



Palm Beach County Zoning Division
 2300 N. Jog Road
 West Palm Beach, Florida 33411
 Phone: (561) 233-5200
 FAX: (561) 233-5165

**CONFIRMATION FOR
 COMMUNITY RESIDENCE, RECOVERY COMMUNITY OR
 CONGREGATE LIVING FACILITY (Article 2.C.8.A.C and Article 4.B.1.C)**

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, in accordance with ULDC Article 4.B.1.C, for a specific parcel of land. In addition to this form, submit Form #3 – Owner’s Consent.

This application will be reviewed in accordance with Article 2.C.8.A.4.c, and may inform the applicant of additional requirement of a Public Hearing approval such as Type 2 Waiver or Class A Conditional Use.

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.

1. PROPERTY INFORMATION

Date: _____ **Application # (Staff will enter):** _____

Applicant’s Name: _____

Business Name or Fictitious Name: _____

Parcel Control Number: _____

Location Address: _____

Location (proximity to closest major intersection or road): _____

Current Zoning District: _____ **Future Land Use Designation:** _____

Tier: [] U/S [] R/EX [] AGR [] GLADES

2. APPLICANT’S INFORMATION

Property Owner’s Name: _____

Address: _____ **City** _____ **State** _____ **Zip** _____

Phone #: _____ **Email:** _____

Contact / Agent’s Name if not same: _____

Address: _____ **City** _____ **State** _____ **Zip** _____

Phone #: _____ **Email:** _____

Operator’s Name: _____

Address: _____ **City** _____ **State** _____ **Zip** _____

Phone #: _____ **Email:** _____

3. TYPE OF REQUEST / DESCRIPTION

Proposed Use (per ULDC): _____

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): _____

4. RESIDENCE / PROPERTY DETAILS

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.”

Number of Residents (not including staff):		Number of Parking spaces on-site:	
Number of Staff living on premises:		Number of Parking spaces off-site:	
Number of Dwelling Units:		Number of residents in each dwelling unit:	
Size of each Bedroom: (square feet of each)		Number of residents in each room:	
Bedroom 1: _____	Bedroom 2: _____	Bedroom 1: _____	Bedroom 2: _____
Bedroom 3: _____	Bedroom 4: _____	Bedroom 3: _____	Bedroom 4: _____
Bedroom 5: _____	Bedroom 6: _____	Bedroom 5: _____	Bedroom 6: _____
What is the length of stay for the residents?	<input type="checkbox"/> Less than one year <input type="checkbox"/> Greater than one year		

5. LICENSING / CERTIFICATION

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? <i>(if yes, what is the expected date when license, certificate or charter will be granted)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes attach a copy.</i> Expected Date: _____
What provision of Florida Statutes governs this use? <i>(State Statutes 39, 393, 394, 397, 400, 419, 429, 760, 984, 985, etc.)</i>	
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 <i>(name of state licensing or certifying entity/agency)</i>	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"/> <i>If yes, provide name.</i> 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.	

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 maybe 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)

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
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OFFICIAL USE – STAFF ONLY

Upon review of the information submitted in this application, staff shall verify the proposed use meets the appropriate use definitions and standards pursuant to ULDC Art. 4.B.1.C. Staff shall also verify minimum separation distance required for the appropriate use from another Community Residence, Recovery Community or Congregate Living Facility. A Type 2 Waiver may be required if a Community Residence proposes to be located within the required separation distance and is supported under Florida Statute 419.

Proposed Use (ULDC):			
Zoning District:		Future Land Use:	
Number of Proposed residents (including staff):		Maximum Number of residents permitted (per ULDC):	
SEPARATION DISTANCE FROM THE NEAREST FCR, TCR, CLF or RC <i>(staff should attach GIS Map in ePZB application database)</i>			
Existing Use (closest to proposed location)	Enter separation distance in linear feet (use GeoNav)		
Family Community Residence			
Transitional Community Residence			
Recovery Community			
Congregate Living Facility			

	Type of Residence	
Staff Determination:	Family Community Residence (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 (refer to Residential Use Matrix and Supplementary Standards);	<input type="checkbox"/>
	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 (refer to Residential Use Matrix and Supplementary Standards);	<input type="checkbox"/>
	Transitional Community Residence (as 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 (refer to Residential Use Matrix and Supplementary Standards);	<input type="checkbox"/>
	Transitional Community Residence – 5 to 10 residents (if not defined or licensed in F.S.419); 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; (refer to Residential Use Matrix and Supplementary Standards)	<input type="checkbox"/>
	Determined not to be a Family Community Residence or Transitional Residence for people with disabilities (indicate appropriate ULDC use below)	<input type="checkbox"/>
	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; (refer to Residential Use Matrix and Supplementary Standards)	<input type="checkbox"/>
	Congregate Living Facility – 14 or fewer residents; meets separation of 660 feet or 7 lots, whichever is greater; permitted in Multifamily Residential Zoning Districts (refer to Residential Use Matrix and Supplementary Standards);	<input type="checkbox"/>
	Type 2 Waiver required or Other Use approval required:	<input type="checkbox"/>

Additional Notes:	
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Reviewing Staff Name: _____ Date: _____