



## **CERTIFICATION OF COMPLIANCE WITH APPLICABLE REGULATIONS**

The applicant/owner(s) signature certifies that he/she has been made aware of the criteria, regulations and guidelines applicable to the request. This information can be obtained in Room 315 of City Hall or on our website at <u>www.hollvwoodfi.org</u>. The owner(s) further certifies that when required by applicable law, including but not limited to the City's Zoning and Land Development Regulations, they will post the site with a sign provided by the Office of Planning. The owner(s) will photograph the sign the day of posting and submit photographs to the Office of Planning as required by applicable law. Failure to post the sign will result in violation of State and Municipal Notification Requirements and Laws.

(I)(We) certify that (I) (we) understand and will comply with the provisions and regulations of the City's Zoning and Land Development Regulations, Design Guidelines, Design Guidelines for Historic Properties and City's Comprehensive Plan as they apply to this project. (I)(We) further certify that the above statements and drawings made on any paper or plans submitted herewith are true to the best of (my)(our) knowledge. (I)(We) understand that the application and drawings made on any paper or plans submitted herewith are true to the best of (my)(our) knowledge. (I)(We) understand that the application and drawings made on any paper or plans submitted herewith are true to the best of (my)(our) knowledge.

Signature of Current Owner.	Date: 10/5/1/
PRINT NAME: Boaz Bar-Navon, VP of Alpha Management Corp. as managing member	Date: 10/5/2011
Signature of Consultant/Representative:	Date:
PRINT NAME:	Date:
Signature of Tenant:	Date:
PRINT NAME:	Date:

## CURRENT OWNER POWER OF ATTORNEY

I am the current owner of the described real property and that	I am aware of the nature and effect	t the request for
(project description) site plan approval and rezoning	_ to my property, which is hereby n	nade by me or I
am hereby authorizing (name of the representative) Debbie C	)rshəfsky	to be my legal
*** A : **	and/or Committee) relative to all mat	Iters concerning
this application.	structure at the second state of the second st	,
Sworn to and subscribed before me Sworn to and subscribed before me		Mant (an 19 an Ia Anna An Anna An Anna An Anna An Anna A
this day of by ded that Ashton Apency, Inc. (406)	MATURE OF CURRENT OWN	IER
Marier Classe	BOAZ BAR NAVOR	Ve of 1
Notary Public State of Florida	PRINT NAME MON	aging member
My Commission Expires: 1/104/720/Check One)	Personally known to me; OR B 657-767	Flis-003-0