

Variance Application:

VAR 25-0002

LUHO Hearing Date:

December 17, 2024

Case Reviewer:

Michelle Montalbano

**Hillsborough
County Florida**

Development Services Department

Applicant: Kendal Signs, Angela Kopnicky

Zoning:

CG-R (18-1179)

Location: 16446 N Dale Mabry Hwy, Tampa, FL 33618; Folio # 15909.0355

Request Summary:

The applicant is requesting a setback variance for a proposed Monument Sign for a new freestanding emergency room.

Requested Variances:


LDC Section:	LDC Requirement:	Variance:	Result:
7.03.00.C.1.c	Monument signs shall be set back a minimum of 15 feet from the right-of-way line, but shall be permitted an increase in height of one foot for each one foot of additional setback provided from the right-of-way line up to a maximum height of 30 feet when adjacent to expressways and arterials or 15 feet when adjacent to collectors and local roads. A 15-foot-tall Monument Sign requires a 26-foot front setback.	16 feet	One 15-foot-tall monument sign with a 10-foot front yard setback along N Dale Mabry Highway.

Findings:

The subject Monument Sign was approved with a 55-foot setback to the right-of-way line under Building Permit HC-BLD-24-0063667. The applicant requests to revise the permit and move the sign 10-feet from the right-of-way line.

The original variance application also included a building sign area variance request for a proposed building sign. Staff noted the proposed signage did not require a variance for the east and west building elevations the sign is to be placed on. Therefore, the request was removed.

Zoning Administrator Sign Off:


Colleen Marshall
Tue Nov 26 2024 16:14:36

DISCLAIMER:

The variance(s) listed above is based on the information provided in the application by the applicant. Additional variances may be needed after the site has applied for development permits. The granting of these variances does not obviate the applicant or property owner from attaining all additional required approvals including but not limited to: subdivision or site development approvals and building permit approvals.

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**Hillsborough
County Florida**
Development Services

Additional / Revised Information Sheet

Office Use Only

Application Number: VAR 25-0002

Received Date:

Received By:

The following form is required when submitted changes for any application that was previously submitted. A cover letter must be submitted providing a summary of the changes and/or additional information provided. If there is a change in project size the cover letter must list any new folio number(s) added. Additionally, **the second page of this form must be included indicating the additional/revised documents being submitted with this form.**

Application Number: VAR 25-0002 Applicant's Name: AdventHealth

Reviewing Planner's Name: Michelle Montalbano Date: 11/22/2024

Application Type:

- ☐ Planned Development (PD) ☐ Minor Modification/Personal Appearance (PRS) ☐ Standard Rezoning (RZ)
☒ Variance (VAR) ☐ Development of Regional Impact (DRI) ☐ Major Modification (MM)
☐ Special Use (SU) ☐ Conditional Use (CU) ☐ Other _____

Current Hearing Date (if applicable): 12/17/2024

Important Project Size Change Information

Changes to project size may result in a new hearing date as all reviews will be subject to the established cut-off dates.

Will this revision add land to the project? ☐ Yes ☒ No

If "Yes" is checked on the above please ensure you include all items marked with * on the last page.

Will this revision remove land from the project? ☐ Yes ☒ No

If "Yes" is checked on the above please ensure you include all items marked with * on the last page.

Email this form along with all submittal items indicated on the next page in pdf form to:

ZoningIntake-DSD@hcflgov.net

Files must be in pdf format and minimum resolution of 300 dpi. Each item should be submitted as a separate file titled according to its contents. All items should be submitted in one email with application number (including prefix) included on the subject line. Maximum attachment(s) size is 15 MB.

For additional help and submittal questions, please call (813) 277-1633 or email ZoningIntake-DSD@hcflgov.net.

I certify that changes described above are the only changes that have been made to the submission. Any further changes will require an additional submission and certification.

Angela Kopnicky Digitally signed by Angela Kopnicky
Date: 2024.11.22 10:14:21 -05'00'

Signature

11/22/2024

Date



**Hillsborough
County Florida**
Development Services

Identification of Sensitive/Protected Information and Acknowledgement of Public Records

Pursuant to [Chapter 119 Florida Statutes](#), all information submitted to Development Services is considered public record and open to inspection by the public. Certain information may be considered sensitive or protected information which may be excluded from this provision. Sensitive/protected information may include, but is not limited to, documents such as medical records, income tax returns, death certificates, bank statements, and documents containing social security numbers.

While all efforts will be taken to ensure the security of protected information, certain specified information, such as addresses of exempt parcels, may need to be disclosed as part of the public hearing process for select applications. If your application requires a public hearing and contains sensitive/protected information, please contact [Hillsborough County Development Services](#) to determine what information will need to be disclosed as part of the public hearing process.

Additionally, parcels exempt under [Florida Statutes §119.071\(4\)](#) will need to contact [Hillsborough County Development Services](#) to obtain a release of exempt parcel information.

Are you seeking an exemption from public disclosure of selected information submitted with your application pursuant to Chapter 119 FS? ☐ Yes ☐ No

I hereby confirm that the material submitted with application VAR 25-0002


☐ Includes sensitive and/or protected information.

Type of information included and location Site Plan, Variance Criteria Response
and Project Description/Written Statement

☐ Does not include sensitive and/or protected information.

Please note: Sensitive/protected information will not be accepted/requested unless it is required for the processing of the application.

If an exemption is being sought, the request will be reviewed to determine if the applicant can be processed with the data being held from public view. Also, by signing this form I acknowledge that any and all information in the submittal will become public information if not required by law to be protected.

Signature: Angela Kopnicky  Digitally signed by Angela Kopnicky
Date: 2024.11.22 10:02:26 -05'00'

(Must be signed by applicant or authorized representative)

Intake Staff Signature: _____ Date: _____



Additional / Revised Information Sheet

Please indicate below which revised/additional items are being submitted with this form.

Included	Submittal Item
1 <input type="checkbox"/>	Cover Letter** If adding or removing land from the project site, the final list of folios must be included
2 <input type="checkbox"/>	Revised Application Form**
3 <input type="checkbox"/>	Copy of Current Deed* Must be provided for any new folio(s) being added
4 <input type="checkbox"/>	Affidavit to Authorize Agent* (If Applicable) Must be provided for any new folio(s) being added
5 <input type="checkbox"/>	Sunbiz Form* (If Applicable) Must be provided for any new folio(s) being added
6 <input type="checkbox"/>	Property Information Sheet**
7 <input type="checkbox"/>	Legal Description of the Subject Site**
8 <input type="checkbox"/>	Close Proximity Property Owners List**
9 <input checked="" type="checkbox"/>	Site Plan** All changes on the site plan must be listed in detail in the Cover Letter.
10 <input type="checkbox"/>	Survey
11 <input type="checkbox"/>	Wet Zone Survey
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17 <input type="checkbox"/>	Transportation Analysis
18 <input type="checkbox"/>	Sign-off form
19 <input type="checkbox"/>	Other Documents (please describe): <div></div>

*Revised documents required when adding land to the project site. Other revised documents may be requested by the planner reviewing the application.

**Required documents required when removing land from the project site. Other revised documents may be requested by the planner reviewing the application.



**Hillsborough
County Florida**
Development Services

Application No: _____

Project Description (Variance Request)

1. In the space below describe the variance including any history and/or related facts that may be helpful in understanding the request. This explanation shall also specifically identify what is being requested (e.g. Variance of 10 feet from the required rear yard setback of 25 feet resulting in a rear yard of 15 feet). If additional space is needed, please attach extra pages to this application.

PLEASE SEE ATTACHED

2. A Variance is requested from the following Section(s) of the Hillsborough County Land Development Code:

PLEASE SEE ATTACHED

Additional Information

1. Have you been cited by Hillsborough County Code Enforcement? ☒ No ☐ Yes
If yes, you must submit a copy of the Citation with this Application.
2. Do you have any other applications filed with Hillsborough County that are related to the subject property?
☒ No ☐ Yes If yes, please indicate the nature of the application and the case numbers assigned to the application (s): _____
3. Is this a request for a wetland setback variance? ☒ No ☐ Yes
If yes, you must complete the Wetland Setback Memorandum and all required information must be included with this Application Packet.
4. Please indicate the existing or proposed utilities for the subject property:
☐ Public Water ☐ Public Wastewater ☐ Private Well ☐ Septic Tank
5. Is the variance to allow a third lot on well or non-residential development with an intensity of three ERC's?
☒ No ☐ Yes If yes, you must submit a final determination of the "Water, Wastewater, and/or Re-claimed Water – Service Application Conditional Approval – Reservation of Capacity" prior to your public hearing

1. In the space below describe the variance including any history and/or related facts that may be helpful in understanding the request. This explanation shall also specifically identify what is being requested (e.g. Variance of 10 feet from the required rear yard setback of 25 feet resulting in a rear yard of 15 feet). If additional space is needed, please attach extra pages to this application.

1. Request for Setback Decrease: We are requesting a variance regarding the minimum setback requirements for the ground signage. Currently, regulations stipulate a minimum setback of 10 feet from the property line for pylon signs, and a 26-foot setback for monument signs. We propose to place a 15-foot monument sign within 10 feet of the property line, treating it as a pylon sign rather than a monument sign. This modification is essential for increasing the visibility and accessibility of AdventHealth for patients and visitors, particularly in emergency situations.

2. A Variance is requested from the following Section(s) of the Hillsborough County Land Development Code:

PART 7.03.00 - PERMITTED SIGNS

C. Ground Sign:

1. General Ground Sign Provision

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Reviewing Planner's Name: Michelle Montalbano Date: 11/22/2024

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Variance Criteria Response

1. Explain how the alleged hardships or practical difficulties are unique and singular to the subject property and are not those suffered in common with other property similarly located?

AdventHealth North Dale OSED is a healthcare facility that requires clear and prominent signage to guide patients and visitors efficiently. The current setback of 26' significantly reduces the visibility of the monument sign from the main road, potentially causing confusion and accessibility issues for those seeking medical care.

2. Describe how the literal requirements of the Land Development Code (LDC) would deprive you of rights commonly enjoyed by other properties in the same district and area under the terms of the LDC.

The 26-foot setback required by the Land Development Code (LDC) is not just a regulatory formality; it is vital for ensuring the safety and accessibility of our healthcare facility. By adhering to this requirement, we demonstrate our commitment to the community. Moreover, clear and visible signage serves an essential purpose beyond mere convenience—it is critical for public safety, especially in a healthcare context where timely access is crucial. +

3. Explain how the variance, if allowed, will not substantially interfere with or injure the rights of others whose property would be affected by allowance of the variance.

The proposed variance seeks to permit the installation of a 15-foot monument sign within 10 feet of the property line. This sign is designed to be visually appealing and consistent with existing signage in the area. Its clear and prominent placement is essential for the effective operation of AdventHealth, as it will enhance the visibility and accessibility of the healthcare services offered.

4. Explain how the variance is in harmony with and serves the general intent and purpose of the LDC and the Comprehensive Plan (refer to Section 1.02.02 and 1.02.03 of the LDC for description of intent/purpose).

The main goal is to enhance public health, safety, and welfare. Allowing a variance for a 15' monument sign situated just 10' from the property line will fulfill this goal by ensuring that AdventHealth's signage is not only visible but also impactful, effectively guiding the community in times of need.

5. Explain how the situation sought to be relieved by the variance does not result from an illegal act or result from the actions of the applicant, resulting in a self-imposed hardship.

By requesting a variance for this property does not result from an illegal act or the actions of the applicant, and therefore does not constitute a self-imposed hardship.

6. Explain how allowing the variance will result in substantial justice being done, considering both the public benefits intended to be secured by the LDC and the individual hardships that will be suffered by a failure to grant a variance.

To promote the public health, safety, and welfare of the community. Allowing the variance to place a 15' monument sign within 10' of the property line will significantly enhance the visibility and accessibility of AdventHealth OSED, directly contributing to the public welfare by ensuring the patients and visitors can easily locate and access the healthcare facility.

This instrument prepared by
and should be returned to:
Peter J. Kelly, Esq.
Bush Ross, P.A.
P.O. Box 3913
Tampa, Florida 33602

Consideration: \$ 8,250,000.00
Documentary tax: \$ 57,750.00

SPECIAL WARRANTY DEED

THIS SPECIAL WARRANTY DEED, effective as of the 31 day of October, 2022, by **HILLSBORO FARMS, LLC**, a Florida limited liability company, whose address 13517 Lake Magdalene Drive, Tampa, Florida 33613 (hereinafter referred to as "Grantor") and **UNIVERSITY COMMUNITY HOSPITAL, INC.**, a Florida not-for-profit corporation, doing business as **ADVENTHEALTH TAMPA**, whose address is 14055 Riveredge Drive, Suite 250, Tampa, Florida 33637, Attention: CFO (hereinafter referred to as "Grantee").

Wherever used herein, the terms "Grantor" and "Grantee" shall be deemed to include all of the parties to this Special Warranty Deed and the successors and assigns of each party. The singular shall be deemed to include the plural, and vice-versa, where the context so permits.

WITNESSETH

For and in consideration of the sum of Ten and No/100 Dollars (\$10.00) and other good and valuable considerations, the receipt and sufficiency of which is acknowledged, Grantor hereby grants, bargains, sells, conveys and confirms unto Grantee all that certain land situate in **Hillsborough County**, Florida, more particularly described as follows:

See **Exhibit A** attached hereto and incorporated herein by this reference.

TOGETHER WITH all the tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining.

TO HAVE AND TO HOLD the same in fee simple forever.

And Grantor hereby covenants with Grantee that except with respect to ad valorem taxes for 2022 and subsequent years, and all reservations, restrictions, limitations, declarations, easements, encumbrances, and all matters of public record without intending to reimpose any of same, the real property is free and clear of all claims, liens and encumbrances, and Grantor hereby fully warrants the title to the above-described real property and will defend the same against the lawful claims of all persons claiming by, through or under Grantor, but against none other.

IN WITNESS WHEREOF the Grantor has caused this Special Warranty Deed to be executed as of the day and year first above written.

WITNESSES:

HILLSBORO FARMS:

HILLSBORO FARMS, LLC, a Florida limited liability company

Printed Name: Steven D. Jones

By Michael A. Zambito
Michael A. Zambito, Manager

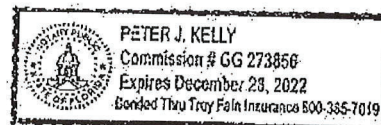
Printed Name: Peter Kelly

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

THE FOREGOING INSTRUMENT was acknowledged before me by means of ☒ physical presence or ☐ online notarization, this 31 day of October, 2022, by Michael A. Zambito, as Manager of HILLSBORO FARMS, LLC, a Florida limited liability company, on behalf thereof, who ☒ is personally known to me, or ☐ produced _____ as identification.

[AFFIX NOTARY SEAL]

Peter J. Kelly
Notary Public Signature
Print Notary Name: _____
My commission expires: _____





**Hillsborough
County Florida**
Development Services

Property/Applicant/Owner Information Form

Official Use Only

Application No: 25-0002 Intake Date: 10/01/2024
Hearing(s) and type: Date: 11/20/24 Type: LUHO Receipt Number: 409846
Date: _____ Type: _____ Intake Staff Signature: Cierra James

Property Information

Address: 16446 North Dale Mabry Hwy City/State/Zip: Tampa, FL 33618
TWN-RN-SEC: 28-27-18 Folio(s): 015909-0355 Zoning: CG Future Land Use: PI Property Size: 6.69

Property Owner Information

Name: UNIVERSITY COMMUNITY HOSPITAL INC Daytime Phone: _____
Address: 14055 RIVEREDGE DR STE 250 City/State/Zip: TAMPA, FL 33637
Email: _____ Fax Number: _____

Applicant Information

Name: Kendal Signs attn: Angela Kopnicky Daytime Phone: 321-636-5116
Address: 580 Gus Hipp Blvd City/State/Zip: Rockledge, FL 32955
Email: angie@kendalsigns.com Fax Number: _____

Applicant's Representative (if different than above)

Name: Joseph A. Niemann Daytime Phone: 407-718-7254
Address: 1919 N. Orange Ave. City/State/Zip: Orlando/FL/32804
Email: joe.niemann@adventhealth.com Fax Number: 407-3031163

I hereby swear or affirm that all the information provided in the submitted application packet is true and accurate, to the best of my knowledge, and authorize the representative listed above to act on my behalf on this application.

[Signature]
Signature of the Applicant

KENDAL MULLEN
Type or print name

I hereby authorize the processing of this application and recognize that the final action taken on this petition shall be binding to the property as well as to the current and any future owners.

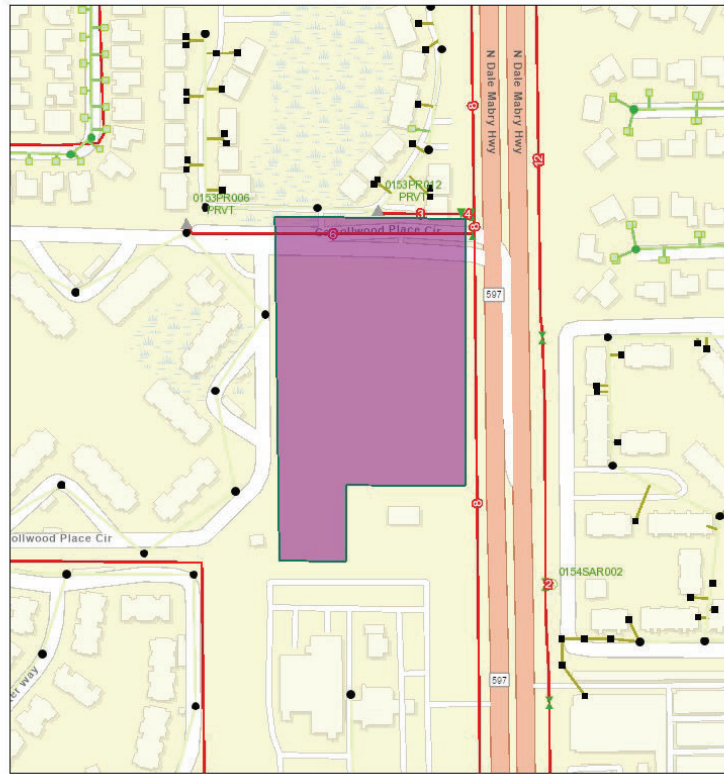
[Signature]
Signature of the Owner(s) - (All parties on the deed must sign)

Joseph A. Niemann
Type or print name



PARCEL INFORMATION HILLSBOROUGH COUNTY FLORIDA

Folio: 15909.0355



October 1, 2024

Esri Community Maps Contributors, City of Tampa, FDSP, © OpenStreetMap, Microsoft, Esri, TomTom, Garmin, SafeGraph, GeoTechnologies, Inc, METI, NOAA, USGS, EPA, NPS, US Census Bureau, USDA, USFWS, EGIS

Hillsborough County Florida

Folio: 15909.0355

PIN: U-28-27-18-ZZZ-000000-67370.1

University Community Hospital Inc

Mailing Address:

Att: Cfo

14055 Riveredge Dr Ste 250

Tampa, FL 33637-

Site Address:

16446 N Dale Mabry Hwy

Tampa, FL 33618-

SEC-TWN-RNG: 28-27-18

Acreage: 6.69465017

Market Value: \$6,249,432.00

Landuse Code: 1000 VACANT COMM.

Hillsborough County makes no warranty, representation or guaranty as to the content, sequence, accuracy, timeliness, or completeness of any of the geodata information provided herein. The reader should not rely on the data provided herein for any reason. Hillsborough County explicitly disclaims any representations and warranties, including, without limitations, the implied warranties of merchantability and fitness for a particular purpose. Hillsborough County shall assume no liability for:

1. Any error, omissions, or inaccuracies in the information provided regardless of how caused.
- Or
2. Any decision made or action taken or not taken by any person in reliance upon any information or data furnished hereunder.