

TOWN OF HIGHLAND BEACH DEVELOPMENT APPROVAL APPLICATION

Application #		
I request a hearing regarding the terms of the Zo the property and zoning requirements set forth in	oning Ordinances of the Town of In this application.	Highland Beach. This request relates to
PROPERTY INFORMATION ASSOCIATE	D WITH THIS APPLICATION	
Address: 4005 South Ocean Blvd. Highland Beach, Fl. 33487		PCN: Parcel #: 24-43-47-04-00-005-0010
Full Legal Description of the Property [as do	escribed in the deed] or referenc	
<u>4-47-43, S 100 FT OF N 600 FT OF GOV LT 5 F OF A-1</u>	-A A/K/A CITY LOT NO 52	
Zoning District:	What is the location of the inst ☐ Intracoastal Waterway (ICW)	allation? □ Interior Canal/Basin □ N/A
PROPERTY OWNER (APPLICANT) INFOR	RMATION	
Name: 4005 Ocean Blvd LLC	Phone: 786-361-0971	Fax:
Mailing Address: 170 S.E. 14th St. Suite 1002 Min	ami, FL. 33131-3379	
Email Address: Front@ki2f.com	:	
APPLICANT'S AGENT INFORMATION		
Name: Camilo Bonnet	Phone: 786-361-0971	Fax:
Company Name: HMJC Corporation		
Mailing Address: 2001 MERIDIAN AVE UNIT 421	Miami Beach, FL 33139	
Email Address: Camilo@ki2f.com		
Provide a detailed description of the proje	ect application (use additional	pages if necessary):
Landscape Plan L-1 for Permit 39499		

I give permission to the members of the Town Commission, Planning Board and staff to inspect the property for the purpose of this application. I declare that all statements made herein are true, based upon the best available information. Willful false statements may jeopardize the validity of my application or any decision issued thereon. I have fully read the information outlining the Board procedures and application requirements. With this application, I am submitting the necessary supporting materials listed.

Applicant's Signature:	Date: 04-01- 2022
Received by the Town Clerk's Office:	
Received By:	Date:
Date Public Notices Mailed:	
Date Legal Advertisement Published:	