

5/3



NA 13 I KAC

AHCA USE ONLY:	
File #:	13960140
Application #:	1598
Check #:	50842
Check Amt:	850.50
Batch #:	101000585

### Health Care Licensing Application Abortion Clinic

**\*APPLICANTS CAN NOW RENEW LICENSES ONLINE\***

The Agency for Health Care Administration (AHCA) has implemented the **ONLINE LICENSING SYSTEM** which allows the electronic submission of renewal applications and fees, along with the ability to upload supporting documentation.  
 To renew online please go to: <http://ahca.myflorida.com/onlinelicensure>

Applications must be received at least 60 days prior to the expiration of the current license or effective date of a change of ownership to avoid a late fee. If the renewal application is received by the Agency less than 60 days prior to the expiration date, it is subject to a late fee as set forth in statute. The applicant will receive notice of the amount of the late fee as part of the application process or by separate notice. The application will be withdrawn from review if all the required documents and fees are not included with your application or received within 21 days of an omission notice. Applications will not be considered for review until payment has been received. Renewal applications: Supporting documentation, responses to omissions and payments may be submitted using the online system even if the application was originally mailed to the Agency.

Under the authority of Chapters 408 Part II, and 390 Florida Statutes (F.S.), and Chapters 59A-35 and 59A-9, Florida Administrative Code (F.A.C.), an application is hereby made to operate an abortion clinic as indicated below:

#### 1. Provider / Licensee Information

<b>A. PROVIDER INFORMATION</b> – Please complete the following for the abortion clinic name and location. Provider name, address and telephone number will be listed on <a href="http://www.floridahealthfinder.gov/">http://www.floridahealthfinder.gov/</a>				
License # (for renewal & change of ownership applications)		National Provider Identifier (NPI) (if applicable) 1417349184		
Name of Abortion Clinic (if operated under a fictitious name, enter as it appears in Florida Division of Corporations) Planned Parenthood of South, East & North Florida				
Street Address 2618 W Tennessee St				
City Tallahassee	County Leon	State FL	Zip 32304	
Telephone Number 850-574-7455		Fax Number 850-575-4335		
Mailing Address or <input type="checkbox"/> Same as above 2300 N FL Manop Rd				
City West Palm Beach	County Palm Beach	State FL	Zip 33409	
Telephone Number 561-848-6402		E-mail Address NA		
Provider Website PPSENFLOrg		NOTE: By providing your e-mail address you agree to accept e-mail correspondence from the Agency.		

**Received**

MAY 03 2018

**Central Services**

**B. LICENSEE INFORMATION – Please complete the following for the entity seeking to operate the abortion clinic.**

Licensee Name (This is the owner of the abortion clinic) Planned Parenthood of South Florida & the Treasure Coast, INC. Federal Employer Identification Number (EIN) 59-139-1115  
Mailing Address or  Same as above

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

Description of Licensee (check one):

<b>For Profit</b>	<b>Not for Profit</b>	<b>Public</b>
<input type="checkbox"/> Corporation	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> State
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Religious Affiliation	<input type="checkbox"/> City/County
<input type="checkbox"/> Partnership	<input type="checkbox"/> Other	<input type="checkbox"/> Hospital District
<input type="checkbox"/> Individual		
<input type="checkbox"/> Sole Proprietor		
<input type="checkbox"/> Other		

**C. CONTACT PERSON - For this application**

Contact Person for this application Penny Alterizio Contact Telephone Number 561-472-9952  
Contact e-mail address or  Do not have e-mail Penny.Alterizio@PPSofA.org NOTE: By providing your e-mail address you agree to accept e-mail correspondence from the Agency.

## 2. Application Type and Fees

Indicate the type of application with an "X." **Applications will not be processed if all applicable fees are not included. Pursuant to subsection 408.805(4), Florida Statutes, fees are nonrefundable.** Renewal and Change of Ownership applications must be received 60 days prior to the expiration of the license or the proposed effective date of the change to avoid a late fee. If the renewal application is received by the Agency less than 60 days prior to the expiration date, it is subject to a late fee as set forth in statute. The applicant will receive notice of the amount of the late fee as part of the application process or by separate notice.

### A. TYPE OF APPLICATION

- Initial licensure  
Was this entity previously licensed as an abortion clinic? YES  NO

If YES, please provide the name of the agency (if different), the EIN # and the year the prior license expired or closed:

NAME:	EIN #	Year Expired/Closed:

- Renewal licensure  
 Change of Ownership  
 Change during Licensure (check all that apply):
- Name/address change of the provider  
 Change in type of procedure performed  
 Change in Personnel (No fee required)
- Proposed Effective Date: \_\_\_\_\_  
Proposed Effective Date: \_\_\_\_\_

**Received**

MAY 03 2018

**Central Services**

**B. LICENSURE FEES**

ACTION	FEE	TOTAL FEES
License Fee (Initial, Renewal and Change of Ownership): <input type="checkbox"/> License Fee Exemption (County or Municipal Government pursuant to 390.014(4), F.S.) = \$ 0.00	\$550.50	\$ <u>550.50</u>
Change During Licensure Period/Replacement License	\$25.00	\$
Biennial Assessment	\$300.00	\$ <u>300.00</u>
Other: _____		\$
<b>TOTAL FEES INCLUDED WITH APPLICATION</b>		\$ <u>850.50</u> <i>xx</i>
Please make check or money order payable to the Agency for Health Care Administration (AHCA)		

**3. Controlling Interests of Licensee**

**AUTHORITY:**

Pursuant to Section 408.806(1)(a) and (b), F.S., an application for licensure must include: the name, address and social security number (SSN) of the applicant and each controlling interest, if the applicant or controlling interest is an individual; and the name, address, and federal employer identification number (EIN) of the applicant and each controlling interest, if the applicant or controlling interest is not an individual. Disclosure of social security number(s) is mandatory. The Agency for Health Care Administration shall use such information for purposes of securing the proper identification of persons listed on this application for licensure. However, in an effort to protect all personal information, **do not include social security numbers on this form. All social security numbers must be entered on the Health Care Licensing Application Addendum, AHCA Form 3110-1024.**

**DEFINITION:**

**Controlling interests**, as defined in Section 408.803(7), F.S., are the applicant or licensee; a person or entity that serves as an officer of, is on the board of directors of, or has a 5% or greater ownership interest in the applicant or licensee; or a person or entity that serves as an officer of, is on the board of directors of, or has a 5% or greater ownership interest in the management company or other entity, related or unrelated, with which the applicant or licensee contracts to manage the provider. The term does not include a voluntary board member.

**A. Individual and/or Entity Ownership of Licensee (as listed in section 1B above)** – Provide the information for each individual or entity (corporation, partnership, association) with 5% or greater ownership interest in the licensee. Attach additional sheets if necessary. *Note: This excludes Not-for-Profit and Publicly held licensees.*

FULL NAME of INDIVIDUAL or ENTITY	PERSONAL/PRIMARY ADDRESS	TELEPHONE NUMBER	EIN (No SSNs)	% OWNERSHIP	EFFECTIVE DATE	END DATE
Planned Parenthood of South Florida	2300 N FL Mango Rd	561 898	59 139	100%	4/15	NA
Treasure Coast INC.	West Palm Beach FL 33409	6402	1115			

**B. Board Members and Officers of Licensee** – Provide the information for each individual or entity (corporation, partnership, association) that serves as an officer or is on the board of directors. Do not include voluntary board members.

TITLE	FULL NAME	PERSONAL/PRIMARY ADDRESS	TELEPHONE NUMBER	EFFECTIVE DATE	END DATE
Board Member/Officer					
Board Member/Officer					
Board Member/Officer					
Board Member/Officer					
Board Member/Officer					
Board Member/Officer					

**Received**  
MAY 03 2018  
**Central Services**

## 4. Management Company

Does a company other than the licensee manage the licensed provider?

If  NO, skip to section 5 Personnel

If  YES, provide the following information:

Name of Management Company		EIN (No SSNs)		Telephone Number / Fax	
Street Address			E-mail Address		
City		County		State	Zip
Mailing Address or <input type="checkbox"/> Same as above					
City				State	Zip
Contact Person		Contact E-mail		Contact Telephone Number	

**DEFINITION:**

**Controlling interests**, as defined in Section 408.803(7), F.S., are the applicant or licensee; a person or entity that serves as an officer of, is on the board of directors of, or has a 5% or greater ownership interest in the applicant or licensee; or a person or entity that serves as an officer of, is on the board of directors of, or has a 5% or greater ownership interest in the management company or other entity, related or unrelated, with which the applicant or licensee contracts to manage the provider. The term does not include a voluntary board member.

- A. Individual and/or Entity Ownership of Management Company:** Provide the information for each individual or entity (corporation, partnership, association) with 5% or greater ownership interest in the management company. Attach additional sheets if necessary.

FULL NAME of INDIVIDUAL or ENTITY	PRIMARY ADDRESS	TELEPHONE NUMBER	EIN (No SSNs)	% OWNERSHIP	EFFECTIVE DATE	END DATE

- B. Board Members and Officers of Management Company:** Provide the information for each individual or entity (corporation, partnership, association) that serves as an officer or is on the board of directors. Do not include voluntary board members.

TITLE	FULL NAME	PERSONAL/PRIMARY ADDRESS	TELEPHONE NUMBER	EFFECTIVE DATE	END DATE
Board Member/Officer					
Board Member/Officer					
Board Member/Officer					
Board Member/Officer					
Board Member/Officer					
Board Member/Officer					
Board Member/Officer					

**Received**

MAY 03 2018

**Central Services**

## 5. Personnel

- A. Please provide information for the individual(s) who perform the following roles. NOTE: For the administrator, and financial officer an AHCA Screening through the Care Provider Background Screening Clearinghouse (Clearinghouse) is needed, or the Attestation of Compliance with Background Screening Requirements, AHCA Form 3100-0008 if background screening was conducted by the Department of Financial Services for an applicant for a certificate of authority to operate a continuing care retirement community under Chapter 651, F.S. To verify who is to be screened, visit [ahca.myflorida.com/MCHQ/Central\\_Services/Background\\_Screening/Rqrd\\_Screening.shtml](http://ahca.myflorida.com/MCHQ/Central_Services/Background_Screening/Rqrd_Screening.shtml).

INFORMATION	ADMINISTRATOR/MANAGING EMPLOYEE	FINANCIAL OFFICER / PERSON RESPONSIBLE FOR FINANCIAL OPERATIONS
Full Name	Lillian Tamayo	David Gartner
Date of Birth	10/21/1956	3/31/1958
Effective Date	8/9/1999	2/25/13
Telephone Number	561-848-6402	561-848-6402
Email Address	Lillian.Tamayo@PPSENFL.org	David.Gartner@PPSENFL.org
Personal/Primary Address	2300 N FL mango Rd WPB, FL 33409	2300 N FL mango Rd WPB, FL 33409

- B. Medical Director – Pursuant to section 390.012(3), F.S., if second trimester abortions are performed, provide the following information.

INFORMATION	MEDICAL DIRECTOR
Full Name	Robert Pearl DO
Florida License Number (Dept. of Health)	OS 10079
Effective Date	4/30/18
Telephone Number	850-574-7455
Email Address	Robert.Pearl@PPSENFL.org
Personal/Primary Address	2300 N FL mango Rd WPB FL 33409

## 6. Required Disclosure

The following disclosures are required:

- A. Pursuant to section 408.809, F.S., the applicant shall submit to the Agency a description and explanation of any convictions of offenses prohibited by Sections 435.04 and 408.809(4), F.S., for each controlling interest.

Has the applicant or any individual listed in Sections 3 and 4 of this application been convicted of any level 2 offense pursuant to section 408.809, Florida Statutes? YES  NO

If YES, provide the following information the full legal name of the individual/entity and the position held

- B. Pursuant to Section 408.810(2), F.S., the applicant must provide a description and explanation of any exclusions, suspensions, or terminations from the Medicare, Medicaid, or federal Clinical Laboratory Improvement Amendment (CLIA) programs.

Has the applicant or any individual/entity listed in Sections 3 and 4 of this application been excluded, suspended, terminated or involuntarily withdrawn from participation in Medicare or Medicaid in any state? YES  NO

If YES, enclose the following information:

The full legal name of the individual (and the position held) or the entity

A description/explanation of the exclusion, suspension, termination or involuntary withdrawal

**Received**

MAY 03 2018

**Central Services**

- C. Pursuant to Section 408.815(4), F.S., has the applicant or a controlling interest in the applicant, or any entity in which a controlling interest of the applicant was an owner or officer when the following actions occurred ever been:
- Convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under chapter 409, chapter 817, chapter 893, 21 U.S.C. ss. 801-970, or 42 U.S.C. ss. 1395-1396, Medicaid fraud, Medicare fraud, or insurance fraud, within the previous 15 years prior to the date of this application? YES  NO
- Terminated for cause from the Medicare program or a state Medicaid program? YES  NO
- If YES, has applicant been in good standing with the Medicare program or a state Medicaid program for the most recent 5 years and the termination occurred at least 20 years before the date of the application. YES  NO

## 7. Provider Fines and Financial Information

Pursuant to subsection 408.831(1) (a), Florida Statutes, the Agency may take action against the applicant, licensee, or a licensee which shares a common controlling interest with the applicant if they have failed to pay all outstanding fines, liens, or overpayments assessed by final order of the agency or final order of the Centers for Medicare and Medicaid Services (CMS), not subject to further appeal, unless a repayment plan is approved by the agency.

Are there any incidences of outstanding fines, liens or overpayments as described above? YES  NO

If YES, please complete the following for each incidence (attach additional sheets if necessary):

AHCA CASE NUMBER	CMS	ASSESSED AMOUNT	DATE OF RELATED INSPECTION, APPLICATION, OR OVERPAYMENT	PAYMENT DUE DATE	PENDING APPEAL OF FINAL ORDER	
					YES	NO
	<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"/>

Please attach a copy of the approved repayment plan if applicable.

## 8. Procedure/Transfer/Admitting Information

PROCEDURES PERFORMED (check all that apply):

- First Trimester - which is the period of time from fertilization through the end of the 11th week of gestation.
- Second Trimester - which is the period of time from the beginning of the 12th week of gestation through the end of the 23rd week of gestation.

TRANSFER AGREEMENTS/ADMITTING PRIVILEGES (check all that apply):

- All the physicians performing abortions have admitting privileges at a hospital within reasonable proximity.
- The abortion clinic has a transfer agreement with a hospital within reasonable proximity. If checked provide the hospital information below. Attach additional sheets if necessary.

**Received**

MAY 03 2018

**Central Services**

Hospital Name <b>Capital Regional Medical Center</b>					
Street Address <b>2626 Capital Medical Blvd</b>				Telephone Number <b>850-325-5000</b>	
City <b>Tallahassee</b>		County <b>Leon</b>		State <b>FL</b>	Zip <b>32308</b>

## 9. Hours of Operation

List the regular operating hours (NOTE: Site inspections by surveyors will occur during the business hours submitted. Failure to be open during the listed hours may result in a fine).

DAY OF THE WEEK	OPENING TIME	CLOSING TIME	BY APPOINTMENT
<input type="checkbox"/> Sunday	—	—	<input type="checkbox"/>
<input checked="" type="checkbox"/> Monday	10:00 a	6:00 p	<input type="checkbox"/>
<input checked="" type="checkbox"/> Tuesday	10:00	4:00 p	<input type="checkbox"/>
<input checked="" type="checkbox"/> Wednesday	11:00 a	7:00 p	<input type="checkbox"/>
<input type="checkbox"/> Thursday	—	—	<input type="checkbox"/>
<input checked="" type="checkbox"/> Friday	10:00 a	6:00 p	<input type="checkbox"/>
<input type="checkbox"/> Saturday	—	—	<input type="checkbox"/>

## 10. Supporting Documentation

Applicants must include the following attachments as stated in Chapter 408, Part II and 390 F.S. and Chapters 59A-35 and 59A-9, F.A.C. **Note: Required documents listed below are dependent on the type of application submitted. (Initial, Renewal, Change of Ownership, Change during licensure period)**

DOCUMENTS TO BE PROVIDED:	REQUIRED FOR:
Health Care Licensing Application Addendum, AHCA Form 3110-1024	Initial, Renewal, Change in Personnel, and Change of Ownership application types
Proof of Property Occupancy, Examples: Lease, Mortgage, and Transfer Agreement	Initial, Change of Ownership, and Request to Change Name or Address of Provider application types
Documentation from the appropriate local government office showing that the applicant has met local zoning requirements	Initial, Change of Address, and Change of Ownership application types
Documentation of change of ownership transaction stating effective date and executed by all parties	Change of Ownership application type
Required disclosures related to actions taken by Medicare, Medicaid or CLIA, if applicable	All application types, if documentation is required due to responses provided in application
Approved repayment plan, if applicable	All application types

**Received**

MAY 03 2018

**Central Services**

## 11. Attestation

I, Lillian Tamayo, attest as follows:

- (1) Pursuant to section 837.06, Florida Statutes, I have not knowingly made a false statement with the intent to mislead the Agency in the performance of its official duty.
- (2) Pursuant to section 408.815, Florida Statutes, I acknowledge that false representation of a material fact in the license application or omission of any material fact from the license application by a controlling interest may be used by the Agency for denying and revoking a license or change of ownership application.
- (3) Pursuant to section 408.806, Florida Statutes, under penalty of perjury, the applicant is in compliance with the provisions of section 408.806 and Chapter 435, Florida Statutes.
- (4) Pursuant to sections 408.809 and 435.05, Florida Statutes, every employee of the applicant required to be screened has attested, subject to penalty of perjury, to meeting the requirements for qualifying for employment pursuant to Chapter 408, Part II, and Chapter 435, Florida Statutes, and has agreed to inform the employer immediately if arrested for any of the disqualifying offenses while employed by the employer.
- (5) Pursuant to section 435.05, Florida Statutes, the applicant has conducted a level 2 background screening through the Agency on every employee required to be screened under Chapter 408, Part II, or Chapter 435, Florida Statutes, as a condition of employment and continued employment and that every such employee has satisfied the level 2 background screening standards or obtained an exemption from disqualification from employment.

Signature of Licensee or Authorized Representative

Pres/CEO  
Title

4/20/18  
Date

**NOTICE:** If you are a **Medicaid** provider, you may have a separate obligation to notify the Medicaid program of a name/address change, change of ownership or other change of information. Please refer to your Medicaid handbooks for additional information about Medicaid program policy regarding changes to provider enrollment information.

**RETURN THIS COMPLETED FORM WITH FEES AND ALL REQUIRED DOCUMENTS TO:**

AGENCY FOR HEALTH CARE ADMINISTRATION  
HOSPITAL AND OUTPATIENT SERVICES UNIT  
2727 MAHAN DR., MS 31  
TALLAHASSEE FL 32308-5407

**Questions?**

Review the information available at <http://ahca.myflorida.com/> or contact the Hospital & Outpatient Services Unit at (850) 412-4549

**The Agency for Health Care Administration scans all documents for electronic storage. In an effort to facilitate this process, we ask that you please remember to:**

- Please place checks or money orders on top of the application
- Include license number or case number on your check
- Do not submit carbon copies of documents
- No staples, paperclips, binder clips, folders, or notebooks
- Please **do not bind any** of the documents submitted to the Agency

**Received**

**MAY 03 2018**

**Central Services**





## CERTIFICATE OF OCCUPANCY

Permit Number: TBB162948

Address: 2618 W TENNESSEE ST

Parcel Number: 2128204340030

Final Inspection Date: 04/11/2018

Valuation: \$2,800,000.00

Type of Construction: TYPE II-B

Type of Improvement: NEW

Use and Occupancy Class: BUSINESS

Design Occupant Load: 109

Automatic Sprinkler System: 13

Contractor: KL MCCAUL CONSTRUCTION INC

Owner: EDIFICE DEVELOPMENT, LLC

Owner's Address: 1070-1 Tunnel Rd. STE. 10 – 315 28805

This certificate is issued pursuant to the FL Bldg Code 5th Edition and certifies the described portion of the structure has been inspected for compliance with the requirements of this code for the occupancy and the use described and complies with all applicable codes and ordinances regulating building construction under the jurisdiction of the City of Tallahassee.

For new or substantially improved structures located in flood hazard areas, documentation of the as-built lowest floor elevation has been provided and is retained in the records of the Growth Management Department.

J. Glenn Dodson, Building Official

Certificate Issued Date: 04-11-2018

POST IN A CONSPICUOUS PLACE

**Received**

**MAY 03 2018**

**Central Services**



January 24, 2018

Jessica Fowler  
Edifice Development LLC  
1070-1 Tunnel Rd, Suite 10-315  
Asheville, NC 28805

**RE: TZV180018; 2618 W. Tennessee St.; Parcel ID: 21-28-20-434-0030**

Dear Applicant:

This letter is in response to your request concerning the zoning designation and compliance with the City of Tallahassee (COT) applicable codes and ordinances relative to the referenced property. Please be advised that:

1. The Property is governed by the City of Tallahassee Land Development Code (TLDC).
2. The adjacent zoning districts are as follows:
  - a. North – Medium Density Residential (MR-1)
  - b. South – Commercial Parkway (CP)
  - c. West – Commercial Parkway (CP)
  - d. East – Medium Density Residential (MR-1)

(See Attachment #1 – Adjacent Zoning District Map).

3. The Property is zoned Commercial Parkway (CP), as detailed by Section 10-258, TLDC (see Attachment #2). The Comprehensive Plan Future Land Use Category is Suburban (SUB). The referenced property may be developed consistent with the allowable uses indicated in the development standards for the applicable zoning district. The development is consistent with the current zoning.
4. There are no known code enforcement violations for the referenced property.
5. There are no known use permits or special exceptions noted for the property.
6. This site has an issued site plan under TSP160045 and a subsequently issued building permit under TBB162948.
7. As a condition to the issuance of the Building Permit and/or Certificate of Occupancy, development of the property must comply with all applicable City codes and ordinances, including but not limited to: building, setbacks (front, rear, corner, side), floor area, parking,

**Received**

**MAY 03 2018**

**Central Services**

GROWTH MANAGEMENT  
Frenchtown Renaissance Center  
435 North Macomb Street  
Tallahassee, FL 32301  
850-891-7001  
TDD: 711  
Tal.gov.com/Growth

ANDREW D. GILLUM  
Mayor

RICARDO FERNANDEZ  
City Manager

SCOTT MADDIX  
Commissioner

LEWIS E. SHELLEY  
City Attorney

NANCY MILLER  
Commissioner

JAMES O. COOKE, IV  
City Treasurer-Clerk

CURTIS RICHARDSON  
Commissioner

T. BERT FLETCHER  
City Auditor

GIL D. ZIFFER  
Commissioner

height, fire, zoning, and utilities. The issuance of the Building Permit and/or Certificate of Occupancy for development of the Property is evidence that all applicable City codes and ordinances were satisfied at the time the Building Permit and/or Certificate of Occupancy were issued.

8. The existing development on the Property will be allowed to continue, or be repaired, in accordance with Chapter 10, Article II, Division 3 of the TLDC with regard to changes to the code and/or ordinances which create nonconformities.
9. This site lies within an overlay district. Any future development will be subject to the requirements of Chapter 10, Article IV, Division 4 of the TLDC with regard to the Multi-Modal Transportation District (MMTD) Overlay.

If you have any questions regarding this matter, or if we may be of further assistance, please contact me at (850) 891-7176 or by e-mail at [John.Reddick@Talgov.com](mailto:John.Reddick@Talgov.com).

Sincerely,



John Reddick, Senior Planner  
Land Use and Environmental Services  
Growth Management Department





Attachments: Adjacent Zoning District Map  
Sec. 10-258, TLDC

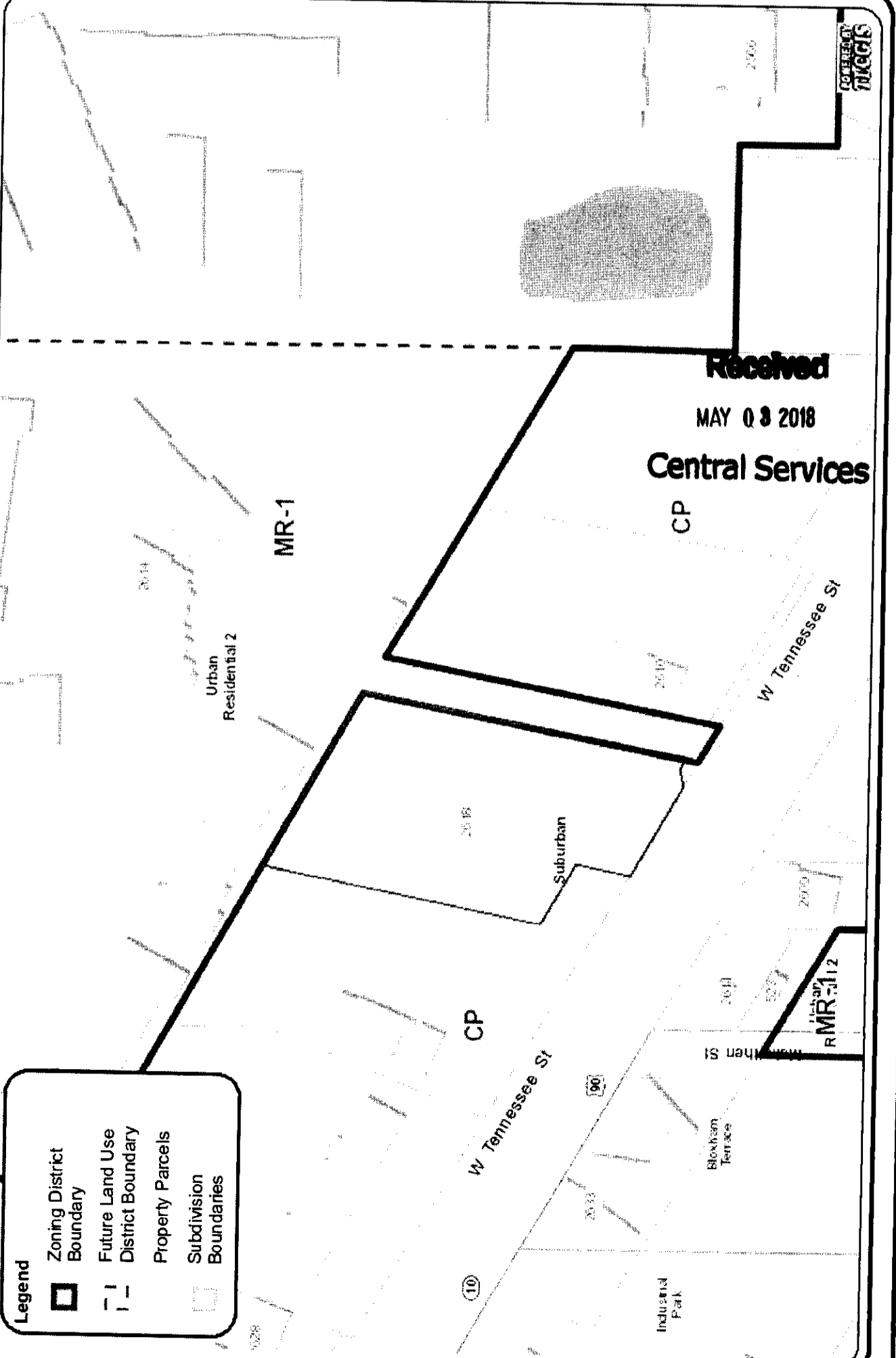
**Received**

**MAY 03 2018**

**Central Services**

**Legend**

-  Zoning District Boundary
-  Future Land Use District Boundary
-  Property Parcels
-  Subdivision Boundaries



LEON COUNTY  
TLCGIS

**Scale:**  
Not To Scale:  
**Date Drawn:** January 24, 2018  
Tallahassee/Leon County GIS  
Management Information Services  
Leon County Courthouse  
301 S. Monroe St, P3 Level  
Tallahassee, FL 32301  
850/606-5504  
<http://www.tlccgis.org>



**TLCGIS Web Map**

**DISCLAIMER**

This product has been compiled from the most accurate source data from Leon County, the City of Tallahassee, and the Leon County Property Appraiser's Office. However, this product is for reference purposes only and is not to be construed as a legal document or survey instrument. Any reliance on the information contained herein is at the user's own risk. Leon County, the City of Tallahassee, and the Leon County Property Appraiser's Office assume no responsibility for any use of the information contained herein or any loss resulting therefrom.



**Sec. 10-258. CP Commercial Parkway District**

The following applies to CP Commercial Parkway District:

PERMITTED USES		
1. District Intent	2. Principal Uses	3. Accessory Uses
<p>The CP district is intended to be located in areas designated Suburban on the future land use map of the comprehensive plan and shall apply to areas exhibiting an existing development pattern of office, general commercial, community facilities, and intensive automotive commercial development abutting urban area arterial roadways with high traffic volumes. The CP district is most suitable for those areas outside of the Multimodal Transportation District (MMTD) as described in the comprehensive plan. Additional CP inside the MMTD may only be designated when the existing land use pattern is mostly comprised of single use developments with suburban character as described in the Suburban Future Land Use Category. The CP district is characterized by a linear pattern of development. Residential development up to a maximum of 16 dwelling units per acre is permitted. There is no minimum gross density for residential when developed in conjunction with non-residential land uses. However, for all other residential developments, a minimum gross density of 6 dwelling units per acre shall be required, unless constraints of concurrency or preservation and/or conservation features preclude the attainment of the minimum densities. The access management standards set forth in for the CP district addressing limitations placed on access are intended to minimize and control ingress and egress to arterial roadways and to promote smooth and safe traffic</p>	<p>(1) Antique shops.                      (2) Armored truck services.                      (3) Automotive sales and rental (includes any type of motor vehicle including boats and motorcycles).                      (4) Automotive service and repair, including car wash.                      (5) Automotive--retail, parts, accessories, fires, etc. (6) Bait and tackle shops.                      (7) Banks and other financial institutions.                      (8) Broadcasting studios.                      (9) Building contractors and related services, without outdoor storage.                      (10) Camera and photographic stores.                      (11) Cemeteries.                      (12) Cocktail lounges and bars.                      (13) Commercial kennels.                      (14) Community facilities, including libraries, religious facilities, vocational schools, police/fire stations, and charitable donation stations.                      (15) Elementary, middle, and high schools are prohibited. Other community facilities may be allowed in accordance with section 10-413.                      (16) Day care centers.                      (17) Gift, novelty, and souvenir stores.                      (18) Golf courses.</p>	<p>(1) A use or structure on the same lot with, and of a nature customarily incidental and subordinate to, the principal use or structure and which comprises no more than 33 percent of the floor area or cubic volume of the principal use or structure, as determined by the land use administrator.                      (2) Light infrastructure and/or utility services and facilities necessary to serve permitted uses, as determined by the land use administrator.</p>

**Received**  
 MAY 08 2018  
**Central Services**

PERMITTED USES	
1. District Intent	2. Principal Uses
<p>The CP district is intended to be located in areas designated Suburban on the future land use map of the comprehensive plan and shall apply to areas exhibiting an existing development pattern of office, general commercial, community facilities, and intensive automotive commercial development abutting urban area arterial roadways with high traffic volumes. The CP district is most suitable for those areas outside of the Multimodal Transportation District (MMTD) as described in the comprehensive plan. Additional CP inside the MMTD may only be designated when the existing land use pattern is mostly comprised of single use developments with suburban character as described in the Suburban Future Land Use Category. The CP district is characterized by a linear pattern of development. Residential development up to a maximum of 16 dwelling units per acre is permitted. There is no minimum gross density for residential when developed in conjunction with non-residential land uses. However, for all other residential developments, a minimum gross density of 6 dwelling units per acre shall be required, unless constraints of concurrency or preservation and/or conservation features preclude the attainment of the minimum densities. The access management standards set forth in for the CP district addressing limitations placed on access are intended to minimize and control ingress and egress to arterial roadways and to promote smooth and safe traffic</p>	<p>(1) Antique shops.                      (2) Armored truck services.                      (3) Automotive sales and rental (includes any type of motor vehicle including boats and motorcycles).                      (4) Automotive service and repair, including car wash.                      (5) Automotive--retail, parts, accessories, fires, etc. (6) Bait and tackle shops.                      (7) Banks and other financial institutions.                      (8) Broadcasting studios.                      (9) Building contractors and related services, without outdoor storage.                      (10) Camera and photographic stores.                      (11) Cemeteries.                      (12) Cocktail lounges and bars.                      (13) Commercial kennels.                      (14) Community facilities, including libraries, religious facilities, vocational schools, police/fire stations, and charitable donation stations.                      (15) Elementary, middle, and high schools are prohibited. Other community facilities may be allowed in accordance with section 10-413.                      (16) Day care centers.                      (17) Gift, novelty, and souvenir stores.                      (18) Golf courses.</p>

**Received**  
MAY 03 2018  
**Central Services**

flow of the general traveling public. Reuse of existing single use sites for multiple use developments, adding new uses to single use sites and/or multiple use developments in the CP district that share parking facilities, have parking structures and/or have high floor area ratios are encouraged in the CP district.

New CP districts in the Suburban FLUM category shall have access to arterial or major collector streets.

**Development standards for properties located within the MMTD are established within Division 4 of this Code.**

- (37) Pest control services.
- (38) Pet day care centers.
- (39) Photocopying and duplicating services.
- (40) Printing and publishing.
- (41) Recreational vehicle park.
- (42) Rental and sales of dvds, video tapes and games.
- (43) Rental of tools, small equipment, or party supplies.
- (44) Repair services, nonautomotive.
- (45) Residential, multi-family.
- (46) Residential, any type, provided it is located on or above the 2nd floor of a structure containing non-residential development on the first floor.
- (47) Restaurants, with or without drive-in facilities.
- (48) Retail bakeries.
- (49) Retail caskets and tombstones.
- (50) Retail computer, video, record, and other electronics.
- (51) Retail department, apparel, and accessory stores.
- (52) Retail drug store.
- (53) Retail florist.
- (54) Retail food and grocery.
- (55) Retail furniture, home appliances and accessories.
- (56) Retail home/garden supply, hardware and nurseries.
- (57) Retail jewelry stores.
- (58) Retail needlework and instruction.
- (59) Retail newsstand, books, greeting cards.

- (60) Retail office supplies.
- (61) Retail optical and medical supplies.
- (62) Retail package liquors.
- (63) Retail pet stores.
- (64) Retail picture framing.
- (65) Retail sporting goods, toy stores.
- (66) Retail trophy stores.
- (67) Self-moving operation.
- (68) Retail shoes, luggage, and leather products. (69) Sign shops.
- (70) Social, fraternal and recreational clubs and lodges, including assembly halls.
- (71) Studios for photography, music, art, drama, voice. (72) Tailoring.
- (73) Towing, wrecking, and recovery services.
- (74) Trailer sales and service.
- (75) Veterinary services, including veterinary hospitals.
- (76) Warehouses, mini-warehouses, or self-storage facilities.
- (77) Other uses which, in the opinion of the land use administrator, are of a similar and compatible nature to those uses described in this district and provided the use is not specifically permitted in another zoning district.

**DEVELOPMENT STANDARDS**

Use Category	4. Minimum Lot or Site Size			5. Minimum Building Setbacks				6. Maximum Building Restrictions		
	a. Lot or Site Area	b. Lot Width	c. Lot Depth	a. Front	b. Side/Interior Lot	c. Side/Corner Lot	d. Rear	a. Building Size (excluding gross building floor area used for parking)	b. Building Height (excluding stories used for parking)	
Multiple-Family Dwellings	10,000 square feet	80 feet	100 feet	15 feet	15 feet on each side	15 feet	25 feet	not applicable	4 stories	
Residential located on or above the 2nd floor of a multi-use structure	none	none	none	25 feet	none	25 feet	10 feet	not applicable	4 stories	

Any Permitted Principal Use	none	none	none	25 feet	none	25 feet	10 feet	25,000 s.f. of building floor area per acre and commercial and office uses not to exceed 200,000 s.f. of gross building floor area per acre for permitted land uses number (73) warehouses, mini-warehouses, or self-storage facilities as listed in the permitted uses table above. In multi-use structures, residential uses do not count towards this floor area total.	4 stories
-----------------------------	------	------	------	---------	------	---------	---------	--	-----------

7. *Access Management Criteria* (In case of a conflict with the provisions of other ordinances or regulations, the most strict provisions shall apply): a.) All roadways:

- On all city roadways, the city's spacing standards for driveway access, medians, and signals per roadway class type shall prevail.
- On all county roadways, the county's spacing standards for driveway access, medians, and signals per roadway class type shall prevail.
- On all state arterial roadways, the FDOT's spacing standards for driveway access, medians, and signals, as outlined in the FDOT Access Management Classification System shall prevail. Exceptions to the FDOT Access Management Standards include the following:
  - Existing driveway access for Capital Circle as of December 31, 1995; and
  - Properties on Capital Circle which were granted single driveway permits by FDOT on or before December 31, 1995, which have sole access to Capital Circle and do not have other street access.

**Received**

6.) All new commercial development shall construct a vehicular interconnection to adjacent properties that have an existing commercial use. Interconnections shall be required to adjacent vacant properties which are zoned for commercial use. The vehicular interconnections shall be constructed with material consistent with constructed or proposed vehicular use areas. Location of such interconnections shall be approved by the traffic engineer and constructed prior to issuance of a certificate of occupancy. Required interconnections between properties and/or to a private or public roadway shall be placed in a cross access easement acceptable by

**DEVELOPMENT STANDARDS**

the city attorney. Exemptions to and deviations from the interconnection requirements of this section shall be approved by the parking standards committee.

8. *Street Vehicular Access Restrictions*: Properties in the CP zoning district may have vehicular access to any type of street. However, in order to protect residential areas and neighborhoods from nonresidential traffic, vehicular access to a local street is prohibited if one of the following zoning districts is located on the other side of the local street directly across from where the vehicular access point is proposed: RA, R-1, R-2, R-3, R-4, R-5, MH, MR-1, RP-1, RP-2, RP-MH, RP-UF, and RP-R.

9. *Noise Source Restrictions*: In the event that a property zoned CP abuts a residential property, the noise source of the CP zoned property shall not exceed at L10 noise level of 60 dBA in the daytime (7:00 a.m. to 10:00 p.m.) and an L10 noise level of 50 dBA in the night time (10:00 p.m. to 7:00 a.m.) as measured on the property line abutting the source.

10. *Lighting Standards*: In the event that a property zoned CP abuts a residential property, the night time lighting of the CP zoned property shall meet the following standards: night time lighting shall not exceed 0.5 vertical surface foot candle measured at the property line six feet above grade. Lighting standards shall not exceed 20 feet in height and shall have recessed bulbs and filters which conceal the source of illumination. No wall or roof mounted flood-lights or spot-lights used as general grounds lighting are permitted. Security lighting is permitted.

11. *Additional Criteria for Pet Day Care Centers*: Outside boarding and unsupervised outside activity are prohibited. Hours of operation for pet day care centers shall be 6:00 a.m. to 9:00 p.m.

12. *Additional Criteria for Charitable Donation Stations*: Such station shall have indoor storage for all donations, and shall have an attendant available during normal business hours responsible for the collection and/or storage of said donations. A "charitable donation station" is considered a community service/facility regulated by section 10-413 of this Code.

General Notes:

MAY 08 2018

Central Services

1. If central sanitary sewer is not available, residential development is limited to a minimum of 0.50 acre lots and nonresidential development is limited to a maximum of 2,500 square feet of building area. Community service facilities are limited to a maximum of 5,000 square feet of building area or a 500-gallon septic tank. Also, refer to sanitary sewer policy 2.1.12 of the comprehensive plan for additional requirements.
2. Refer to chapter 5, pertaining to environmental management, for information pertaining to the regulation of environmental features (preservation/conservation features), stormwater management requirements, etc.
3. Refer to chapter 4, pertaining to concurrency management, for information pertaining to the availability of capacity for certain public facilities (roads, parks, etc.).
4. For cluster development standards, refer to section 10-426.

**Received**

MAY 03 2018

**Central Services**



# CITY OF TALLAHASSEE LAND USE COMPLIANCE CERTIFICATE

LUCC NUMBER: TCC160108

Revision Number: 1

ISSUED TO: Moore Bass Consulting  
805 NORTH GADSDEN STREET

Eddie Bass  
Tallahassee, FL

Parcel Number(s): 21-28-20-434-0030  
Project Acreage: 2.18  
Zoning District: CP

## COMMENTS

The above-referenced property is eligible for development with a 12,000 square foot medical office. The property is zoned CP (Commercial Parkway) and is located within the MMTD (Multi-Modal Transportation District). A Type A site plan will be required unless deviation(s) are necessary in which case a Type B site plan will be required.

---

### **Subject to the following reviews and required approvals:**

- 1: Concurrency Certificate - Contact Land Use and Environmental Services at 891-7100
- 2: Natural Features Inventory - Contact Land Use and Environmental Services at 891-7100.
- 3: Type A Site Plan Review - Contact Land Use and Environmental Services at 891-7100
- 4: Environmental Permit - Contact Land Use and Environmental Services at 891-7100
- 5: Building Permit/ Certificate of Occupancy - Contact Building Inspection at 891-7050

---

***Subsequent zoning, site plan, environmental and or building plan review may limit or prevent the construction of the above described development.*** This certificate is exclusive to the terms and conditions herein and is valid under the 2010 Comprehensive Plan and the City of Tallahassee Land Development Code, in effect at the date of issuance. ***Amendments to the 2010 Comprehensive Plan, the City of Tallahassee Land Development Code or the official zoning map may alter the terms and conditions of this certificate.*** Subsequent determination of the presence of environmental conservation or preservation features on-site may result in a higher review level. *Fees associated with each of the above processes are detailed in the Growth Management Department, Schedule of Permit and Review Fees (Resolution 04-R-34), effective November 1, 2007.*

Status: ELIGIBLE

Issued: 09/23/2016  
Expires: 09/23/2019

Cindy Smith , Senior Planner  
for the Land Use and Environmental Services Administrator

**Received**

MAY 03 2018

**Central Services**

**INTERAGENCY COORDINATION OF REGULATED ESTABLISHMENTS - DOH/DACS/DBPR/DCF/AHCA/APD  
EVALUATION OF ONSITE SEWAGE (SEPTIC) AND WATER SUPPLY CAPACITY**

This evaluation is to ensure certain regulated facilities/businesses are evaluated for adequate water and sewage services before opening or expanding operations. If the facility/business is on a DOH regulated onsite well or onsite septic system, completion of this evaluation will facilitate and expedite the approval process. Please return to the appropriate licensing agency when complete.

Completed by Applicant	<b>Section 1 - EVALUATION REQUEST FOR/LICENSING AGENCY</b>		
	<input checked="" type="checkbox"/> <b>New</b> (new building or structure)	<input type="checkbox"/> <b>Expansion / Remodeling</b> (increase in seating/residents/other)	<input type="checkbox"/> <b>Change in Occupancy/Tenancy</b>
	Licensing Agency: <input type="checkbox"/> DBPR <input type="checkbox"/> DACS <input type="checkbox"/> DCF <input checked="" type="checkbox"/> AHCA <input type="checkbox"/> APD		License Number: 800012267
	Contact Person: Kevin Koch		Phone: 561.472.4193 FAX:
	Comments:		
	<b>ESTABLISHMENT INFORMATION</b>		
	Establishment Name: Edifice Medical Office Building		Type of Establishment: Medical Office Building
	Address: 2618 West Tennessee Street		Contact Person / Phone#: Kevin Koch / 561.472.4193
	City: Tallahassee	County: Leon	Zip: 32304

Completed by DOH/CHD, DEP or Utility Authority	<b>Section 2 - WATER</b>	
	The above named facility/business uses the following water supply (choose one type), and complete evaluation:	
	<input checked="" type="checkbox"/> <b>Municipal/Public Water System</b>	Name of Supplier: CITY OF TALLAHASSEE
	<input type="checkbox"/> <b>Onsite Well System</b>	Permit Number:
	<input checked="" type="checkbox"/> Establishment served by a 64E-8, F.A.C., Limited Use Public Water System, DOH Regulated	
	<input checked="" type="checkbox"/> Establishment served by a Florida Safe Water Drinking Act (DEP or DOH) regulated public water system	
	SYSTEM EVALUATION RESULT: (this section below normally only completed by DOH if on a DOH water system)	
	<input checked="" type="checkbox"/> <b>Approved</b>	Comments: BACKFLOW PREVENTER REQUIRED PER FBCODE 64E Edifico 2017.
	<input type="checkbox"/> <b>Denied</b> (see comments)	
	Name & Title (Printed) DANIEL MANN JR. SUP. INSP. SEC.	County Health Department/DEP/Utility CITY OF TALLAHASSEE
Signature <i>Daniel Mann</i>	Date 01-09-2018	
Address 300 S. ADAM ST. TALLAHASSEE FL 32301	Phone 1-850-891-7064	

Completed by DOH/CHD, DEP or Utility Authority	<b>Section 3 - WASTEWATER</b>	
	The above named facility/business uses the following wastewater disposal system (choose one type), and complete evaluation:	
	<input checked="" type="checkbox"/> <b>Municipal/Public Sewer</b>	Name of Supplier: CITY OF TALLAHASSEE
	<input type="checkbox"/> <b>Septic System (Onsite Wastewater)</b>	Permit Number:
	SYSTEM EVALUATION RESULT: (this section below normally only completed by DOH if on a septic system)	
	<input checked="" type="checkbox"/> <b>Approved</b>	<input type="checkbox"/> Single-Service Utensils Only <input type="checkbox"/> Number of Residents/Students <input type="checkbox"/> <input type="checkbox"/> Number of Seats Permitted <input type="checkbox"/> Number of Beds/Clients <input type="checkbox"/> <input type="checkbox"/> Hours of Operation <input checked="" type="checkbox"/> Other Conditions (see comments) <input type="checkbox"/> Mark off <input type="checkbox"/> Food Service Yes <input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> <b>Denied</b> (see comments)	
	Comments:	
	Name & Title (Printed) DANIEL MANN JR. SUP. INSP. SEC.	County Health Department/DOH/Utility CITY OF TALLAHASSEE
	Signature <i>Daniel Mann</i>	Date 01-09-2018
Address 300 S. ADAM ST. TALLAHASSEE FL 32301	Phone 1-850-891-7064	

**Received**

MAY 03 2018

Central Sewer

# *State of Florida*

## *Department of State*

I certify from the records of this office that PLANNED PARENTHOOD OF SOUTH FLORIDA AND THE TREASURE COAST, INC. is a corporation organized under the laws of the State of Florida, filed on December 27, 1971.

The document number of this corporation is 722335.

I further certify that said corporation has paid all fees due this office through December 31, 2017, that its most recent annual report/uniform business report was filed on January 30, 2017, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

*Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capital, this  
the Thirtieth day of January, 2017*



*Ken Detjen*  
**Secretary of State**

Tracking Number: CC1360902335

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>

**Received**

MAY 08 2018

**Central Services**

**MEMORANDUM OF AGREEMENT  
BETWEEN  
Edifice LLC AND  
Planned Parenthood of South Florida and the Treasure Coast, INC. d/b/a Planned  
Parenthood of South East and North Florida**

This Memorandum of Agreement ("Agreement") is entered into between Edifice LLC, hereinafter referred to as "Edifice," and Planned Parenthood of South Florida and the Treasure Coast, Inc d/b/a Planned Parenthood of South East and North Florida, hereinafter referred to as the "PPSENFL".

**THE PARTIES AGREE:**

**I. Edifice Agrees:**

- A. To allow one PPSNFL to utilize the facility located at 2618 West Tennessee Street, Tallahassee, FL 32304
- B. To provide the above described office space with some office and lobby furnishings.) Internet, telephony, electricity and utilities will be installed and paid for directly by PPSNFL.

**II. PPSNFL Agrees:**

- A. PPSNFL will keep and maintain the above-described office space in a clean and healthful condition and comply with all laws, ordinances orders, rules and regulations, state, federal, municipal and other agencies or bodies having any jurisdiction thereof.
- B. PPSNFL will not cause or permit to be caused, any act or practice, by negligence, omission or otherwise, that would adversely affect the environment in violation of applicable law or do anything or permit anything to be done that would violate any of said laws and regulations.
- C. PPSNFL will use the space as a medical facility and will obtain and maintain all necessary licenses required to provide services.

**III. Edifice and PPSNFL Mutually Agree:**

**A. Effective and Ending Dates and Termination:**

- 1. This Agreement shall begin on March 15, 2018, and shall remain in force until terminated by either party.
- 2. This Agreement may be terminated by either party without cause upon no less than thirty (60) calendar days notice in writing to the other party unless a lesser time is mutually agreed upon in writing by both parties.

**B. Insurance/Additional Insured:**

PPSENFL accepts full responsibility for identifying and determining the type and extent of liability insurance, including workers compensation, liability and property insurance. Proof of insurance will be submitted upon request.

IN WITNESS THEREOF, the parties hereto have caused this two (2) page Memorandum of Agreement to be executed by their undersigned officials as duly authorized.

<i>Edifice LLC, INC.</i>	<i>Planned Parenthood</i>
SIGNED BY: <i>Linda S. Fowler</i>	SIGNED BY: <i>[Signature]</i>
NAME: <i>LINDA S. FOWLER</i>	NAME: <i>Lillian Tamayo</i>
TITLE: <i>Managing Member</i>	TITLE: <i>President and CEO</i>
DATE: <i>2-12-2018</i>	DATE: <i>2/13/18</i>

**Received**  
MAY 03 2018  
**Central Services**



---

Planned Parenthood of South, East and North Florida

Agency for Health Care Administration  
2727 Mahan Dr  
Tallahassee, FL. 32308

April 30, 2018

To Whom It May Concern,

Please be advised that we would like to apply for a second trimester abortion license, and addition of specialties for RH testing for our clinical laboratory license

We are planning to begin services July 9, 2018.

Please let me know if there is anything else you may require from us.

Sincerely,

A handwritten signature in black ink, appearing to read 'Penny Alterizio', written over a horizontal line.

Penny Alterizio

Director of Quality Improvement and Risk Management

**Received**

MAY 03 2018

**Central Services**

