

SPECIAL USE PERMIT APPLICATION

II. PROPERTY OWNER/AGENT INFORMATION

Property Owner(s) of Record: _____

Address: _____ City: _____ ST: _____ Zip: _____

Phone: _____ Cell Phone: _____ Fax: _____

Applicant if other than owner(s): SMOKE INN WELLINGTON

Address: 11924 Forest Hill Blvd #7 City: Wellington ST: FL Zip: 33414

Phone: 561-753-4558 Cell Phone: 561-784-9510 Fax: _____

Agent Name: _____

Company Name: _____

Address: _____ City: _____ ST: _____ Zip: _____

Phone: _____ Cell Phone: _____ Fax: _____

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

III. PROPERTY LOCATION

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

PCN: [7] [3] -- [4] [1] -- [4] [4] -- [1] [0] -- [1] [2] -- [0] [0] [1] -- [0] [0] [0] [0]

B. Section _____ Township _____ Range _____ Total Acreage of Subject Property _____

C. **Project Name:** 11924 Forest Hill Blvd #7 Previous Petition #: _____

D. **Project Address:** Smoke Inn Wellington

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

IV. LAND USE AND ZONING INFORMATION

A. Zoning Designation: _____ Future Land Use Designation: _____ Is Property within the EOZD? _____

B. Existing Use(s) on Property: _____

C. Proposed Use(s): _____

IV. ADDITIONAL INFORMATION

The following information is required as part of this application:

A. Standards for Review

Failure of the proposed special use to meet any standard below shall be deemed adverse to the public interest and the application shall not be approved. A letter verifying the decision of the Planning & Zoning Manager to approve, approve with conditions, or deny the application will be sent to the applicant. The applicant shall explain how the request is consistent with the following:

1. **Consistency with Wellington Comprehensive Plan**—the proposed Special Permit Use is consistent with the purposes, goals, objectives and policies of the Comprehensive Plan.

Yes

2. **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.

Yes

3. **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.

Yes

4. **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.

Behind landscape / see Property Lot

5. **Duration**—the length of time the proposed Special Permit Use will occur and how impacts will be minimized.

Dates: Nov. 15th 2013 - January 24th, March 7th, May 9th & July 3rd
Time: 4:30 pm - 6 pm Reg & Setup / 6-11 pm Event / 11-12 Cleanup & Breakdown

6. **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.

Yes

7. **Traffic considerations**—the proposed Special Permit Use complies with all relevant transportation standards as determined by Wellington Engineering Department.

Yes

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.

Yes

9. **Adequate public facilities**—permanent structures shall comply with Article 11, Adequate Public Facilities Standards, of the LDRS.

Yes

- B. **Describe Special Use/Event Proposed:** The summary shall include the LDRS Section that authorizes the Special Permit Use request, the specific requirement of the code and your proposed request. 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.

Open Event Sales, Garment w/ Music & Catered Food -
Liquor & Entertainment

New - Annual Event

- C. State the number of days and dates the use/event is expected to last: 1-Day Per 1-7 Nov Term.

- D. Provide the hours of operation for the entire use/event: 4:30 pm - 12 midnight

- E. Is entertainment proposed at the event? Yes What type of entertainment is proposed? Music

DS / Bands / other?

- F. If applicable, state the hours of operation for the entertainment: 6 pm - 11 pm

- G. Will amplified sound be used? Yes

- H. Provide the number of vendors anticipated for the use/event: 20 To Have Only

- I. Will food be served? Yes Catered only Will alcohol be served? Yes w/ Licensed Alcohol

- J. Provide the anticipated attendance for the special use/event: 60 + Subse

VI. OWNER/APPLICANT ACKNOWLEDGEMENT

I/We: Michael Weiss / Sandra Jane Wellington, do hereby swear/affirm that I/we am/are the owner(s)/applicant of the property referenced in this application.

I/We certify that the above statements and the 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 Division 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 Owner(s)/Applicant(s) [Signature]

Print Name(s) Michael S. Weiss

VII. CONSENT STATEMENT

Owner to complete if using agent/representative

I/We, the aforementioned owner(s), do hereby give consent to Sandra Jane Wellington 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) [Signature]

Print Name(s) Chad Byrne

NOTARY

STATE OF FLORIDA

COUNTY OF PAIM BUCH

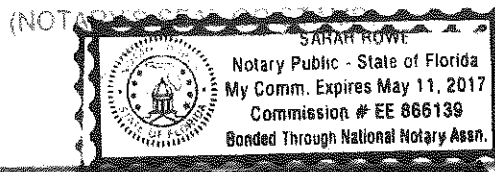
The foregoing instrument was acknowledged before me this 2nd day of October 2013

by Chad Byrne He/She is personally known to me or has produced as identification and did/did not take an oath

Sarah Rowe
(Signature of Notary)

My Commission Expires EE 866139

Sarah Rowe
(Name - Must be typed, printed, or stamped)





Planning and Zoning Division
12300 Forest Hill Blvd., Wellington, FL 33414 (561) 753-2430

IX. AGREEMENT FOR REMOVAL OF TEMPORARY FACILITY

State of Florida)
) SS.
County of Palm Beach)

Before me, the undersigned authority, personally appeared _____, 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: _____

Witness: _____

Witness: _____

NOTARY

STATE OF FLORIDA

COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me this 3 day of October, 2013

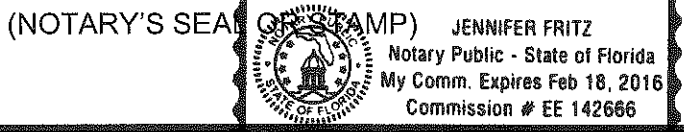
by Michael Weiss. He/She is personally known to me or has produced

FLA DRIVERS LICENSE as identification and did/did not take an oath.

Jennifer Fritz My Commission Expires: 2/18/2016

(Signature of Notary)

Jennifer Fritz
(Name – Must be typed, printed, or stamped)



From: "Byrne, Chad" <ChadByrne@regencycenters.com>
Subject: Event Approval
Date: August 20, 2013 9:24:55 AM EDT
To: Michael Weiss <smokeinnwellington@gmail.com>


4 Attachments, 9 KB

Michael the below schedule is approved by Landlord.


I need the Approval by Regency (Landlord)

September 12th Thursday 6-11pm


October 10th Thursday 6-11pm

 November 15th Friday 6-11pm... This one is a Parking lot shut down just like we have done before....
(Village of Wellington has already approved our style of events..)
Its also our 2 Year Anniversary...


December 12th Thursday 6-11pm

 January 24th Friday 6-11pm This one is a Parking lot shut down just like we have done before....


February ?????

 March 7th Friday 6-11pm This one is a Parking lot shut down just like we have done before....

April 9th Wednesday 6-11pm

 May 9th Friday 6-11pm This one is a Parking lot shut down just like we have done before....

June???????

 July 3rd Thursday 6-11pm This one is a Parking lot shut down just like we have done before...

The dates may change with the manufacturer's availability... I will keep you posted if anything changes...

Chad Byrne
Property Manager
561 630 2306

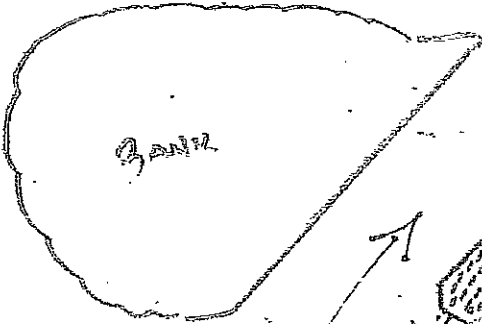
3001 PGA Boulevard Suite 202
Palm Beach Gardens, FL 33410

Helping retailers
thrive at
Regency
Centers.



Pineapple Lot

Pineapple Lot



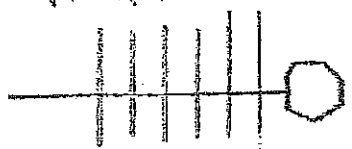
South Shore Blvd

Tables + chairs

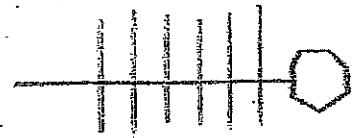
MUSIC



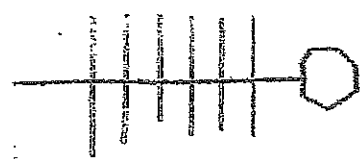
Parking



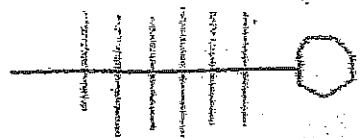
Parking



Parking



Parking



UNIT #8
UNIT #9
UNIT #10A
UNIT #10B
UNIT #11
UNIT #13
UNIT #14

#1

UNIT #12

SMOKE IN VENTILATION
SHE #7

OUTDOOR CE FOR
Publix 1/25/13 5/10/13
3/15/13

Approved by Village of Wellington
PLANNING, ZONING and BUILDING DEPT
Ogstenau

1/24/13
2013-01 CE

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RESOLUTION NO. 2013-14

A RESOLUTION OF WELLINGTON, FLORIDA'S COUNCIL
APPROVING A SPECIAL USE PERMIT FOR THE SMOKE INN
WELLINGTON CIGAR LOUNGE OUTDOOR EVENTS UTILIZING
AMPLIFIED MUSIC LOCATED AT 11924 FOREST HILL
BOULEVARD, SUITE 7; AND PROVIDING AN EFFECTIVE DATE.

WHEREAS, Smoke Inn Wellington Cigar Lounge, located at 11924 Forest Hill Boulevard, Suite 7, will be hosting outdoor events on Friday, January 25th, March 15th and May 10th from 6:00 p.m. to 10:00 p.m. (See Special Use Permit Exhibit A); and

WHEREAS, the events will be located in the parking lot directly in front of the store front and will have outdoor amplified music; and

WHEREAS, the events are anticipated to have approximately 60 guests in attendance and all activities will be onsite; and

WHEREAS, Article 5, Chapter 5. Special Use Permits, Section 5.5.2 of the Wellington Land Development Regulations requires the Council to review all Special Use Permits with amplified music; and

WHEREAS, the Special Use Permit application has been reviewed by Wellington staff, Palm Beach Sheriff's Office and Palm Beach County Fire Rescue, and recommended approval.

NOW, THEREFORE, BE IT RESOLVED BY WELLINGTON, FLORIDA'S COUNCIL
that:

SECTION 1. The foregoing recitals are hereby affirmed and ratified.

SECTION 2. The Wellington Council hereby approves the Special Use Permit, attached as Exhibit A with conditions, allowing Smoke Inn Wellington Cigar Lounge to host outdoor events with amplified music at 11924 Forest Hill Boulevard, Suite 7 on January 25th, March 15th and May 10th, 2013.

SECTION 3. This Resolution shall become effective immediately upon adoption.

(This portion of the page left intentional blank)

1 PASSED AND ADOPTED this 22nd day of January, 2013.

2
3 ATTEST:

WELLINGTON

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5
6 By: Awilda Rodriguez
7 Awilda Rodriguez, Wellington Clerk

By: Bob Margolis
Bob Margolis, Mayor

8
9 APPROVED AS TO FORM
10 AND LEGAL SUFFICIENCY

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12
13 By: [Signature]
14 Attorney for Wellington
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