

F. Consent Agenda - Planning and Development
ITEM 3.



AGENDA REPORT
July 10, 2018

American Legion Post 410 Fee Waiver

SUBJECT:

Fee waiver Re: Ed Butcherine for American Legion Post 410

FISCAL IMPACT:

\$5000.00

DEPT/OFFICE:

Planning and Development

REQUESTED ACTION:

Pursuant to Policy BCC-50, the applicant is requesting that land development application fees, inspection fees, and permitting fees of up to \$5000, be waived for the American Legion Post 410 at 275 Paint Street, Rockledge, FL 32955.

SUMMARY EXPLANATION and BACKGROUND:

The applicant has submitted a site plan (18SP00013) to develop an American Legion, utilizing a modular building, at 275 Paint Street. To date the applicant has paid \$5,060 in site plan fees. The applicant has indicated to staff that they cannot complete the site plan process because they are short of funds. They have also indicated the necessity of obtaining certain code waivers to complete site construction. The request to approve the waivers may come back before the Board, if they are beyond staff's administrative authority.

Policy BCC-50 establishes criteria to be used in determining applicant eligibility for waiver of fees by Planning and Zoning of up to \$5,000. The intent of the policy is to waive the fees where justified due to certain criteria set forth. The applicant has claimed the justification in accordance to the policy as follows. The sufficiency of the request needs to be determined by the Board:

- The work to be performed is to be in the public interest as determined by the Board.
- The organization requesting the fee waiver must not have generated over \$75,000 in total revenue per year, as documented by the previous year's tax return, most recent IRS Form 990 available, or other official documentation found acceptable to the County. No documentation substantiating the organization income was provided with this request.

ATTACHMENTS:

Description

- **Waiver Request**



July 11, 2018

M E M O R A N D U M

TO: Tad Calkins, Planning and Development Director

RE: Item F.3., American Legion Post 410 Fee Waiver

The Board of County Commissioners, in regular session on July 10, 2018, waived the Land Development application fees, inspection fees, and permitting fees of up to \$5,000 for the American Legion Post 410 at 275 Paint Street, Rockledge, Florida 32955, pursuant to Policy BCC-50.

Your continued cooperation is always appreciated.

Sincerely,

BOARD OF COUNTY COMMISSIONERS
SCOTT ELLIS, CLERK

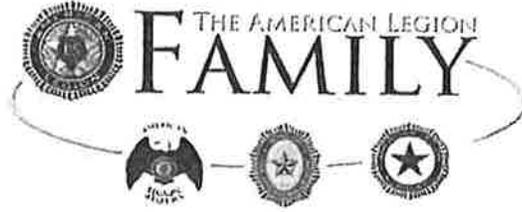
Tammy Rowe

Tammy Rowe, Deputy Clerk

/kp

cc: Finance
Budget

Michael M. Gardino Sr Post 410



P.O.Box 560418

Rockledge. FL 32956

REQUESTING WAIVER OF FEES UNDER POLICY No.
BCC-50 FOR SITE PLAN APPLICATION, INSPECTION
FEE, SIDEWALK WAIVER, BUILDING PERMIT AND
DEVELOPMENT APPLICATION,

Post 410 COMMANDER
5-15-2018

ATTN: REBECCA.

BREVARD COUNTY LAND DEVELOPMENT WAIVER APPLICATION

This form should be used for all waiver requests or appeals associated with the Code of Ordinances, Section 62 as it relates specifically to Unpaved Roads, Subdivisions, Minor Subdivisions, and Site Plans.

APPLICATION TYPE

- SUBDIVISION WAIVER
- UNPAVED ROAD WAIVER
- SITE PLAN WAIVER
- OTHER

Land Development Use Only		
Request Date: _____	Fees \$ _____	Board Date: _____
Original Project # _____	Waiver # _____	
Coordinator Initials: _____	Reference Files: _____	
County Manager/Designee approval _____		

Tax Parcel Identification: Twp. _____ Rng. _____ Sec. _____ S/D _____ Blk/Par _____ Lot(s) _____ (List all parcels)

Tax Account # ('s): _____ (List all account numbers)

Project Name: AM LEGION POST 410 Property Owner: EDWARD J BUTCHERINE

Site Address: PAINT STREET

ALL CORRESPONDENCE TO BE PROVIDED TO APPLICANT AT THIS ADDRESS:

Name: EDWARD J. BUTCHERINE Company: _____
 Address: 135 OYSTER PLACE E-Mail: ESBUTCHERINE@GMAIL.COM
 City: ROCKLEDGE State: FL. Zip: 32955
 Phone: _____ Fax: _____ Cell: 321-480-0020

ENGINEER/CONTRACTOR (if different from applicant):

Company Name: _____ Eng. or Proj. Mgr.: _____
 Address: _____ Ph # () _____ Fax () _____

DESCRIPTION OF WAIVER REQUEST AND CODE SECTION:

FEE WAIVER

Owner/Applicant Signature: [Signature] Print Name: EDWARD J. BUTCHERINE



If you wish to appeal any decision made by the county staff on the waiver, you may request the Board of County Commissioners to make a determination. Their decision approving or disapproving the waiver or interpretation is final.

Fees for Waivers are \$775.

APPLICATION FEES: A schedule of fees and charges for review is established and adopted by the Board of County Commissioners of Brevard County, Florida, and may, from time to time, be amended.

PLEASE MAKE CHECKS PAYABLE TO: THE BOARD OF COUNTY COMMISSIONERS

LAND DEVELOPMENT APPLICATIONS – DOCUMENT SUBMITTAL REQUIREMENTS

Application type	Application	Waiver Criteria below	Alternative Plan Design				8 1/2 x 11 vicinity map		Fees
Waiver - Site Plan	1	Y	-		-	-	1	-	Y
Waiver - Subdivision	1	Y	-				1		Y

WAIVER CRITERIA (SUBDIVISION, UNPAVED ROADS & SITE PLANS)
 For a waiver to be considered and approved by staff, your request must comply with all of the following criteria. Please explain, in detail, how your request meets the following conditions:

1. The particular physical conditions, shape or topography of the specific property involved causes an undue hardship to the applicant if the strict letter of the code is carried out.

FEE WAIVER FOR APPLICATIONS

2. The granting of the waiver will not be injurious to the other adjacent property.

NO

3. The conditions, upon which a request for waiver are based, are particular to the property for which the waiver is sought and are not generally applicable to other property and do not result from actions of the applicant.

NO OTHER PROPERTY

4. The waiver is consistent with the intent and purpose of the county zoning regulations, the county land use plan of the county and the requirements of this article.

YES

5. Delays attributed to state or federal permits.

NO - N/A -

6. Natural disasters.

N/A -

7. County development engineer and affected agencies concur that an undue hardship was placed on the applicant. (To be filled out by County staff)

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000009693

Entity Name: AMERICAN LEGION POST 410 FL INC

Current Principal Place of Business:

135 OYSTER PL
ROCKLEDGE, FL 32955

Current Mailing Address:

P.O.BOX 560418
ROCKLEDGE, FL 32956

FEI Number: 81-3973579

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

BUTCHERINE, EDWARD J SR
135 OYSTER PL
ROCKLEDGE, FL 32955 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title COM
Name BUTCHERINE, EDWARD J SR
Address 135 OYSTER PL
City-State-Zip: ROCKLEDGE FL 32955

Title 1ST
Name BARTON, GARY J JR
Address 4032 FOUNTAIN PALM RD
City-State-Zip: COCOA FL 32928

Title TREA
Name KIFFNER, LEO
Address 939 SOUTH COURNEY PKWY
City-State-Zip: MERRITT ISLAND FL 32952

Title 2ND
Name DINO, ROBERTA
Address 1410 TROUT ST
City-State-Zip: MERRITT ISLAND FL 32952

Title CHA
Name LISTY, THOMAS
Address 877 PENNSYLVANIA AVE
City-State-Zip: ROCKLEDGE FL 32955

Title SGT
Name DEUSCHT, ROBERT
Address 1367 HILL AVE
City-State-Zip: MELBOURNE FL 32940

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LEO KIFFNER

ADJUTANT

04/10/2017

Electronic Signature of Signing Officer/Director Detail

Date

State of Florida

Department of State

I certify from the records of this office that AMERICAN LEGION POST 410 FL INC is a corporation organized under the laws of the State of Florida, filed on September 30, 2016.

The document number of this corporation is N16000009693.

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 April 10, 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 Tenth day of April, 2017*



Ken Reifner
Secretary of State

Tracking Number: CC5681021894

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

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

Certificate of Status

I certify from the records of this office that AMERICAN LEGION POST 410 FL INC is a corporation organized under the laws of the State of Florida, filed electronically on September 30, 2016.

The document number of this corporation is N16000009693.

I further certify that said corporation has paid all fees due this office through December 31, 2016, and its status is active.

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

I further certify that this is an electronically transmitted certificate authorized by section 15.16, Florida Statutes, and authenticated by the code noted below.

Authentication Code: 161004081625-200290689782#1

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this the
Fourth day of October, 2016



Ken Detzner
Ken Detzner
Secretary of State

Click on the question-mark icons to display help windows.
 The information provided will enable you to file a more complete return and reduce the chances the IRS has to contact you.

Form **990-EZ**

Short Form
Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2017

Open to Public Inspection

Department of the Treasury
 Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

A For the 2017 calendar year, or tax year beginning Jan 1, 2017, and ending Dec 31, 2017

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
Michael M Gardino Sr Post 410 American Legion
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
PO Box 560418
 City or town, state or province, country, and ZIP or foreign postal code
Rockledge, FL 32955

D Employer identification number
81-3973579

E Telephone number

F Group Exemption Number ▶

G Accounting Method: Cash Accrual Other (specify) ▶

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶

J Tax-exempt status (check only one) — 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other **Veterans Organization**

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21		
Revenue	1	Contributions, gifts, grants, and similar amounts received																													
	2	Program service revenue including government fees and contracts																													
	3	Membership dues and assessments			440																										
	4	Investment income				0																									
	5a	Gross amount from sale of assets other than inventory					0																								
	b	Less: cost or other basis and sales expenses						0																							
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)							0																						
	6	Gaming and fundraising events																													
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)								0																					
b	Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)									0																					
c	Less: direct expenses from gaming and fundraising events										0																				
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																														
7a	Gross sales of inventory, less returns and allowances																														
b	Less: cost of goods sold																														
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																														
8	Other revenue (describe in Schedule O)																														
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶																														
Expenses	10	Grants and similar amounts paid (list in Schedule O)																													
	11	Benefits paid to or for members																													
	12	Salaries, other compensation, and employee benefits																													
	13	Professional fees and other payments to independent contractors																													
	14	Occupancy, rent, utilities, and maintenance																													
	15	Printing, publications, postage, and shipping																													
	16	Other expenses (describe in Schedule O)																													
17	Total expenses. Add lines 10 through 16 ▶																														
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)																													
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)																													
	20	Other changes in net assets or fund balances (explain in Schedule O)																													
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶																													

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
35b	b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
35c	c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0		
37b	b Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
38b	b If "Yes," complete Schedule L, Part II and enter the total amount involved		
39	Section 501(c)(7) organizations. Enter:		
39a	a Initiation fees and capital contributions included on line 9		
39b	b Gross receipts, included on line 9, for public use of club facilities		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0		
40b	b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
40c	c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0		
40d	d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0		
40e	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		0
41	List the states with which a copy of this return is filed ▶		
42a	The organization's books are in care of ▶ <u>Leo Kiffner</u> Telephone no. ▶ <u>(321)626 5993</u> Located at ▶ <u>939 S Courtenay Pkwy Merritt Island, FL</u> ZIP + 4 ▶ <u>32952-5080</u>		
42b	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		X
42c	c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: ▶		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 <input type="checkbox"/>		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
44b	b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
44c	c Did the organization receive any payments for indoor tanning services during the year?		X
44d	d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
45b	b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47		X

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

	Yes	No
48		X

49a Did the organization make any transfers to an exempt non-charitable related organization?

	Yes	No
49a		X

b If "Yes," was the related organization a section 527 organization?

	Yes	No
49b		X

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forma W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000 ▶ 0

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 ▶ 0

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A ▶ Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here ▶ John E. Kuffner Signature of officer Date 12/31/17

▶ _____ Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶	Firm's EIN ▶			
Firm's address ▶	Phone no.			

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No