



GROUP HOME APPLICATION CHECKLIST

The following items must be submitted:

- ☐ Applicant's Checklist
- ☐ Completed Spacing Reservation Application Form
- ☐ Signed Acceptance of Terms Page
- ☐ Letter of intent (providing information on the proposed uses, number of residents to be served and proposed agency license and other relevant information regarding the proposed group home)
- ☐ Legal description (can provide a copy of property appraiser's web page)
- ☐ Copy of current Group Home license on property if making a change in Home operator or owner
- ☐ Affidavit of Consent from Property Owner(s) signed by the property owner(s), witnessed, and notarized, providing consent of the owner(s) to the application for a dispensing facility on the property.
- ☐ Proof of Authority (proof of authority or a power of attorney may be required to demonstrate the authorization to sign on behalf of the Group Home applicant)
- ☐ Group Home Spacing Survey (the survey shall comply with the Instructions for surveyors provided in this packet and must show that the proposed site for the dispensing facility complies with the spacing requirements in Chapter 419 of the Florida Statutes)
- ☐ Fee of **\$234** in money order or cashier's check made payable to the City of North Miami

SIGNATURE OF LICENSEE/PROVIDER



SECTION 1

GROUP HOME APPLICATION INSTRUCTIONS

The Community Planning & Development Department (the "Department") will review the application packet for completeness and will not accept a package that is incomplete. The Department does not have a wait list; applications are processed on a first-come, first-served basis. Please be advised that the required spacing survey reflects the spacing from group homes licensed by the State of Florida and does not include the list of group home properties that are reserved in the City of North Miami Group Home database, which can change on a daily basis.

Community Residential Home (CRH)/Assisted Living Facility (ALF) Group Home Application: A Group Home Application packet consists of the following:

- ☐ A brief letter of intent to explain the type of application being requested (new home, operator or owner change, etc.) accompanied by this form signed by the applicant/operator.
- ☐ Fee of \$234.00 in MONEY ORDER or CASHIER'S CHECK made payable to the City of North Miami
- ☐ The property owner's affidavit of consent (signed, witnessed and notarized) to use the property for a group home. If there is more than one owner then all owners must sign the affidavit.
- ☐ A legible photocopy of the proposed operator's and property owner(s) driver's license(s).
- ☐ A spacing survey in substantially the same form as the example provided prepared, signed and sealed by a licensed surveyor certifying that there are no other legally established group homes within the required distance of the proposed group home in accordance to the distance separation requirements for ALF and CRH properties listed in Chapter 29, Article 5, Subsection 5-202 and 5-203 respectively and Chapter 419 and 429 of the Florida Statutes.

If the site complies with Zoning and spacing regulations, the Department will issue a letter indicating the aforementioned and will "reserve" the site for 180 days (6 months). The Department will issue a letter to the applicant within ten (10) working days indicating the site's compliance or non-compliance with Zoning Code regulations. It is important to note that the State of Florida requires the spacing verification letter indicating compliance with zoning regulations prior to obtaining a license.

A SITE WITH A CLOSED/EXPIRED LICENSE WILL BE TREATED AS A NEW SITE AND MUST COMPLY WITH THE REQUIRED SPACING REQUIREMENTS, AS WELL AS ALL OTHER REQUIREMENTS FOR A NEW GROUP HOME RESERVATION.

SIGNATURE OF LICENSEE/PROVIDER



SECTION 2

EXTENSIONS AND NAME CHANGES

Extension Request:

If you need additional time to obtain your license from the State, you must submit a request for an extension **15 days** before the six-month reservation expires. The expiration date can be found in the Department's Spacing Verification Letter. An extension request must include **Items #1-5** on the application, including payment of \$234.00 in MONEY ORDER or CASHIER'S CHECK made out to the City of North Miami. The letter of intent must explain the reason for the delay, and include the following documentation: **proof of application for the State license and copies of building permits, including inspection results.** Failure to timely request an extension will result in the removal of the site's "reserved" status. The Department will not reserve a site for more than two consecutive six-month periods.

Name Change/Operator Change:

A request for a name change or operator change on a site will require **Items #1-5** on the application checklist, including a processing fee of \$234.00 in MONEY ORDER or CASHIER'S CHECK made out to the City of North Miami. In order to make such a change, the State's internet site must show a licensing status of open/active. The applicant shall have 180 days to complete the change/transfer.

ONCE YOU RECEIVE YOUR LICENSE FROM THE STATE, YOU MUST SUBMIT A COPY TO THE COMMUNITY PLANNING & DEVELOPMENT DEPARTMENT. FAILURE TO SUBMIT A COPY OF YOUR LICENSE TO THE DEPARTMENT PRIOR TO THE EXPIRATION OF YOUR RESERVATION COULD RESULT IN THE RELEASE OF YOUR RESERVATION AND FAILURE TO COMPLY WITH ZONING REGULATIONS.

PLEASE BE AWARE THAT IT IS YOUR RESPONSIBILITY TO ADHERE TO THE DEADLINES AND SUBMITTAL REQUIREMENTS.

If an application for a site reservation does not comply with spacing or other Zoning regulations, the applicant may choose to file an application for public hearing to the Community Planning & Development Department. Said application will be heard by the Zoning Appeals Board where they will determine whether or not to approve the request.

Applicant/Operator's acceptance of terms:

_____ (Print name) acknowledge and agree to the foregoing procedures and application terms to obtain and maintain a group home spacing reservation.

Operator/Applicant Name (Printed)

Operator/Applicant Signature

Date



SECTION 3

RESERVATION FOR GROUP HOME/ ASSISTED LIVING FACILITY FOR UP TO SIX (6) RESIDENTS

Application Date: _____

Type:

- ☐ New Application
- ☐ Reservation Extension Request
- ☐ Change of Owner or Operator

Type of Proposed State License:

- ☐ AHCA -- Agency for Health Care Administration
- ☐ APD -Agency for Persons with Disabilities
- ☐ Department of Elderly Affairs
- ☐ Department of Juvenile Justice
- ☐ Department of Children and Families

Applicant /Operator Contact Information

Name: _____

Business Address: _____

Email Address (required): _____ Telephone: _____

Office: _____

Group Home Location Information

Facility Name: _____ Parcel folio number: 06- _____

Facility Address: _____

City: _____ State: _____ Zip Code: _____

Group Home Property Owner Contact Information

Name: _____

Business Address: _____

Email Address (required): _____ Telephone: _____

FOR OFFICE USE ONLY

PROCESSED BY: _____

INVOICE #: _____

GH PROCESS #: _____

COLLECTION #: _____



SECTION 4
PROPERTY OWNERSHIP AFFIDAVIT FOR INDIVIDUAL(S)

STATE OF _____
COUNTY OF _____

Group Home No. _____

Before me, the undersigned authority, personally appeared _____, hereinafter the Affiant, who being first duly sworn by me, on oath, deposes and says:

1. Affiant is the fee owner of the property that is the subject of the proposed application.
2. The subject property is legally described as: _____

3. Affiant understands this affidavit is subject to the penalties of law for perjury and the possibility of voiding of the GROUP HOME SPACING RESERVATION.

Witnesses:

Signature

Affiant's Signature

Print Name

Affiant's Name (Print)

Signature

Affiant's Signature

Print Name

Affiant's Name (Print)

Sworn to and subscribed before me on the _____ day of _____, 20____ Affiant is personally known to me or has produced _____ as identification.

Notary Signature

Commission Expires:



SECTION 5
GROUP HOME OWNERSHIP AFFIDAVIT FOR CORPORATION

STATE OF _____
COUNTY OF _____

Group Home No. _____

Before me, the undersigned authority, _____ personally appeared _____
_____ hereinafter the Affiant(s), who being first duly sworn by me, on oath, deposes and says:

1. Affiant is the president, vice-president or CEO of the Corporation hereinafter named _____ with the following address: _____
2. The Corporation owns the property which is the subject of the proposed Group Home site.
3. The subject property is legally described as: _____

4. Affiant is legally authorized to file this application for Group Home spacing reservation.
5. Affiant understands this affidavit is subject to the penalties of law for perjury and the possibility of voiding of any zoning granted at public hearing.

Witnesses:

Signature

Affiant's Signature

Print Name

Affiant's Name (Print)

Signature

Affiant's Signature

Print Name

Affiant's Name (Print)

Sworn to and subscribed before me on the _____ day of _____, 20____ Affiant is personally known to me or has produced _____ as identification.

Notary Signature

Commission Expires:



SECTION 6

GROUP HOME APPLICANT'S AFFIDAVIT

The Undersigned, first being duly sworn depose that all answers to the questions in this application, and all supplementary documents made a part of the application are honest and true to the best of (my)(our) knowledge and belief. (I)(We) understand this application for a group home spacing letter must be complete and accurate before the application can be submitted and the spacing letter issued.

OWNER OR TENANT AFFIDAVIT

(I)(We), _____, being first duly sworn, depose and say that (I am)(we are) the owner/tenant of the property described and which is the subject matter of the proposed hearing.

Signature

Signature

Sworn to and subscribed to before me this _____ day of _____, 20_____.

Notary Signature

Commission Expires:

CORPORATION AFFIDAVIT

(I)(We), _____, being first duly sworn, depose and say that (I am)(we are) the __ President __ Vice-President __ Secretary __ Asst. Secretary of the aforesaid corporation, and as such, have been authorized by the corporation to file this application for a group home spacing letter; and that said corporation is the D owner D tenant of the property described herein and which is the subject matter of the proposed hearing.

Attest: _____

Authorized Signature

(Corp. Seal)

Office Held

Sworn to and subscribed to before me this _____ day of _____, 20_____.

Notary Signature

Commission Expires:



SECTION 7 **PARTNERSHIP AFFIDAVIT**

(I)(We), _____, being first duly sworn, depose and say that (I am)(we are) partners of the aforesaid partnership, and as such, have been authorized to file this application for a group home spacing letter; and that said partnership is the Owner/Tenant of the property described herein which is the subject matter of the proposed hearing.

Name of Partnership: _____

By _____ %

By _____ %

By _____ %

By _____ %

Sworn to and subscribed to before me this _____ day of _____, 20_____.

Notary Signature

Commission Expires:

ATTORNEY AFFIDAVIT

I, _____, being first duly sworn, depose and say that I am a State of Florida Attorney at Law, and I am the Attorney for the Group Home applicant applying for the proposed group home spacing letter hearing.

Signature

Sworn to and subscribed to before me this _____ day of _____, 20_____.

Notary Signature

Commission Expires:

SECTION 8

Assisted Living Facilities (ALF) and Community Residential Home (CRH) Regulations

Chapter 29, Article 5, Division 2 of the City's Land Development Regulations (LDRs)

Sec. 5-202. - Adult Living Facilities.

- A. All adult living facilities shall comply with the occupancy standards of chapter 5 of the city's Code.
- B. All adult living facilities which are not owner-occupied shall have a primary designated manager(s) on a twenty-four-hour basis for which the owner(s) assume liability regarding actions, activities, and operation. The name and contact information of the primary manager(s) shall be conspicuously posted for both resident and public knowledge.
- C. There shall be a **minimum of two thousand (2,000) feet spacing between any two (2) adult living facilities**, as measured from the nearest property line of an existing adult living facility to the property line of the proposed adult living facility.
- D. All adult living facilities shall be considered commercial enterprises for purposes of all city utilities and sanitation services.
- E. All development standards in the R-4 and R-5 districts and all other state criteria regulating an adult living facility shall apply.

Sec. 5-203. - Community residential homes.

- A. Community residential homes with six (6) or fewer residents are permitted within any residential district provided that such homes shall **not be located within a radius of one thousand (1,000) feet of another existing such home with six (6) or fewer residents**. The manager of the community residential home shall notify the city clerk in writing of the manager's and home's name and address, and proposed occupancy, along with a copy of licenses obtained, prior to commencing operations. Contact information, including telephone number, for the manager shall be posted in a conspicuous location on the outside of the structure.
- B. **Community residential homes with seven (7) to fourteen (14) unrelated residents** may be permitted in any multifamily residential districts provided that:
 1. If new construction, the home complies with all regulations applicable to other multifamily uses in the area;
 2. All applicable licensing requirements are met, including obtaining a city issued business tax receipt; contact information, including telephone number, for the manager shall be posted in a conspicuous location on the outside of the structure;
 3. The home would not result in a concentration of such homes such that the character and nature of the area would be substantially altered;
 4. **The home is not located within a radius of one thousand two hundred (1,200) feet (from the nearest portion of the existing property boundary to the nearest portion of the proposed property boundary) of another existing community residential home in a multifamily area;** and
 5. The home is **not located within a radius of five hundred (500) feet (from the nearest portion of the existing property boundary to the nearest portion of the proposed property boundary) of an area zoned for single-family.**
 6. Provided that the dwelling unit receives a certificate of use.

Chapter 419. - Florida Statutes

Homes of **six or fewer residents** which otherwise meet the definition of a community residential home shall be allowed in single-family or multifamily zoning without approval by the local government, provided that such homes are not located within a radius of 1,000 feet of another existing such home with six or fewer residents or within a radius of 1,200 feet of another existing community residential home.

SECTION 9

Instructions to Surveyors for the Spacing Survey for a Group Home

1. The legend must include the following:

1. Name, Address, folio(s), and legal description of the proposed site of the group home.
2. Date of survey.
3. Purpose:
 1. "The purpose of the survey is to locate all group home facilities within the required distance of another like or unlike group home facility according to Chapter 29, Article 5, Division 2 of the LDR and Chapter 419 and 429 of the Florida Statute.

2. Map Contents

1. Parcels
2. Proposed Group Home "Subject Site" (CRH >6, or CRH 7-14, or ALF)
3. Legend
4. Scale
5. North Arrow
6. Buffer around subject site
 1. $CRH \geq 6 = 1,000$ feet from another six or less CRH and 1,200' from another group home. Two buffer rings shall be provided for CRH's ≥ 6
 2. CRH 7-14 = 1,200 feet from another seven to fourteen CRH and 500 feet from a single-family zoned district in North Miami. CRH 7-14 is only allowed in Multi-Family zoned areas in the City (R-4, R-5, and R-6).
 3. ALF's = 2,000 feet from another ALF. ALF's are only permitted in only R-4, R-5, R-6 and C-3 zoning districts.
7. Background scaled image of the most current Official City of North Miami Zoning Map

3. Methodology:

1. Explain the method used to locate and identify the above establishments / properties. Surveyors may use the links listed below for assistance in searching for sites, however, it is the surveyor's responsibility to ensure that the survey includes all relevant sites, regardless of whether such sites are included in any of the below listed websites:
 1. Agency for Health Care Administration on: <http://www.floridahealthfinder.gov/>
 2. Department of Children and Families: <http://www.myflfamilies.com/>
 3. Agency for Persons with Disabilities: <http://apd.myflorida.com/>

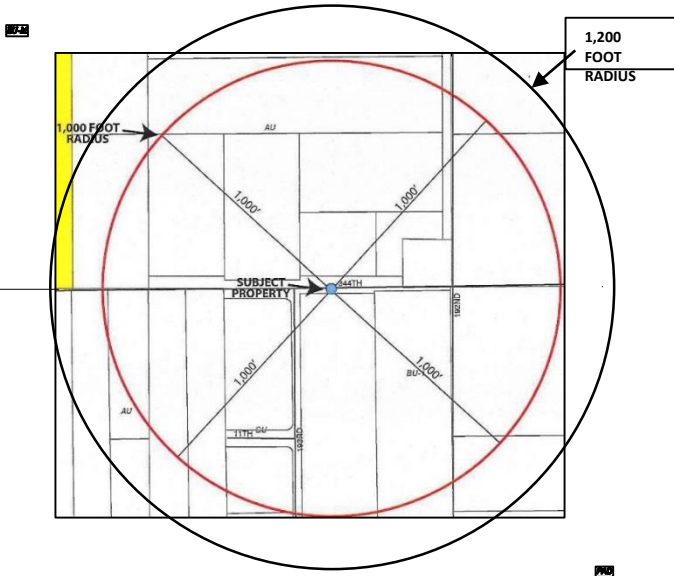
4. Surveyor 's Notes:

1. If applicable, a list of all sites found within the required radius of the proposed site. (Include name of the establishment, address , and prescribed distance from proposed Group Home).
2. Scale of survey should be 1" to 300'.
3. Certification (signed and raised seal of licensed surveyor) : The surveyor must certify all that apply with the following text:
 - *"I _____ certify that as of _____ (date): there are no group homes within a _____ foot radius of the proposed (CRH 6 or less, or CRH 7-14, or Adult Living Facility).*



SECTION 10

Sample 1,000 Foot Radius Map for Group Homes



Folio No: 06-xxxx-xxxx

Address:

Legal Description:

Date of Survey:

Purpose of Survey:

"The purpose of the survey is to verify that the proposed Community Residential Homes (CRH) of **6 or less residents** is not located within a radius of 1,000 feet of another existing such home with 6 or less residents or within a radius of 1,200 feet of another existing community residential home.

Methodology:

Explain the method used to locate and identify the above establishments/properties. Surveyors may use online links for assistance in searching for sites, however, it's the surveyor's responsibility to ensure the survey includes all relevant sites, regardless of whether such sites are included in any of the State of Florida's websites.

Surveyor's Notes:

If applicable, a list of all sites found within the required radius of the proposed site. {Include name of the establishment, address, and prescribed distance from a proposed group home.

Scale of survey should be 1" to 300'

Certification *(Signed and raised seal of licensed surveyor)*

"I _____ certify that as of _____ (date): there are no CRH's with **6 or less** is located within a radius of 1,000 feet of another existing such home with 6 or less residents or within a radius of 1,200 feet of another existing community residential home.



SECTION 11

Administrative Checklist

- ☐ Group Home Verification Letter provide: _____
- ☐ Date of Group Home Reservation: _____
- ☐ Group Home Extension 1 date: _____
 - Expiration Date: _____
- ☐ Group Home Extension 2 date: _____
 - Expiration date: _____
- ☐ Group Home License date: _____
- ☐ Certificate of Use Issued: _____
 - Expiration date: _____