

**Palm Beach County Zoning Division**

2300 N. Jog Road

West Palm Beach, Florida 33411

Phone: (561) 233-5200

**CONFIRMATION REQUEST APPLICATION
COMMUNITY RESIDENCE, RECOVERY COMMUNITY OR
CONGREGATE LIVING FACILITY**

Pursuant to Unified Land Development Code, Article 2.C.8.A.2.d, Confirmation for Community Residence, Recovery Community or Congregate Living Facility, an Applicant shall submit this form to confirm if the proposed use is compliant with the definitions and the requirements for the use for a specific parcel of land. Submit this form with a Pre-Application Review (PAR) Request and Form 2, Affidavit of Completeness and accuracy, through the online portal. Following staff review, the Zoning Division will issue a Reference Number and fee invoice to proceed with review. Following sufficiency review, this application will be reviewed in accordance with Article 2.C.8.A.4.c. Depending upon the review findings, the request may result in the need for a Public Hearing application such as Type 2 Waiver or Class A Conditional Use. For questions and a copy of this document in Word, email PZB-ZoningCRH@pbc.gov. See [GeoNav](#) for yellow items. and Form 2, Affidavit of Completeness and Accuracy,

Community Residences shall confirm compliance with the definitions and all applicable standards including Location, Maximum Number of Residents, and Licensing/Certification or Charter; pursuant to Article 4.B.1.C.3, Family Community Residence; and Article 4.B.1.C.9, Transitional Community Residence.

Recovery Community or Congregate Living Facility shall confirm compliance with the definitions, and all applicable standards including location requirements pursuant to Article 4.B.1.C.6, Recovery Community; and Article 4.B.1.C.1, Congregate Living Facility.

Part 1 – General Information

Application Name		Date	
Control No./Name		Control Acres	
Business Name			
Address or Location	<i>List frontage street first, then distance from nearest cross street, for the subject site.</i>		
PCNs			
Owner Name			
Agent/Applicant			
Email		Phone	

Part 2 - Request Summary

Application Summary	<i>Provide a short paragraph summarizing the proposal / requests, including acreages and uses</i>
Proposed Use (per ULDC)	<i>Identify the proposed Use pursuant to Art. 4 and Appendix 7 at the end of this form.</i>
Use Description	<i>Description of Use based on the license requested from the State, certification from FARR, or charter from Oxford House: (Recovery residence, group home, assisted living facility, residence for persons with disabilities, sober home, intermediate care facility, etc., do not discuss specific individuals)</i>

Part 3 - Subject Site Information					
Future Land Use	<i>Indicate the current FLU and any concurrently proposed changes</i>				
Zoning	<i>Indicate the current Zoning District and the proposed Zoning if change proposed</i>				
Access	<i>Indicate current access and any proposed access or changes</i>				
Development Order	<i>Indicate whether the site has an approved Development Order and/or Permit, and describe the approval(s). Include applicable Resolution number(s)</i>				
Monitoring	<i>Indicate if the site was subject to a time extension issued by Monitoring</i>				
Code Violation	<i>Indicate Case number if site is subject to a Code Violation and/or Special Magistrate Order, and describe how this request will resolve the case.</i>				
Building Permits	<i>Indicate Building Permit number if site has one in process, and describe the relationship between this request and that permit.</i>				
Resolution & Conditions of Approval	<i>Indicate whether changes are proposed to previously approved conditions of approval, and the Resolution Number(s). If the site has existing conditions of approval, the General Application will require an Exhibit with status of conditions and changes.</i>				
Part 4 – Residence / Property Details					
<p>Note: In accordance with Palm Beach County, Florida Code of Ordinance / Chapter 14-44. “Every habitable room used for sleeping purposes by one (1) occupant shall contain at least seventy (70) square feet of floor area, and every room occupied for sleeping purposes by more than one (1) person shall contain at least fifty (50) square feet of floor area for each occupant thereof.”</p>					
Length of Stay	____ Less than one year ____ Greater than one year				
Total Dwelling Units, Staff, & Residents	<i>Indicate the total number dwelling units onsite and the total number of staff and residents residing on the property. If multiple dwelling units, indicate a name for each unit for the information below (eg. Unit A, Unit B, etc.). Repeat rows as needed.</i>				
Number of Parking spaces on-site			Number of Parking spaces off-site		
Unit	Bedroom	Square Feet	Number Residents in each Bedroom		
			Total	Unrelated	Related
Unit A	Bedroom 1				
Unit A	Bedroom 2				
Unit A	Bedroom 3				
Unit A	Bedroom 4				
Unit B	Bedroom 1				
Unit B	Bedroom 2				
Unit B	Bedroom 3				
Unit B	Bedroom 4				
Part 5 – Licensing / Certification					
License or Certification	<i>Provide the license requested from the State, certification from FARR, or charter from Oxford House. Included numbers as applicable.</i>				
Status	<i>Indicate the status of the associated license or certification</i>				
Is this Use currently operating? <i>If yes, enter date established</i>			Yes <input type="checkbox"/> No <input type="checkbox"/> Date established: _____		
Do you have an existing License, Certificate or Charter?			Yes <input type="checkbox"/> No; <input type="checkbox"/> <i>If yes attach a copy.</i>		

Do you have a provisional License, Certificate or Charter? (if yes, what is the expected date when license, certificate or charter will be granted)	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes attach a copy. Expected Date: _____
What provision of Florida Statutes governs this use? (State Statutes 39, 393, 394, 397, 400, 419, 429, 760, 984, 985, etc.)	
Description of type of License, Certificate or Charter (existing or provisional) you have or are applying for from DCF, APD, AHCA or FARR:	
Licensing or Certifying Entity (name of state licensing or certifying entity/agency)	FARR <input type="checkbox"/> AHCA <input type="checkbox"/> DCF <input type="checkbox"/> APD <input type="checkbox"/> Other: _____
Does the residence have an approved Charter (Example: Oxford House)	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, provide name. Name of Charter: _____
Will there be inpatient treatment provided at this location?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If onsite treatment is proposed, describe the type of license or certificate will be issued by the State.	
If the proposed home has no license or certification available from an authorized State of Florida entity, provide a brief explanation of the type of residents and/or residents' disabilities this residence will support.	

Part 6 – Required Documents

Submit the following documents, as applicable, along with this completed application for Zoning Confirmation for Community Residence, Recovery Community or Congregate Living Facility. Additional documents may be requested by staff during the review process:

1. Consent Form # 3, (signed by owner of residence), if applicable;
2. Proof of Ownership (warranty deed), if applicable;
3. Justification Statement, if applicable, with a brief description of the overall disabilities of residents (do not provide specifics on individuals), and the type of residence as a whole regarding the operations. May provide a copy of house rules or residents' manual, if necessary;
4. Provide proof of license or certification or Charter (provisional or annual) or provide official verification that an application has been submitted for a State License or Florida Association of Recovery Residence (FARR) Certificate; If none, provide the explanation;
5. A Floor Plan showing internal layout of the residence (may provide sketch or survey)

Part 7 – Appendix – ULDC Definitions

Refer to Art. 4, Use Regulations, including the Use Matrix, for guidance on selecting one of the uses below for completing the "Proposed Use (per ULDC)" requested above.

Family Community Residence

- **Licensed under F.S. 419** – 5 to 14 residents; meets separation of 660 feet or 7 lots, whichever is greater; permitted in Zoning District.
- **Not licensed under F.S.419** – 5 to 10 residents; meets separation of 660 feet or 7 lots, whichever is greater; permitted in Zoning District.

Transitional Community Residence

- **Defined in F.S.419** – maximum 6 residents; meets separation of 660 feet or 7 lots whichever is greater (maybe exempt from separation if licensed under F.S.419, with max 6 residents); permitted in Single Family Zoning District only.
- **Not defined or licensed in F.S.4195** – maximum 10 residents (if); meets separation of 660 feet or 7 lots, whichever is greater; permitted in Multifamily Residential Zoning District; a Type 2 Waiver may be required if **not** defined in F.S.419 and located in Single Family Zoning Districts.

Recovery Community – multiple dwelling units, townhouse, multifamily, or a group of single family or other detached dwellings; licensed or certified under one license by a State approved entity, meets separation of 1200 feet or 10 lots, whichever is greater; permitted in Multifamily Residential Zoning Districts.

Congregate Living Facility – 14 or fewer residents; meets separation of 660 feet or 7 lots, whichever is greater; permitted in Multifamily Residential Zoning Districts.

Part 8 – Appendix - Licensing Agency – Contact Information

It is the applicant's responsibility to contact the appropriate State of Florida agency/entity to submit an application for licensure or certification or Charter applicable to the type of disabilities of the residents. The contacts below is for informational purposes only and is subject to change by the agency.

Types of Facility Use	Licensing Agency Contact
Assisted Living Facility; Adult Day Care Centers; Adult Facility Care Homes; Hospice; Skilled Nursing Facilities, Intermediate Care Facilities for developmentally disabled; Some Hospitals; Long Term Care Facilities (Homes for Special Services; Hospice; Intermediate Care Facilities; Nursing Homes; Prescribed Pediatric Extended Care Facilities; Transitional Living Facilities).	Agency for Health Care Administration (AHCA) 2727 Mahan Drive, MS #30 Tallahassee, Fla. 32308 Telephone # 850-412-4304 http://ahca.myflorida.com
Brain and Spinal Cord Injury Facility; Intermediate Care Facilities;	State of Florida Department of Health (DOH) 4052 Bald Cypress Way, Tallahassee, Fla. 32399 Telephone # 850-245-4277 http://www.floridahealth.gov
Assisted Living Facility; Group Homes for People with Disabilities; Long Term Care Facilities;	Agency for Persons with Disabilities (APD) 4300 Esplanade Way, Suite 380 Tallahassee, Fla 32399-0950 Telephone # 850-488-4257 Email: APD.Info@apdcares.org https://apd.myflorida.com
Recovery Residences – various treatment levels: Level 1 = Peer-Run; Level 2 = Monitored; Level 3 – Supervised; Level 4 – Service Provider;	Florida Association of Recovery Residence (FARR) 326 W Lantana Rd, Suite 1, Lake Worth, Fla. 33462 Telephone # 561-299-0405 http://farronline.org
Substance Abuse and Mental Health Facility; Homes for Children in need of Services; Homes for Adults in need of Services;	Department of Children and Families (DCF) 2415 North Monroe Street, S-400 Tallahassee, Fla 32303 Telephone # 850-487-1111 https://www.myflfamilies.com
Oxford House (Charter)	Oxford House, Inc. 1010 Wayne Avenue, Suite 300, Silver Spring, MD 20910 Telephone # 800-689-6411 http://www.oxfordhouse.org/userfiles/file/index.php

Part 2. Applicant Data	
A. Agent Information	
Identify the information for the agent processing the application. This will be the primary contact for the Division.	
Name(s)	
Company Name	
Address	
City, State, Zip	
Phone / Fax Number	
Email Address	
B. Applicant Information	
Identify the information for each Property Owner and Contract Purchaser. Duplicate table as needed. Each Owner and each Applicant / Contract Purchaser must submit Attachment C & Attachment E.	
Name	
Company Name	
Address	
City, State, Zip	
Phone / Fax Number	
Email Address	
Interest	<i>Indicate whether person is a Property Owner or Contract Purchaser.</i>
Name	
Company Name	
Address	
City, State, Zip	
Phone / Fax Number	
Email Address	
Interest	<i>Indicate whether person is a Property Owner or Contract Purchaser.</i>

Note: Refer to PZB Zoning Website for all ULDC Articles <http://www.pbcgov.com/uldc/index.htm> referenced in this document and the Technical Manual for helpful information <http://www.pbcgov.com/techmanual/index.htm>