Signature

8/28/17
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).

Signature / Date

Copy to Petitioner, Finance Department
Original to File