

**STAFF USE ONLY**

Intake Date: \_\_\_\_\_

By: \_\_\_\_\_

Petition # \_\_\_\_\_

**Planning & Zoning**12300 Forest Hill Blvd., Wellington, FL 33414 (561) 791-4000 [PZApplications@wellingtonfl.gov](mailto:PZApplications@wellingtonfl.gov)**PART 1: PLANNING AND ZONING GENERAL**  
(Completed Part 1 and 2 of the Application is required)**RECEIVED****INSTRUCTIONS:**

1. Date of required pre-application meeting: N/A
2. Please complete all questions on the application. If not applicable, indicate with N/A.
3. Provide required attachments as shown on the checklist (Part 2)
4. Check the appropriate type of request (Must complete Part 2 of the application specific to your request).

JAN 21 2016

VILLAGE OF WELLINGTON  
PLANNING AND ZONING DIVISION

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Administrative Appeal         | <input type="checkbox"/> Development Order             | <input type="checkbox"/> Unity of Title/Unity of |
| <input type="checkbox"/> Administrative Variance       | <input type="checkbox"/> Amendment/Other               | <input type="checkbox"/> Control/Release         |
| <input type="checkbox"/> Annexation                    | <input type="checkbox"/> Master Plan/Amendment         | <input type="checkbox"/> Vacation/Abandonment    |
| <input type="checkbox"/> Architectural Review          | <input type="checkbox"/> Rezoning                      | <input type="checkbox"/> Variance                |
| <input type="checkbox"/> Board/Color                   | <input type="checkbox"/> Seasonal Equestrian Permit    | <input type="checkbox"/> Waiver of Site Plan     |
| <input type="checkbox"/> Comprehensive Plan            | <input type="checkbox"/> Site Plan/Amendment/          | <input type="checkbox"/> Amendment               |
| <input type="checkbox"/> Amendment                     | <input type="checkbox"/> Subdivision                   | <input type="checkbox"/> Zoning Text Amendment   |
| <input type="checkbox"/> Conditional Use/Compatibility | <input checked="" type="checkbox"/> Special Use Permit |  |
| <input type="checkbox"/> Determination                 |  |  |

Multiple requests may be selected. A completed Part 2 Application for each request shall be submitted with a completed Part 1: Planning and Zoning General Application.

Application Fee: \$ 500.00 (Total fee for all requests)

(Note: the application fee is an initial deposit and could be as all above applications are cost recovery.)

**I. PROPERTY OWNER AND AGENT INFORMATION**Property Owner(s) of Record: ISLA CARROLL FARMS LPAddress: 3665 120TH AVE S. City: WELLINGTON ST: FL Zip: 33414Phone: 561-204-5687

Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Applicant (if other than owner): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Agent & Company Name: Phil Tremo Phelps Media Group InternationalAddress: 12012 SOUTHSHORE BLVD City: WELLINGTON ST: FL Zip: 33414Phone: \_\_\_\_\_ Cell: 202-669-0094Email Address: philtremo@aol.com

Consultants: If applicable to the request, please attach a separate list of all consultants that will provide information on this request. Include the name, address, telephone number, and fax number as well as the type of professional service provided.

Authorization or Power of Attorney must be attached if applicant is other than owner.

## II. REQUEST

A. Describe type of request:

The applicant proposes to hold a public polo match and to erect tents for this special event

## III. PROPERTY LOCATION

A. Is the subject property located within one mile of another municipality? ☐ yes ☒ no

If 'yes' please specify: \_\_\_\_\_

B. Property Control Number (PCN): If additional PCNs, list on a separate sheet and attach to the application.

PCN: 73-41-44-22-00-000-1030

C. Total Acreage of Subject Property 78.71

D. Project Name: INTERNATIONAL GAY POLO TOURNAMENT

E. Project Address: 3665 120TH AVE SOUTH, WELLINGTON, FL 33414

F. General Location Description (proximity to closest major intersection in miles or fractions thereof):

LOCATED WITHIN I.P.C. ON 120TH AVE SOUTH,  
AT LAKE WORTH RD

## IV. LAND USE AND ZONING INFORMATION

A. Zoning Designation: AR/PUD/EO2D Future Land Use Designation: COM/REC

B. Existing Use(s) on Property: POLO FIELD

C. Proposed Use(s): POLO FIELD

D. Do you have a Zoning Confirmation for this project? If so, please attach \_\_\_\_\_

## V. COMPLIANCE

(Attach additional sheets if necessary)

A. Is property in compliance with all previous conditions of approval and/or applicable Code requirements?

☒ yes ☐ no. If no, please explain: \_\_\_\_\_

Code Enforcement Case Number(s) \_\_\_\_\_

B. Is property in compliance with all previous conditions of approval and/or applicable LDR requirements?

☒ yes ☐ no ☐ n/a. If no, please explain: \_\_\_\_\_

Report on the status of all previous conditions of approval: \_\_\_\_\_



## VI. PROJECT HISTORY

List in sequence the project history from the first application to the most recent. Attach additional pages if necessary:

Petition Number	Request	Action	Date	Resolution/ Ordinance Number
2015-005 SPU HTE 15-2012	2015 GAY POLO TOURNAMENT	APPROVED	3/12/15	2015-15

## VII. ADJACENT PROPERTIES

Adjacent Property to the:	Land Use Designation	Zoning Designation	Existing Use(s) of Property	Approved Use(s) of Property*	Petition & Resolution/ Ordinance Number
SUBJECT SITE					
NORTH					
SOUTH					
EAST					
WEST					

*If adjacent land supports a previous approval by Wellington, please include a brief description of the approved use(s) and the approved square footage or number of dwelling units.*

VIII. OWNER/APPLICANT ACKNOWLEDGEMENT

I/We do hereby swear/affirm that I/we am/are the owner(s) of the property referenced in this application.

I/We certify that the above statements or showings made in any paper or plans submitted herewith are true to the best of my/our knowledge and belief. Further, I/we understand that this application, attachments and fee become part of the official record of the Planning & Zoning Department of Wellington and the fee is not refundable. I/We understand that any knowingly false information given by me/us will result in the denial, revocation or administrative withdrawal of the application or permit. I/We further acknowledge that additional information may be required by Wellington in order to process this application.

I/We further consent to Wellington to publish, copy or reproduce any copyrighted document for any third party submitted as part of this application.

I/We, the aforementioned owner(s), do hereby give consent to (Agent/Representatives Name) Phil Tremo to act on my/our behalf to submit this application, all required material and documents, and attend and represent me/us at all meetings and public hearings pertaining to the request(s) and property I/we own described in the attached application. Furthermore, as owner(s) of the subject property, I/we hereby give consent to the party designated above to agree to all terms or conditions that may arise as part of the approval of this application for the proposed use.

Signature(s) of Owner(s):

Print Name(s):

NOTARY

STATE OF

COUNTY OF

The foregoing instrument was acknowledged before me this 9<sup>th</sup> day of July, 2016 by

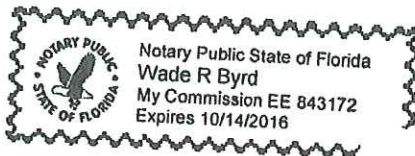
John A. Wash He/She is personally known to me or has produced \_\_\_\_\_ as identification and did/did not take an oath.

Wade R Byrd  
(Signature of Notary)

My Commission Expires: \_\_\_\_\_

Wade R Byrd  
(Name - Must be typed, printed, or stamped)

(NOTARY'S SEAL OR STAMP)



**IX. AGENT ACKNOWLEDGEMENT**

I/We do hereby swear/affirm that I/we am/are the agent(s) for the property referenced in this application.

I/We certify that the above statements or showings made in any paper or plans submitted herewith are true to the best of my/our knowledge and belief. Further, I/we understand that this application, attachments and fee become part of the official record of the Planning & Zoning Department of Wellington and the fee is not refundable. I/We understand that any knowingly false information given by me/us will result in the denial, revocation or administrative withdrawal of the application or permit. I/We further acknowledge that additional information may be required by Wellington in order to process this application.

I/We further consent to Wellington to publish, copy or reproduce any copyrighted document for any third party submitted as part of this application.

Signature(s) of Agent(s): Phil Tremo

Print Name(s): Phil Tremo

**NOTARY**

STATE OF Florida

COUNTY OF Palm Beach

The foregoing instrument was acknowledged before me this 9<sup>th</sup> day of January, 2016 by Phil Tremo. He/She is personally known to me or has produced

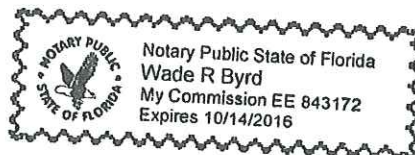
\_\_\_\_\_ as identification and did/did not take an oath.

Wade R Byrd  
(Signature of Notary)

My Commission Expires: \_\_\_\_\_

Wade R Byrd  
(Name – Must be typed, printed, or stamped)

(NOTARY'S SEAL OR STAMP)





## PART 2: SPECIAL USE PERMIT

### I. GENERAL SUBMITTAL CHECKLIST

PLEASE CHECK  
YES NO N/A

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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a. Provide five (5) copies of the following documents:

1. Completed application (Part 1 and Part 2) ***(Notice Affidavit only applicable to permits requesting approval for Equestrian Shows for more than four (4) days or two (2) events)***

2. Warranty deed including property control number or folio number and legal description of the property.

3. Survey (not more than a one (1) year old) including any and all easements of record (referenced by OR Book and page, signed and sealed by a surveyor registered in the State of Florida).

4. Confirmation of Liability Insurance.

5. Certificate of Fire Proofing for tent structures.

6. Unity of Title (if applicable).

b. Application fees.

c. Electronic files (PDF, JPEG, Word) of all items on the checklist including the application with proper corresponding title.

d. A list of all owners within a five hundred (500) foot radius of boundary lines of the subject property from the most recent tax roll information as provided by the Palm Beach Property Appraiser's Office. Executed affidavit signed by the person responsible for completing the property owner list ***(Only applicable to permits requesting approval for Equestrian Shows for more than four days or two (2) events)***.

e. One (1) sets of POSTAGE PAID first class envelopes with the typed names of the owners within a five hundred (500) foot radius of the boundary lines of the subject property and Wellington's return address required. ***(Only applicable to permits requesting approval for Equestrian Shows for more than four days or two (2) events)***.

f. Accessory dwelling occupancy required proof of elderly, physically disabled or meets the low income standards as defined in Article 3.

g. Documentation of not-for-profit status.

h. Circulation Plan including Traffic control and parking plan for the special use/event.

i. Sealed traffic statement.

**II. SITE PLAN (Five Copies)**  
*24" x 36" with scale not smaller than 100' to an inch.*

**PLEASE CHECK**

YES	NO	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- a. Access points to the property for those attending the special use/event.
- b. Special use/event area square footage
- c. Location, setbacks, and footprint of tent or other structures.
- d. Location where permit will be posted.
- e. Location of all proposed signage.
- f. Complete event layout.

**III. SPECIAL USE CATEGORY**

Check type of application(s) applying for:

- |  |  |
|--|--|
| <input type="checkbox"/> Accessory Dwelling                                | <input type="checkbox"/> Stand for the Sale of Agricultural Products |
| <input type="checkbox"/> Bed And Breakfast                                 | <input type="checkbox"/> Temporary Amusement/Special Event           |
| <input type="checkbox"/> Caretaker/Security Quarters                       | <input type="checkbox"/> Temporary Outdoor Retail Sales              |
| <input type="checkbox"/> Mobile, Outdoor Retail/Food Vendor                | <input type="checkbox"/> Temporary Tent                              |
| <input checked="" type="checkbox"/> Seasonal Equestrian Show/Special Event | <input type="checkbox"/> Other                                       |

**IV. JUSTIFICATION STATEMENT**  
**(Attach to Application)**

The applicant shall provide a Justification Statement to explain how the request conforms to the following:

- Consistency with Wellington Comprehensive Plan**—the proposed Special Permit Use is consistent with the purposes, goals, objectives and policies of the Comprehensive Plan.
- Complies with supplementary use standards**—the proposed Special Permit Use complies with all relevant and appropriate portions of LDRS Section 6.4, Use Regulations & Definitions and Section 6.6 Supplementary Regulations.
- Compatibility with surrounding uses and zones**—the proposed Special Permit Use is consistent with the character of the immediate vicinity of the land proposed for development.
- Design minimizes adverse impact**—the design of the proposed Special Permit Use minimizes adverse effects, including visual impact, of the proposed use on adjacent lands.
- Duration**—the length of time the proposed Special Permit Use will occur and how impacts will be minimized. (Dates and Times)
- Health and sanitation**—the proposed Special Permit Use complies with all relevant standards related to health and sanitation as determined by the Palm Beach County Public Health Unit.



## JUSTIFICATION STATEMENT

### SPECIAL USE PERMIT

#### INTERNATIONAL GAY POLO TOURNAMENT

1. **Consistency with Wellington Comprehensive Plan** — The proposed special event is consistent with the village of Wellington's Comprehensive Plan.
2. **Complies with supplementary use standards** — The temporary setup of tents shall be in accordance with all regulatory setbacks.
3. **Compatibility with surrounding uses and zones** — The proposed special event is consistent with the character of the immediate vicinity and use of the area.
4. **Design minimizes adverse impact** — No permanent structures shall be constructed pursuant to these permits. Also, none of the temporary structures shall be located within public rights of way.
5. **Duration** — The event will occur on Saturday, April 2, 2016, from 11:00 am to 7:00 pm. Set up for the event will occur on Friday, April 1, and breakdown will occur on Sunday, April 3.
6. **Health and sanitation** — The applicant will remove all trash and/or debris from the site and the immediate vicinity upon termination of the activity.
7. **Traffic considerations** — Ingress and egress will not disrupt normal traffic. All necessary parking shall be provided on site. Gordon Marrin of Accurate Event Group (current IPC partner) will handle traffic & parking for the event. Off-duty sheriff deputies will be on hand.
8. **Consistent with the LDRS** — The proposed special event complies with all standards at the ULDC.
9. **Adequate public facilities** — No permanent structures are proposed by the applicant.



7. **Traffic considerations**—the proposed Special Permit Use complies with all relevant transportation standards as determined by Wellington Engineering Department.
8. **Consistent with the LDRS**—the proposed Special Permit Use complies with all additional standards imposed on it by all other applicable provisions of the LDRS.
9. **Adequate public facilities**—permanent structures shall comply with Article 11, Adequate Public Facilities Standards, of the LDRS.

#### V. EVENT INFORMATION

A. **Describe Special Use/Event Proposed:** Provide the LDR Section that authorizes your request and description of the use/event. If live entertainment is proposed as a part of the use/event, provide a description of the type of entertainment and whether amplified sound will or will not be used as a part of the entertainment.

The applicant proposes to hold a public polo match and to erect tents for this special event

B. Is entertainment proposed at the event? yes What type of entertainment is proposed?

Polo with announcements during matches and DJ with amplified music

C. If applicable, state the hours of operation for the entertainment: 12:00 NOON UNTIL 7:00 PM

D. Will amplified sound be used? Yes, during the games and DJ in VIP tent

E. Provide the number of vendors anticipated for the use/event: —

F. Will food be served? Yes, catered Will alcohol be served? Yes, catered

G. Provide the anticipated attendance for the special use/event: 1,100

H. If a horse show, number of entries each day: —

I. Building permit number for all Special Use Permits with temporary tents greater than 10'x10': —

**VI. NOTICE OF APPLICATION FOR SPECIAL PERMIT USE**  
(Only applicable to Equestrian Show Permits for more than four days or two events)

This notice is furnished to you, as required by the Land Development Regulations, to notify all persons owning property within 500 feet of the property involved in an application for a Special Permit Use.

Applicant: GAY POLO LEAGUE

Special Use Property Address: I.P.C., 3665 120TH AVE SOUTH, WELLINGTON

Subdivision/Commercial Site Name: ISLA CARROLL FARMS LP

Special Use Applied for: INT'L GAY POLO TOURNAMENT

Dates of Special Use: April 2, 2016

Hours of Special Use: TOURNAMENT 11:00 am - 7:00 pm { APRIL 1, 2016 SETUP  
APRIL 3, 2016 BREAKDOWN

Council Date (if applicable) \_\_\_\_\_

If you have any questions regarding the petition, please contact:

Wellington Planning and Zoning Department  
12300 Forest Hill Boulevard,  
Wellington, FL 33414  
(561) 791-4000



**VII. AGREEMENT FOR REMOVAL OF TEMPORARY FACILITY**

*(Applicable to all events utilizing temporary facilities such as tents, rides, bounces houses, bleachers, etc.)*

Before me, the undersigned authority, personally appeared Phil Trema, who, having first been duly sworn; deposes and says:

That he/she is the Agent of the following described land in Palm Beach County, Florida, to wit: for temporary rides, carnival, circus, revival tent, bazaar, and other temporary events:

That the undersigned was granted special permit use approval by Wellington Planning and Zoning Division on \_\_\_\_\_ to have a Temporary Facility on the above-described property for maximum period of \_\_\_\_\_ days, the dates being \_\_\_\_\_ through \_\_\_\_\_. It is understood that the undersigned agrees to the following:

- 1) The property will be self-policed during the period the permit for temporary outdoor retail sales is active and, furthermore, that said property will be returned to an orderly and sanitary condition after the expiration of said temporary permit;
- 2) Said facility is to be inspected by the area's Fire Marshall prior to the erection of the temporary facility and shall be inspected upon completion of all activities; and
- 3) No electricity shall be provided to the facility unless Wellington Building Division issues an approved Electrical Permit. It is understood that the undersigned at their volition will remove said temporary facility by the expiration date noted above.
- 4) To fulfill all conditions of approval for the special use permit.

Signature: Phil Trema

Witness: Wade R Byrd

Witness: Wade R Byrd

**NOTARY**

STATE OF Florida

COUNTY OF Palm Beach

The foregoing instrument was acknowledged before me this 9<sup>th</sup> day of January, 2016 by Phil Trema. He/She is personally known to me or has produced

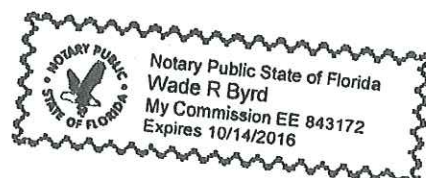
\_\_\_\_\_ as identification and did/did not take an oath.

Wade R Byrd  
(Signature of Notary)

My Commission Expires: \_\_\_\_\_

Wade R Byrd  
(Name – Must be typed, printed, or stamped)

(NOTARY'S SEAL OR STAMP)



11/12/2002 15:40:04 20020596253  
OR BK 14382 PG 1592  
Palm Beach County, Florida  
Amt 3,800,000.00  
Doc Stamp 26,600.00

THIS INSTRUMENT PREPARED BY:  
WADE R. BYRD, ESQUIRE  
WADE R. BYRD, P.A.  
350 Royal Palm Way, Suite 409  
Palm Beach, FL 33480

RETURN TO:  
WADE R. BYRD, ESQUIRE  
WADE R. BYRD, P.A.  
350 Royal Palm Way, Suite 409  
Palm Beach, FL 33480

Property Control No.: 73-41-44-22-00-000-1030

SPECIAL WARRANTY DEED

THIS INDENTURE, made as of the 2<sup>nd</sup> day of May, 1997, between JOHN B. GOODMAN, a married man, Grantor, and ISLA CARROLL FARMS, L.P., whose post office address is 2550 North Loop West, Suite 750, Houston, Texas 77092, Grantee (which terms include the singular or plural, as the case may be):

WITNESSETH, that said Grantor, for and in consideration of the sum of TEN AND NO/100 DOLLARS (\$10.00), and other good and valuable considerations to said Grantor in hand paid by said Grantee, the receipt of which is hereby acknowledged, has granted, bargained and sold to the said Grantee, and Grantee's successors and assigns forever, the following described land, situate, lying and being in Palm Beach County, Florida, to-wit:

(SEE EXHIBIT "A" ATTACHED HERETO)

Together with all the tenements, hereditaments, appurtenances thereto belonging or in anywise appertaining.

Subject to easements, restrictions and reservations of record, if any, and taxes subsequent to December 31, 1997.



The property described in Exhibit "A" is not and never has been the homestead of the Grantor. The Grantor is a resident of the State of Texas and is domiciled in Houston, Texas.

To have and to hold in fee simple forever.

And said Grantor does hereby fully warrant the title to said land, and will defend the same against the lawful claims of all persons claiming by or through the Grantor, subject to the matters contained herein.

IN WITNESS WHEREOF, Grantor has hereunto set Grantor's hand and seal the day and year first above written.

Signed, sealed and delivered  
in our presence:

David P. Williamson Jr.  
Signature

DAVID P. WILLIAMSON, JR.

Printed Name

G. Andrew Toupe III  
Signature

G. Andrew Toupe III  
Printed Name

John B. Goodman  
JOHN B. GOODMAN

STATE OF TEXAS  
COUNTY OF HARRIS

The foregoing instrument was acknowledged before me this 5th day of November, 2002 by JOHN B. GOODMAN, who is personally known to me or who produced \_\_\_\_\_ as identification and who did (did not) take an oath.



Patricia E. Cook  
NOTARY PUBLIC, STATE OF TEXAS  
AT LARGE

PATRICIA E. COOK  
PRINTED NAME OF NOTARY

COMMISSION NUMBER

11-13-04  
EXPIRATION DATE

EXHIBIT A

A parcel of land lying in Sections 22 and 23, Township 44 South, Range 41 East, Palm Beach County, Florida, being more particularly described as follows:

Commence at the Northeast corner of said Section 22; thence South  $01^{\circ}20'12''$  East, along the East line of that certain 75 foot wide canal right-of-way as described in Official Record Book 1548, pages 388 and 389, of the Public Records of Palm Beach County, Florida, also being the East line of those certain lands deeded to Sivert Klafstad in Official Record Book 1097, pages 327 and 328, of the Public Records of Palm Beach County, Florida, and further being a line which terminates on the South line of said Section 23, 328.06 feet East, as measured along said South line, of the Southwest corner of said Section 23, a distance of 1409.48 feet to the Point of Beginning; thence continue South  $01^{\circ}20'12''$  East, along said East line a distance of 1338.36 feet; thence North  $89^{\circ}37'46''$  West, along a line parallel with the North line of said Section 22 and 2742.90 feet South of, as measured along the West line of said Section 22, The Northwest corner of said Section 22, also being the South line of those certain lands deeded to said Sivert Klafstad, and the North line of those certain lands deeded to Albert R. Kreck and Grace Kreck in Official Record Book 1097, pages 336 through 339, both inclusive, a distance of 2681.88 feet to a point 2794.94 feet East of the West line of said Section 22, as measured along the Westerly Extension of the last herein described line; thence North  $01^{\circ}10'25''$  East, parallel with the West line of said Section 22, a distance of 1337.96 feet; thence South  $89^{\circ}37'46''$  East, along a line parallel with the North line of said Section 22 and 1409.00 feet South of as measured along the West line of said Section 22, the Northwest corner of said Section 22, a distance of 2622.87 feet to the Point of Beginning.

Certified Copy



LIMITED POWER OF ATTORNEY TO OBTAIN PERMITS

The undersigned, ISLA CARROLL FARMS, LP; PALM BEACH INTERNATIONAL POLO CLUB, LLC; and IPC OPERATIONS, LLC, by and through their manager, Allan S. Bufferd, hereby appoints JOHN WASH or WADE R. BYRD, as the Attorney-in-Fact for ISLA CARROLL FARMS, LP; PALM BEACH INTERNATIONAL POLO CLUB, LLC; and IPC OPERATION, LLC, to sign and obtain any and all permits from the Village of Wellington, Florida and/or its related entities in connection with any and all construction, or activities for property located at 3665 120th Avenue South, Wellington, Florida 33414 and 3667 120th Avenue South, Wellington, Florida 33414.

Said Allan S. Bufferd agrees to save the Village of Wellington, Florida harmless from any and all liability in connection with the issuance of permits based upon this Limited Power of Attorney.

Dated and communicated this 23rd day of February, 2015,

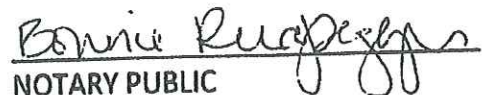
ISLA CARROLL FARMS, LP  
By ISLA CARROLL FARMS MANAGEMENT, LLC, it's GENERAL PARTNER  
By HEG INTERESTS, LLC

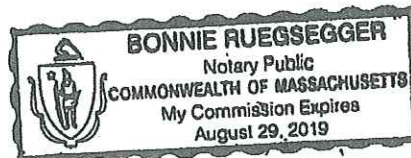
  
By: Allan S. Bufferd, Manager

Commonwealth of Massachusetts  
County of Middlesex, ss.

On this 23<sup>rd</sup> day of February, 2015, before me personally appeared Allan S. Bufferd to me known and identified by me to be the individual who executed the foregoing LIMITED POWER OF ATTORNEY TO OBTAIN PERMITS in the capacity therein indicated, who acknowledged that he is authorized to do so, executed the foregoing instrument for the purposes therein contained and in the capacity therein indicated as his free act and deed.

My Commission Expires: AUGUST 29, 2019

  
NOTARY PUBLIC



## Certificate of Flame Resistance



F-191

ISSUED BY  
Cynthia Ford & Associates  
Tampa, Washington  
(813) 427-1128

Mar 2004

This is to certify that the materials described herein have been flame retardant treated for use as described (specify application).

Client: **Regency Party Rental**  
City: **Lake Worth**  
Address: **1601 N. Dixie Hwy**  
State, Zip: **FL 33460**

Certification is hereby made under (Check "A" or "B")

☒ A. The articles described herein have been treated with a flame retardant chemical in accordance with the State Fire Marshal and that the type and amount of chemical used was determined in accordance with the laws of the State of Florida and the Rules and Regulations of the State Fire Marshal.

Name of Applicant:

Address (Optional):

Method of Application:

☒ B. The articles described herein are made from a flame resistant fabric or material which has been tested and approved by the State Fire Marshal for such use.

Name of flame resistant fabric: **Robeco 020 FR Clear** F-191

The flame retardant process used will not be removed by washing.

Tom Ransica

Owner of Products Being Treated

By *James T. Biehl*  
Fire Retardant

Description:

(1) 10' x 20' canopy and section; Robeco 020 clear fire retardant vinyl

Serial Numbers:

33504M



## Certificate of Flame Resistance



Approved By  
**F-191**

ISSUED BY  
Tasuma Tent & Awning  
Tasuma, Washington  
(206) 427-4618

Approval Date  
**Mar 2004**

This is to certify that the materials described below have been flame-retardant treated for use in accordance with the following:

For: **Hogency Party  
Rental**  
City: **Lake Worth**

Address: **1601 N. Dixie Hwy**  
Address: **FL 33460**

Certification is hereby made that: (Check "a" or "b")

- ☐ (a) The articles described below have been treated with a flame-retardant chemical of approval and compliance by the State Fire Marshal and that the application of said chemical was done in accordance with the laws of the State of California and the rules and regulations of the State Fire Marshal.

Name of Chemical

Chemical Registered for

Method of Application

- ☒ (b) The material described below is made of flame-resistant fabric or material registered and approved by the State Fire Marshal for use.

From name of fabric or material used:

**Roboco .020" FR Clear**

**F-191**

The flame-retardant process used will not be removed by washing

Tom Randles

Name of Production Superintendent

By

*James R. Hill*  
Date Provided

Description:

**(1) 10' x 10' canopy mid section; Roboco .020" clear fire retardant vinyl**

Serial Numbers:

**33404M**

# Certificate of Flame Resistance



F-191

ISSUED BY  
Florida Test & Research  
Tampa, FL 33604  
(813) 987-4142

10/28/2004

This is to certify that the materials described below have been flame retardant treated for fire  
adhesively (if applicable).

For: **Regency Party  
Rental**  
City: **Lake Worth**

Address: **1801 N. Dixie Hwy**  
Address:   
State: **FL** Zip: **33460**

Declaration is hereby made that: (Check "A" or "B")

☒ A

The material described below has been treated with a flame-retardant chemical approved and  
registered by the State Fire Marshal and that the application of such chemical was done in  
conformance with the laws of the State of Florida and the rules and regulations of the State  
Fire Marshal.

Material is treated:

Other Registered For:

Material is registered:

☒ B

The material described below is made from a flame resistant fabric or material registered and  
approved by the State Fire Marshal for such use.

Material is "Flame Retardant" by:

**Robeco .020" FR Clear**

**F-191**

The flame retardant process used will not be removed by washing.

Tom Randles

State of Florida Fire Marshal

*Janet Riehl*  
Fire Marshal

Base material:

(1) 30 x 15 canopy mid section, Robeco .020" 3S CPAI, CSFM, NFPA clear vinyl

Serial Number:

1011904M