



## **COMMUNITY DEVELOPMENT DEPARTMENT - PLANNING**

### **APPLICATION for CONDITIONAL USE PERMIT / AMENDMENT**

**SUBMIT ALL**

**SECTION 1: APPLICATION**

**SECTION 2: CHECKLIST - Required documents**

email to: [permitting@clewiston-fl.gov](mailto:permitting@clewiston-fl.gov)

City of Clewiston  
Community Development Department  
121 Central Avenue Clewiston, FL 33440  
863-983-1500  
[www.clewiston-fl.gov](http://www.clewiston-fl.gov)



## SECTION 1: APPLICATION FOR CONDITIONAL USE PERMIT

**INSTRUCTIONS:** Please print or type all information. The application must be filled out accurately and completely. Answer all questions. Do not leave an item blank. If an item does not apply, write N/A (Not Applicable).

**Check one type ONLY (Use separate applications if applicable)**

☒ Conditional Use Permit

☐ Conditional Use Permit Amendment

<b>DEVELOPMENT/PROJECT NAME:</b>	
DEVELOPMENT/PROJECT ADDRESS OR LOCATION: 815 SAGAMORE AVE, CLEWISTON, FL 33440	
Legal Description (attach separate sheet if necessary): REPAIR SHOP	
All Tax ID Folio Numbers:	
Project Narrative (Brief description)(Please attach Letter of Intent as a separate sheet)	
Residential Use(s)/Unit Type(s): n/a	Site Area (sq. ft. & acres): 33,000 sq. ft. (approx.) / 0.758 acres
Number of Residential Units: 0	Existing Zoning Designation(s):
Non-Residential Use(s) (Type & sq. ft.): Golf Cart, Powersport & Vehicle Sales & Repair	Proposed Zoning Designation(s):
Current Use(s) of Property: Vacant / Former Motel	Existing Land Use Designation(s):
Proposed Use(s) of Property: Sales and repair of golf carts, powersports, and vehicles	Proposed Land Use Designation(s):
	Will the plat be affected by this application? If yes, please explain. no
	Is the property the subject of Code Enforcement Action? If yes, Code Enforcement Case No.:
<b>PROPERTY OWNER / APPLICANT / AGENT INFORMATION</b>	
Property Owner (s) 820 SUGARLAND LLC	
Address 11335 NW 18TH CT, PLANTATION, FL 33323	
Phone 7866832486 Fax E-mail EREZTOBOL@AOL.COM	
Applicant	
Address	
Phone Fax E-mail	
Agent	
Address	
Phone Fax E-mail	
<b>CONTACT PERSON</b>	
Identify one person to serve as the contact for the City during the application process. This will be the person notified by the City regarding comments and meetings (if needed).	
Name EREZ TAL	
Address 11335 NW 18TH CT, PLANTATION, FL 33323	
Phone 7866832486 Fax E-mail EREZTOBOL@AOL.COM	

### CERTIFICATION

I certify that the information and exhibits I have submitted are true and correct to the best of my knowledge. In filing the application I am acting with the knowledge and consent of those persons who are owners of the subject property or are parties to this application. I understand that all materials required by the City of Clewiston must be submitted prior to having this application processed and that additional fee or materials may be required as a result of processing of this application.

Owners Signature Ever Tal

Date 07/22/2025

### OWNER'S SWORN-TO-CONSENT PERMITTING AGENT TO FILE FOR A HEARING

I, EREZ TAL, being the first duly sworn, depose and say that I am the owner of the property describe herein and which is the subject matter of the proposed hearing, do hereby authorize EREZ TAL to file this application for a public hearing.

Signature Ever Tal

Date 07/22/2025

### NOTARIZATION

STATE OF FLORIDA/COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by \_\_\_\_\_

(Signature of Notary Public – State of Florida)

(Print, Type or Stamp Commissioned Name of Notary Public)

Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_ Type of Identification Produced \_\_\_\_\_

### FOR CITY STAFF USE ONLY

☐ Application Fee: \$ \_\_\_\_\_

#### SUPPORTING DOCUMENTS RECEIVED

☐ Mail Public Notice Required

☐ Proof of Ownership

APPLICATION NO: \_\_\_\_\_

☐ Sign Public Notice Required

☐ Warranty Deed

INTAKE DATE: \_\_\_\_\_

☐ Letter of Consent

☐ Project Narrative/Letter of Intent

RECEIPT NO.: \_\_\_\_\_

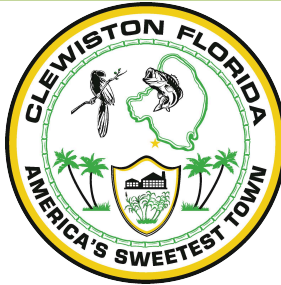
Application Complete: YES \_\_\_ NO \_\_\_

☐ Required Submittal Documents

RECEIVED & REVIEWED BY:

\_\_\_\_\_

COMMENTS:



**OWNER'S LIMITED POWER OF ATTORNEY PERMITTING APPLICANT TO FILE FOR THE REQUEST**  
**(CORPORATION)**

**STATE OF FLORIDA**  
**COUNTY OF HENDRY**

On behalf of 820 SUGARLAND LLC, a FLORIDA (state) corporation,  
EREZ TAL being first duly sworn, deposes and says that as the  
**President** Vice-President, or CEO (circle one) of the aforesaid Corporation, which is the owner of the property legally described below  
and which is the subject property of the proposed request, does hereby grant limited power of attorney to EREZ TAL  
, as applicant, to file this application for the proposed request.

**LEGAL DESCRIPTION:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WITNESSES:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Name of Corporation

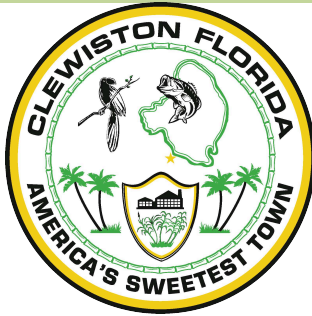
\_\_\_\_\_  
Address

By: President, Vice-President or CEO (circle one)

Sworn to and subscribed before me on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
Affiant is personally known to me or has produced \_\_\_\_\_ as identification.

Notary \_\_\_\_\_

Commission Expires:



**OWNER'S LIMITED POWER OF ATTORNEY PERMITTING APPLICANT TO FILE FOR THE REQUEST**  
**(INDIVIDUAL)**

**STATE OF FLORIDA**  
**COUNTY OF HENDRY**

I, \_\_\_\_\_, the fee owner, which is the fee owner of the property legally described below and which is the subject of the proposed request, do hereby grant limited power of attorney to \_\_\_\_\_, to file this application for the proposed request.

**LEGAL DESCRIPTION:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WITNESSES:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Fee Owner's Signature

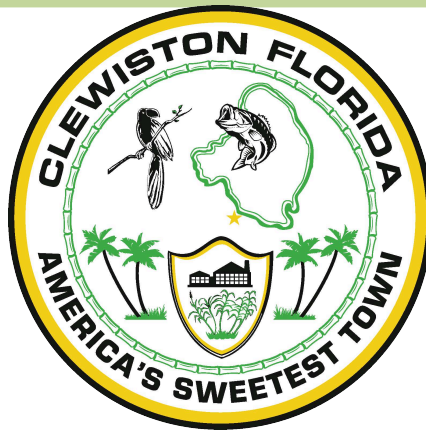
\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address

Sworn to and subscribed before me on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
Affiant is personally known to me or has produced \_\_\_\_\_ as identification.

Notary \_\_\_\_\_

Commission Expires:



## SECTION 2: CHECKLIST

1. **Completed** application form, including information on the subject property location, legal description and appropriate Affidavit and/or disclosure forms. Along with "narrative" stating how it is compatible with the City's Comprehensive Plan.
2. Processing fee totaling **\$500**. Checks should be made payable to the "City of Clewiston". Please note that all fees are non-refundable and do not guarantee approval.
3. Development plans including: site plan, landscaping, elevations and renderings. **(Only applicable if in the CPID Commerce Park Industrial District)**
4. Provide a survey of the parcel.
5. **Please note the following processes of submission:**
  - A. Submit completed application to building department for review by the City's technical review committee.
  - B. Once all deficiencies in plans are corrected the application goes before the Planning & Zoning Board for recommendations.
  - C. The Planning & Zoning Board will submit their written recommendations to the City Commissioner's for final approval.
  - D. The City Commissioner's will review the proposal and all development plans, PZB recommendations, and shall either approve the project with conditions of approval, modify the PZB recommendations, or deny the proposal.

NOTE: Prior to submitting an application for a Conditional Use Permit, a pre-application meeting is required. Contact the City Planning Assistant for additional information regarding the application and review process.