



## **REQUEST FOR ZONING DETERMINATION** **COMMUNITY RESIDENTIAL HOME**

**Regulations per Land Development Regulations Chapter 29.  
Article 5 Sec.5-203 of the City Code of Ordinances**

Community Residential Homes with six (6) residents or less are permitted within any residential zoning district provided that such homes shall not be located within a radius of 1,000 feet of another existing community residential home.

Community Residential Homes with seven (7) to fourteen (14) unrelated residents may be permitted provided that:

1. If new construction, the home complies with all regulations applicable to other multi-family uses in the area;
2. All applicable licensing requirements are met;
3. The home would not result in such a concentration of such homes such that the character and nature of the area would be significantly altered;
4. That the home is not located within a radius of 1,200 feet of another existing community residential home in a multi-family zoned district;
5. That the home is not located within a radius of 500 feet of an area zoned for single family.

Distance requirements shall be measured from the nearest point of the existing Community Residential Home or area of single family zoning, to the nearest point of the proposed home.

LICENSEE OR PROVIDER NAME/PHONE NO: \_\_\_\_\_

ADDRESS OF LICENSEE OR PROVIDER: \_\_\_\_\_

NAME OF PROPOSED COMMUNITY RESIDENTIAL HOME: \_\_\_\_\_

ADDRESS OF PROPOSED COMMUNITY RESIDENTIAL HOME: \_\_\_\_\_

TYPE OF COMMUNITY RESIDENTIAL HOME (ALF, Adult Family Care, Developmental Disabilities, Substance abuse, etc): \_\_\_\_\_

PROPOSED MAXIMUM NUMBER OF RESIDENTS: \_\_\_\_\_

I hereby request a determination from the City of North Miami as to whether the aforementioned proposed community residential home meets the required 1,000 ft. or 1,200 ft (whichever applicable) distance requirement from other community residential homes as specified in Florida Statute. I hereby submit the required fee of \$100 with this zoning determination request.

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Signature of licensee or provider