



# DEVELOPMENT SERVICES

BUILDING | HISTORIC PRESERVATION | PLANNING & ZONING

100 NW 1<sup>st</sup> AVENUE, DELRAY BEACH, FLORIDA 33444 | (561) 243-7040 | (561) 243-7221 (fax) | www.mydelraybeach.com

## COMMUNITY RESIDENCE ZONING APPLICATION

**Applicants:** Please complete this form so city staff can identify the zoning requirements that apply to your proposed community residence for people with disabilities.

**Instructions:** This application must be completed to establish a new community residence for people with disabilities in Delray Beach or to recertify a reasonable accommodation applied for *before* July 19, 2017 or a previously approved community residence at this address. The city will issue a determination on an application to establish such a community residence for 3 or fewer occupants within 2 business days of receiving the *completed* application. When an application to establish such a community residence for 4 or more occupants meets the criteria for a community residence for people with disabilities allowed as of right by the *Delray Beach Land Development Regulations*, the city will issue a statement of approval within 10 business days of receiving the *completed* application. Any review of a completed application that takes longer than stated here does *not* constitute automatic approval of the application. No public hearing is required for a Community Residence Zoning Application. If a conditional use permit is required, you will need to apply for a conditional use permit and a public hearing will be necessary. If a reasonable accommodation is needed, staff will provide instructions and any required application form.

**Please keep a copy of this completed application for your records.**

**Date** of application submittal to the City of Delray Beach:

**Full address of proposed community residence:**

**Zoning District** in which the proposed community residence would be located:

Application Purpose (check one):

Initial application  Recertification application

### APPLICANT/AGENT INFORMATION

Applicant's name and title: \_\_\_\_\_

Applicant Phone: \_\_\_\_\_ Applicant Email: \_\_\_\_\_

\_\_\_\_\_  
(Applicant's signature)

By signing this form, I attest under penalties of perjury, that the information provided is true and accurate.

Name of entity (or individual) that owns the proposed community residence:

Check box if owner of the property is also the operator

### OWNER OF THE PROPERTY CONTACT INFORMATION

Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### OPERATOR INFORMATION IF DIFFERENT THAN OWNER OF THE PROPERTY

Name of Operator (entity or individual): \_\_\_\_\_

Address: \_\_\_\_\_

City-State-Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

**OWNER'S CONSENT**

This consent section must be completed by ALL property owners. Reproduce this page for additional owners and include with your application

I, \_\_\_\_\_, (print owner's name) the fee simple owner of the property located at \_\_\_\_\_, Delray Beach, Florida, Property Control Number \_\_\_\_\_, hereby petition to the City of Delray Beach for (check one):

- Zoning approval to establish a new community residence for people with disabilities at the aforementioned address
- Recertification of the reasonable accommodation for this property that was granted before July 19, 2017 or recertification of the previously approved community residence for people with disabilities at this address

I certify that I have examined the application and that all statements and diagrams submitted are true and accurate to the best of my knowledge. I consent to inspection and photographing of the subject property by the Planning and Zoning Department staff for purposes of consideration of this application and/or presentation to the approving body or entity if applicable. Further, I understand that this application, attachments and fees become part of the Official Records of the City of Delray Beach, Florida, and are not returnable.

\_\_\_\_\_  
(Property Owner Signature)

The foregoing instrument was acknowledged before me by means of  physical presence or  online notarization, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ (owner property name), who has produced \_\_\_\_\_ as identification and/or is personally known to me.

NOTARY SEAL OR STAMP

\_\_\_\_\_  
(Print Name of Notary Public)

\_\_\_\_\_  
(Signature of Notary Public)

TYPE OF COMMUNITY RESIDENCE	
Type of Community Residence (Recovery Residence, Assisted Living Facility, Residence for Persons with Developmental Disabilities, etc.) Do not discuss specific individuals:	Is the community residence currently in operation? <input type="radio"/> NO <input type="radio"/> YES/Name: _____ Starting date: __/__/__.
Licensing and Certification	
Name of state licensing or certification agency and level of licensure/certification being applied for: <input type="radio"/> FARR: <input type="radio"/> AHCA: <input type="radio"/> DCF: <input type="radio"/> Other: _____ Statutory number under which license is required: _____	
Will there be any of the following uses conducted at this property: <input type="radio"/> Day or Night Treatment with Community Housing; <input type="radio"/> Residential Treatment Level 1,2,3,4, or 5 <input type="radio"/> Intensive Inpatient; <input type="radio"/> Detoxification; <input type="radio"/> Addictions Receiving Facility; Other: _____	
Fill the appropriate circle(s) below and provide the information requested, please attach a copy of the State License/Certification with valid expiration date	
<input type="radio"/> Certification has been applied for and provisional certification has been issued? Date Issued: _____ If provisional certification, annual certification, or a required license has <i>not</i> been issued, please explain why and when it is expected to be issued:	
<input type="radio"/> The state of Florida does not require a license or offer certification for this type of community residence <input type="radio"/> The proposed community residence provides a charter that is sanctioned by Congress (i.e. Oxford House)	
RESIDENCY DETAILS	
Number of people with disabilities that will live in the Proposed Community Residence: _____	Staff living on-site: <input type="radio"/> No <input type="radio"/> Yes; how many: _____
How long will residents typically live in the home? enter duration: _____ Weeks _____ months _____ years	
Number of Bedrooms: _____	Size of Bedrooms: _____ / _____ / _____ _____ / _____ / _____ / _____ / _____
Number of Dwelling Units: _____	
Additional information: _____ _____	

OFF-STREET PARKING
Number of residents allowed to have a motor vehicle on the site: _____ Number of staff present at any one time (excludes during shift changes): _____ <b>A</b> Number of parking spaces on the site: _____ spaces <b>B</b> Number of parking spaces off the site at a remote location(s): _____ spaces Total number of parking spaces on and off the site at remote location(s): _____ Add <b>A + B</b> = _____ Address(es) of off-site location(s) for any remote off-street parking: _____ _____

**NUMBER OF OCCUPANTS**

**A** Number of people with disabilities who will live in the proposed community residence: \_\_\_\_\_

**B** Number of live-in staff (if any): \_\_\_\_\_

Total number of occupants: Add **A + B** = \_\_\_\_\_

To determine compliance with the City of Delray Beach's *Housing Code*, please enter the Requested information below:

- Number of Buildings \_\_\_\_\_ Number of Dwelling Units \_\_\_\_\_

Bedroom	Width and length in feet of each bedroom excluding closets	Total square feet in bedroom excluding closets	Number of residents (including any live-in staff) to sleep in each bedroom	Total gross floor area of all habitable rooms
1				If unsure how to measure this, ask city staff for instructions.  Print the total gross floor area in the cell <u>below</u>
2				
3				
4				
5				
6				
<b>Totals</b>			_____ Residents	_____ Sq. Ft.

**If an answer to a question will not fit within the space allotted, please feel free to add additional pages as needed.**

**FOR CITY STAFF USE ONLY**

**FINDINGS**

Zoning District: \_\_\_\_\_

The closest existing community residences within a 660 foot radius of the proposed community residence:

Address	Distance from proposed community residence

- \_\_\_\_\_ Number of residents who are people with disabilities
- \_\_\_\_\_ Total number of residents including live-in staff *[more than 10 requires a reasonable accommodation unless the home is licensed by the State of Florida; then 14 are allowed]*
- \_\_\_\_\_ Maximum number of occupants allowed under Delray Beach Housing Code
- \_\_\_\_\_ Minimum number of off-street parking spaces required on site or at remote location(s)

**Proposed use is a** (check only one):

- Family community residence     Transitional community residence
- Not a community residence *for people with disabilities*

**Licensing/Certification Status** (check all that apply):

- The State of Florida requires a state license to operate the proposed community residence
- The State of Florida does **not** require a state license or **does not offer** certification for this use
- Proposed use or operator has been issued a required state license, state certification, or has a charter sanctioned by Congress (Oxford House) *[see next line for provisional certifications]*
- Operator has been issued provisional certification to operate the proposed recovery residence
- Operator has applied for state certification or a required state license but has not been issued the certification or license sought. Expected date of issuance: \_\_\_\_\_, 20\_\_\_\_
- Operator or proposed use has been **denied** certification or required state license

**Zoning Determination: Check all applicable boxes**

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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| <ul style="list-style-type: none"> <li><input type="checkbox"/> Off-street parking requirements are met</li> <li><input type="checkbox"/> Complies with Delray Beach Housing Code</li> <li><input type="checkbox"/> Use constitutes a "family" of 3 or less and is allowed without spacing or licensing</li> <li><input type="checkbox"/> Use is allowed as of right</li> <li><input type="checkbox"/> Use requires a conditional use permit</li> <li><input type="checkbox"/> Use requires a reasonable accommodation</li> <li><input type="checkbox"/> Use issued state license or certification</li> <li><input type="checkbox"/> Use may open only <i>after</i> receiving state license or provisional certification</li> <li><input type="checkbox"/> Recertify existing reasonable accommodation or existing approved CRZ</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Application denied</b> <i>(Check all applicable reasons):</i> <ul style="list-style-type: none"> <li><input type="checkbox"/> Lacks certification or required license</li> <li><input type="checkbox"/> Not allowed as of right</li> <li><input type="checkbox"/> Not eligible for a conditional use permit</li> <li><input type="checkbox"/> Not a community residence for people with disabilities</li> <li><input type="checkbox"/> Does not comply with <i>Housing Code</i></li> <li><input type="checkbox"/> Does not meet off-street parking minimum</li> <li><input type="checkbox"/> Does not meet requirements to recertify existing reasonable accommodation or existing approved CRZ</li> </ul> </li> </ul> |
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Staff review conducted by: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_, 20\_\_\_\_