DEVELOPMENT SERVICES

FOR OFFICE USE ONLY FILE #:

FORM

BUILDING | HISTORIC PRESERVATION | PLANNING & ZONING DATE SUBMITTED:

100 NW 1st AVENUE, DELRAY BEACH, FLORIDA 33444 | (561) 243-7040 | (561) 243-7221 (fax) I www.delraybeachfl.gov

COMMUNITY RESIDENCE ZONING VERIFICATIO

Applicants: Please review this form prior to preparing it for submittal; incomplete applications will not be accepted.

This application must be completed to request a formal response in writing from the development services department with regards to the applicability of the land development regulations for community residence uses within the city and therefore, it does not constitute zoning or development approval. A community residence is a residential living arrangement for up to ten unrelated individuals with disabilities living as a single functional family in a single dwelling unit who are in need of the mutual support furnished by other residence. Community residence as well as the support services, if any, provided by the staff of the community residence. Community residences include, but are not limited to, those residences that comport with this definition that are licensed by the Florida Agency for Persons with Disabilities, the Florida Department of Elderly Affairs, the Florida Agency for Health Care Administration, and the Florida Department of Children and Families, and functional family sober living arrangements also known as Recovery Residences certified by the state's designated credentialing entity established under section 397.487 of the Florida statutes. (FARR).

APPLICANT & PROPERTY OWNER INFORMATION				
Applicant (or agent) Name and Title:		Applicant Phone:		
Signature: Applicant E-mail:				
Applicant Mailing Address:				
Operator Name (Company Name):			Operator Phone:	
Operator Mailing Address:		Operator Email:		
Property Owner Name:			Property Owner Phone:	
Property Owner Mailing Address:				
Property Owner Email:				
Address of Proposed Community Residence Location:				
TYPE OF COMMUNITY RESIDENCE				
What type of community residence (Recovery Residence, Assisted Living Facility, ETC.)?				
Is the community residence currently in operation? O No O Yes / Name: Starting date:				
Name of State Licensing or Certification Agency and level of Licensure/ Certification being applied for:				
O FARR O AHCA O DCF O OTHER:				
Statutory Number under which license is required:				
Will there be any of the following:				
O Day or Night Treatment with Community Housing; O Residential Treatment Level 1,2,3, or 4; O Intensive Inpatient;				
O Detoxification; O Addictions Receiving Facility; Other:				
RESIDENCY DETAILS				
Number of people with disabilities that will live in the Proposed Community Staff Living On-Ste:			Living On-Ste:	
Residence:		O No O Yes; How Many		
How long will residents typically live in the home? (Enter Duration) Weeks Months Years				
	Size of Bedrooms: / / /	/	Number of Dwelling Units:	
		,	3	
Additional Information:				
CITY STAFF USE ONLY				
Planning & Zoning Reviewer:	Zoning District:		mmunity residence use permitted	
	zoning Disinci.		oning district? O Yes O No	
Does the use constitute a	What type of community residence		Jbject property within 660' of	
	What type of community residence is it? O Family or O Transitional	another existing community residence? • Yes • No		
Notes:				
ignature: Date:				

**** THIS FORM IS FOR ZONING VERIFICATION PURPOSES ONLY AND DOES NOT TAKE THE PLACE OF A CRZ APPLICATION< WHICH IS SUBJECT TO MORE COMPREHENSIVE REVIEW AND ANALYSIS.****