

**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 APPLICATION**

(Completed Part 1 and 2 of the Application is required)

**INSTRUCTIONS:**

1. Date of required pre-application meeting: \_\_\_\_\_
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):

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

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: \$ 250.00 (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: Legacy Center

Address: 3001 Pelt Blvd City: PBG ST: FL Zip: 33410

Phone: 561-630-2300 Cell: \_\_\_\_\_

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

Applicant (if other than owner): MICHAEL WEKS - Smoke Inn Wellington

Address: 11924 Forest Hill Blvd City: Well ST: F Zip: 33414

Phone: 561-753-4558 Cell: 561-753-4558

Email Address: SMOKE INN WELLINGTON @ GMAIL.COM

Agent & Company Name: \_\_\_\_\_

Address: South Bay Pkwy City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

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.

**RECEIVED**

OCT - 1 2015

## II. REQUEST

A. Describe type of request:

Community Permit For Outside Events Throughout the Year  
Cigar Party & Promotions

## 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: 73-41-44-10-12-001-0000

C. Total Acreage of Subject Property 11.36

D. Project Name: Wellington Town Square

E. Project Address: 1124 Foster Hill Blvd

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

South Main Blvd-

## IV. LAND USE AND ZONING INFORMATION

A. Zoning Designation: PUD Future Land Use Designation: CC

B. Existing Use(s) on Property: Shopping Center

C. Proposed Use(s): Retail & Restaurant - etc etc

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 LDR requirements?

[ ] yes [ ] no. If no, please explain: N/A

B. Code Enforcement Case Number(s) N/A

C. Report on the status of all previous conditions of approval:

Always have been approved!

RECEIVED

OCT - 1 2015

## VI. PROJECT HISTORY

List in sequence the last five approvals starting with the most recent.

Petition Number	Request	Action	Date	Resolution/ Ordinance Number

## VII. ADJACENT PROPERTIES

Adjacent Property to the:	Land Use Designation	Zoning Designation	Existing Use(s) of Property	Approved Use(s) of Property*
SUBJECT SITE				
NORTH				
SOUTH				
EAST				
WEST				

RECEIVED

OCT - 1 2015

From: "Byrne, Chad" <ChadByrne@regencycenters.com>  
Subject: RE: Smoke Inn Wellington at Wellington Town Square  
Date: September 14, 2015 1:59:15 PM EDT  
To: Michael Weiss <smokeinnwellington@gmail.com>

Approved.

Thanks,

Chad Byrne, CSM  
Regional Property Manager  
561 630 2306

3001 PGA Boulevard Suite 202  
Palm Beach Gardens, FL 33410

Helping retailers  
thrive at  
Regency  
Centers.



The information contained in this email message is intended only for the personal and confidential use of the recipient(s) named above. This communication is for discussion purposes only and does not create any obligation to negotiate. If you have received this communication in error, please notify us immediately by email, and delete the original message.

From: Michael Weiss [mailto:smokeinnwellington@gmail.com]  
Sent: Monday, September 14, 2015 12:37 PM  
To: Byrne, Chad  
Subject: Smoke Inn Wellington at Wellington Town Square

Chad  
(Regency Center-Wellington Town Square)

I have to submit dates to the Village of Wellington once again for my Event Permit for the next year..  
November 2015 through October 2016

November 13th Friday Night 6-11pm...Parking lot Shut Down..  
This is our 4yr Anniversary Party...

December 10th Thursday Night 6-10pm

January 22nd Friday Night 6-11pm...Parking lot Shut Down..

February 25th Thursday Night 6-10pm

March 10th Thursday Night 6-10pm

April 15th Friday Night 6-11pm...Parking lot Shut Down..  
or  
April 16th Saturday Day 1-5pm...

May 19th Thursday Night 6-10pm

June 16th Thursday Night 6-10pm

July 3rd Sunday Night 6-11pm Parking lot Shut Down

August 25th Thursday Night 6-10pm

September 22nd Thursday Night 6-10pm

October 20th Thursday Night 6-10pm

The dates may change based on the manufacturer schedule...but this us a once a month tasting or event.  
There will be music on all dates above...

Please approve & send back to me via e-mail, I have to submit this week....

Thanks

Michael Weiss  
Burn Another One LLC  
11924 Forest Hill Blvd Suite #7  
Wellington, FL 33414  
[www.SmokeInnWellington.com](http://www.SmokeInnWellington.com)

RECEIVED

OCT - 1 2015

VILLAGE OF WELLINGTON  
CITY CLERK'S OFFICE

## Planning and Zoning

12300 Forest Hill Blvd., Wellington, FL 33414 (561) 791-4000 PZApplications@wellingtonfl.gov

### STAFF USE ONLY

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

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

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

## PART 2: SPECIAL PERMIT USE

### I. 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 type="checkbox"/> Seasonal Equestrian Show/Special Event | <input checked="" type="checkbox"/> Other <i>Community Event</i>     |

### II. GENERAL SUBMITTAL CHECKLIST

PLEASE CHECK  
YES NO N/A

☐ ☐ ☒

☐ ☐ ☒

☐ ☐ ☒

☐ ☐ ☒

☐ ☐ ☒

☐ ☐ ☒

☐ ☐ ☒

☐ ☐ ☒

☐ ☐ ☒

☒ ☐ ☐

☐ ☐ ☒

☒ ☐ ☐

a. Provide five (5) copies of the following documents:

1. Completed application (Part 1 and Part 2)
2. Warranty deed including property control number or folio number and legal description of the property.
3. Signed and sealed survey (not more than one year old) including any and all easements of record (referenced by OR Book and Page) prepared by a surveyor registered in the State of Florida.
4. Certificate of Fire Proofing for tent structures.
5. Unity of Title (if applicable).

b. Application fee.

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

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

e. Documentation of not-for-profit status.

f. Circulation Plan including traffic control and parking plan for the special use/event.

g. Traffic statement signed and sealed by a Professional Engineer.

h. Wellington Business Tax Receipt for the current year.

RECEIVED

OCT - 1 2015

**III. 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 checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

**IV. EQUESTRIAN SHOW SUBMITTAL CHECKLIST**

*(In addition to items II. and III. For Equestrian Shows for more than four days or two events)*

**PLEASE CHECK**

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

- Signed and notarized Notice Affidavit
- Completed Notice of Application for Special Use
- 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
- 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..

**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.

RECEIVED

OCT - 1 2015

OFFICE OF WELLINGTON

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.

5. **Duration**—the length of time the proposed Special Permit Use will occur and how impacts will be minimized. (Dates and Times) See ATTACHMENTS

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. Barnes Road/Highway

7. ☒ **Traffic considerations**—the proposed Special Permit Use complies with all relevant transportation standards as determined by Wellington Engineering Department. Palm Beach / See ATTACHMENTS

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.

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

PS - BAND - SPEAKER -

C. If applicable, state the hours of operation for the entertainment: 6-9 & 6-11 pm

D. Will amplified sound be used? YES

E. Provide the number of vendors anticipated for the use/event: 1 - ME / Smoke Jam Wellington

F. Will food be served? YES / CATERED! Will alcohol be served? YES / BEER & Wine only

G. Provide the anticipated attendance for the special use/event: 40-60

H. If a horse show, number of entries each day: N/A

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

N/A

RECEIVED

OCT - 1 2015

WELLINGTON  
ENGINEERING

**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: MICHAEL WEISS / SMOKE INN WELLINGTON  
Special Use Property Address: 11924 FOREST HILL BLVD  
Subdivision/Commercial Site Name: WELLINGTON TOUR SQUARE  
Special Use Applied for: PARTY / EVENT / TAILGATE  
Dates of Special Use: SEE ATTACHMENT  
Hours of Special Use: SEE ATTACHMENT  
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

RECEIVED

OCT - 1 2015

PLANNING AND ZONING DEPARTMENT  
WELLINGTON, FL



From: "Byrne, Chad" <ChadByrne@regencycenters.com>  
Subject: RE: Smoke Inn Wellington at Wellington Town Square  
Date: September 14, 2015 1:59:15 PM EDT  
To: Michael Weiss <smokeinnwellington@gmail.com>

Approved.

Thanks,

Chad Byrne, CSM  
Regional Property Manager  
561 630 2306

3001 PGA Boulevard Suite 202  
Palm Beach Gardens, FL 33410

Helping retailers  
thrive at  
Regency  
Centers.



The information contained in this email message is intended only for the personal and confidential use of the recipient(s) named above. This communication is for discussion purposes only and does not create any obligation to negotiate. If you are not a named recipient, you should not disseminate, distribute or copy this e-mail. Please notify the sender immediately by e-mail if you have received this communication in error, please notify us immediately by email, and delete the original message.

**From:** Michael Weiss [mailto:smokeinnwellington@gmail.com]  
**Sent:** Monday, September 14, 2015 12:37 PM  
**To:** Byrne, Chad  
**Subject:** Smoke Inn Wellington at Wellington Town Square

**Chad**  
(Regency Center-Wellington Town Square)

I have to submit dates to the Village of Wellington once again for my Event Permit for the next year..  
November 2015 through October 2016

November 13th Friday Night 6-11pm...Parking lot Shut Down..  
This is our 4yr Anniversary Party...

December 10th Thursday Night 6-10pm

January 22nd Friday Night 6-11pm...Parking lot Shut Down..

February 25th Thursday Night 6-10pm

March 10th Thursday Night 6-10pm

April 15th Friday Night 6-11pm...Parking lot Shut Down..  
or  
April 16th Saturday Day 1-5pm...

May 19th Thursday Night 6-10pm

June 16th Thursday Night 6-10pm

July 3rd Sunday Night 6-11pm Parking lot Shut Down

August 25th Thursday Night 6-10pm

September 22nd Thursday Night 6-10pm

October 20th Thursday Night 6-10pm

The dates may change based on the manufacturer schedule...but this us a once a month tasting or event.  
There will be music on all dates above...

Please approve & send back to me via e-mail, I have to submit this week....

Thanks

Michael Weiss  
Burn Another One LLC  
11924 Forest Hill Blvd Suite #7  
Wellington, FL 33414  
[www.SmokeInnWellington.com](http://www.SmokeInnWellington.com)

RECEIVED

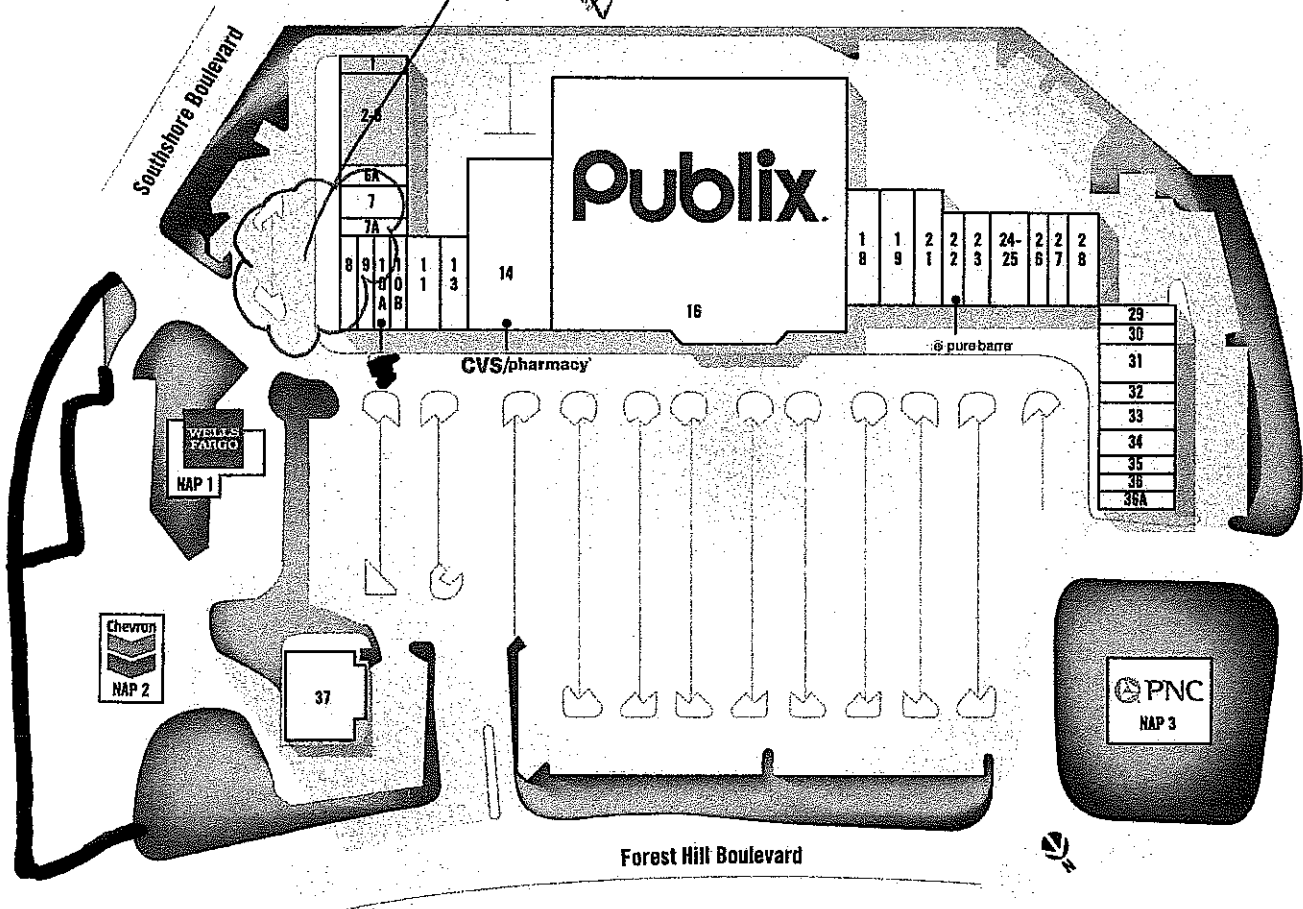
OCT - 1 2015

WELLINGTON

11934 Forest Hill Blvd #7  
Smoke Inn Wellinghe / Burn phone Inn LLC.  
Set 753-7558

~~EXHIBIT A~~

Area of  
Eminent



RECEIVED

OCT - 1 2015

NOV 10 2015

11924 Forest Hill Blvd #7  
 Ken Automotive LLC / Snow Farm Wellington

Set 753-4550

M = Music Area Setup

⊙ = Table & Chairs

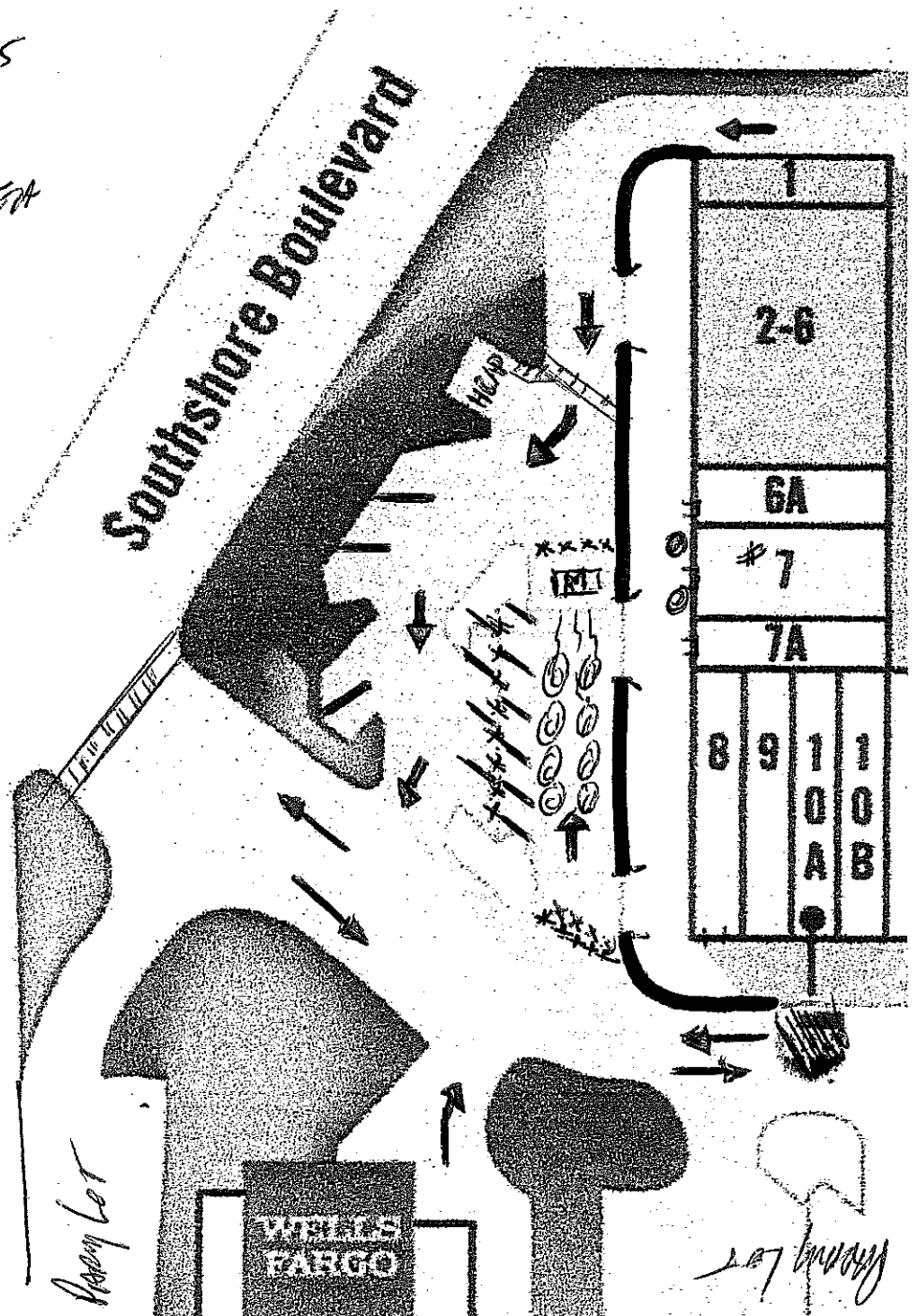
\* = Block Off Area

↑ = Traffic Flow

RECEIVED

OCT - 1 2015

VILLAGE OF WELLINGTON  
 PLANNING DEPARTMENT



**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 \_\_\_\_\_, 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 See Above 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 1 day of Oct, 2015

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

A. License as identification and did/did not take an oath.

Ramona Moran My Commission Expires: 3/27/19

(Signature of Notary)

Ramona Moran  
(Name – Must be typed, printed, or stamped)

(NOTARY'S SEAL OR STAMP)



RECEIVED

OCT - 1 2015

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):

Print Name(s):

Michael S. Weiss

NOTARY

STATE OF

Florida

COUNTY OF

Palm Beach

The foregoing instrument was acknowledged before me this 1 day of Oct, 2015 by

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

as identification and did/did not take an oath.

Ramona Moran My Commission Expires: 3/27/19

(Signature of Notary)

Ramona Moran  
(Name - Must be typed, printed, or stamped)

(NOTARY'S SEAL OR STAMP)



RECEIVED

OCT - 1 2015