

OFFICE OF PLANNING



2600 Hollywood Boulevard Room 315
Hollywood, FL 33022

File No. (to be filled by the Office of Planning): _____

GENERAL APPLICATION



Tel: (954) 921-3471
Fax: (954) 921-3347

This application must be completed in full and submitted with all documents to be placed on a Board or Committee's agenda.

The applicant is responsible for obtaining the appropriate checklist for each type of application.

Applicant(s) or their authorized legal agent must be present at all Board or Committee meetings.

At least one set of the submitted plans for each application must be signed and sealed (i.e. Architect or Engineer).

Documents and forms can be accessed on the City's website at http://www.hollywoodfl.org/comm_planning/appforms.htm



APPLICATION TYPE (CHECK ONE):

- Development Review Board
- Historic Preservation Board
- Planning and Zoning Board
- Technical Advisory Committee
- City Commission

Date of Application: 3-19-10

Location Address: 1600 So. Federal Hwy. (CVS)

Lot(s): Portion of 20 Block(s): _____ Subdivision: NW Quarter of Sec 22

Folio Number(s): 514222010140

Zoning Classification: C-2 Land Use Classification: Regional Activity Ctr.

Existing Property Use: Vacant Bank Sq Ft/Number of Units: _____

Is the request the result of a violation notice? () Yes (X) No If yes, attach a copy of violation.

Has this property been presented to the City before? If yes, check all that apply and provide File Number(s) and Resolution(s): 09-DP-19

- Economic Roundtable
- Technical Advisory Committee
- Development Review Board
- Planning and Zoning Board
- Historic Preservation Board
- City Commission

Explanation of Request: Construct new CVS Pharmacy & demolish existing 2-story vacant bank building.

Number of units/rooms: 1 Sq Ft: 15,000

Value of Improvement: \$2,000,000.00 Estimated Date of Completion: Nov. 2010

Will Project be Phased? () Yes (X) No If Phased, Estimated Completion of Each Phase _____

Name of Current Property Owner: Arnaud Sitbon, Esj Federal Investment, LLC

Address of Property Owner: 20900 NE 20 Ave, #311, Aventura, FL 33180

Telephone: _____ Fax: 305-402-8069 Email Address: _____

Name of Consultant/Representative/Tenant (circle one): Eduardo L Carcache, CKE Group, Inc.

Address: 15500 New Barn Rd-#106-Mia Lakes Telephone: 305-558-4124

Fax: 305-826-0619 Email Address: FL 33014 carcache@ckegroup.com

Date of Purchase: _____ Is there an option to purchase the Property? Yes () No (X)

If Yes, Attach Copy of the Contract.

List Anyone Else Who Should Receive Notice of the Hearing: Paul Tremblay

Boos Development Group Address: 2651 McCormick Dr, Clearwater, FL

_____ Email Address: _____ 33759

_____ ptremlay@boosdevelopment.com