

Group Home

Miami-Dade County Department of Regulatory and Economic Resources
Development Services Division



In General

The Development Services Division will review the application for completeness and will not accept incomplete applications. 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 Miami-Dade County Group Home database which can change on a daily basis.

Filing

In Person Applications may be filed in person with the Zoning Information Section of the Miami-Dade County Department of Regulatory and Economic Resources, located on the 11th floor of the Stephen P. Clark Center, 111 NW First Street. Appointments are needed to file an application and can be scheduled between 9 a.m. and 3 p.m., Monday - Friday. To schedule an appointment, please call 305-375-1806 or 305-375-1807.

Submittal Requirements

- 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.
- Payment of \$236.67. Payment may be made by credit card or money order/cashier's check payable to Miami-Dade County.
- 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 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 1,000 feet of the proposed group home.

Questions

Applicants with questions related to filing an application should call the Zoning Information Section at the below numbers.

General information on zoning requirements, prior zoning hearing history, Declaration of Restrictions, Unities of Title and related zoning criteria is available at the Zoning Information Section, 11th Floor, Stephen P. Clark Center, 111 NW 1 Street or by calling 305-375-1806 or 305-375-1807.

Applicant's Checklist

The following items must be submitted with any group home application:

-
- Applicant's Checklist.
 - Completed Spacing Reservation Application Form.
 - Signed Acknowledgement by Applicant/Acceptance of Terms.
 - 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 facility complies with the spacing requirements in Section 33-199(10) of the Miami-Dade County Code).
 - Payment of \$236.67. Payment may be made by credit card or credit card or money order/cashier's check payable to Miami-Dade County.
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Acknowledgement by Applicant

Reservation 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.

Expired Site A site with a closed/expired license will be treated as a new site and must comply with the 1,000-foot spacing requirement, as well as all other requirements for a new group home reservation.

Extension If additional time is needed to obtain a license from the State, a request for an extension must be submitted 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 a letter of intent, payment, property owner’s affidavit of consent, and spacing survey. 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 could 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 or Operator Change A request for a name change or operator change on a site will require a letter of intent, payment, and property owner’s affidavit of consent. 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 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 SUBMITAL 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. Said application will be heard by the area’s Community Zoning Appeals Board and will determine whether or not to approve the request.

Applicant/Operator's acceptance of terms:

(Print Name)

Acknowledges and agrees to the foregoing procedures and application terms to obtain and maintain a group home spacing reservation.

(Operator/Applicant Name)

(Operator/Applicant Signature)

Date

Group Home Application

Reservation for Group Home/Assisted Living Facility for up to Six Residents

Miami-Dade County Department of Regulatory and Economic Resources
Development Services Division

- New Application
- Reservation Extension
- Change of Owner/Operator

Type of Proposed State License:

- AHCA - Agency for Health Care Administration
- APD - Agency for Persons with Disabilities
- Other

Date Stamp Received

Applicant Information

NAME OF APPLICANT/OPERATOR:

GROUP HOME NAME:

APPLICANT'S MAILING ADDRESS, TELEPHONE NUMBER, E-MAIL:

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone no.: _____

Fax no.: _____ E-mail: _____

GROUP HOME LOCATION INFORMATION:

Parcel Folio Number(s): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone no.: _____

GROUP HOME PROPERTY OWNER INFORMATION:

Name: _____ Company: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone no.: _____

Fax no.: _____ E-mail: _____

Office Use Only

Group Home No.: _____

Invoice No.: _____ Processed by: _____

Instructions to Surveyors for the Spacing Survey for a Group Home

Pursuant to Section 33-1(53.1) of the Miami-Dade County Code, a group home is a dwelling unit licensed by the State of Florida Department of Health and Rehabilitative Services which is licensed to serve resident clients and which provides a living environment for not more than six (6) unrelated residents who operate as a functional equivalent of a family. Supervisory and supportive staff as may be necessary to meet the physical, emotional, and social needs of the resident clients shall be excluded in said count.

In accordance with Sec. 33-199(10) of this Code, a group home shall be permitted in a dwelling unit provided:

- The total number of residents on the premises shall not exceed six (6) in number;
- That the operation of the facility be licensed by the State of Florida and that the group home be licensed no later than at the time of occupancy
- The structure used for a group home shall be located at least 1,000 feet from another legally existing, unabandoned legally established legally established group home

In order to establish a group home, an applicant must provide a spacing survey (the "survey") in substantially the same form as the following.

For Zoning Districts other than Urban Center Districts

The survey shall identify all group home facilities within a 1,000 foot radius of the proposed group home. Distances shall be measured by following a straight line from the nearest portion of the structure of the proposed use to the nearest portion of the structure of the existing use.

A radius map showing the required distances and routes as described above shall be included. The map must clearly depict a ring buffer showing the 1,000-foot radii, with a label for the radius.

For Urban Center Districts

In the R category, group residential homes shall meet the requirements outlined in Section 33-199(10) of this chapter.

In the RM, MC, MM, MO, MCS, and MCI categories, group residential homes shall meet the following requirements: 3 occupants shall be deemed to be 1 dwelling unit, and the maximum number of dwelling units allowed shall be equal to the permitted residential density.

The proposed group residential home shall not be located within a radius of 1,200 feet of another existing, unabandoned, legally established group residential home.

The 1,200-foot distance requirement shall be measured by following a straight line from the nearest portion of the structure of the proposed use to the nearest portion of the structure of the existing use

A radius map showing the required distances and routes as described above shall be included. The map must clearly depict a ring buffer showing the both the 1,000-foot and 1,200 foot radii, with a label for each radius.

Survey Legend

The survey legend must include the following:

- Name, address, folio(s), and legal description of the proposed site of the group home.
- Date of survey.
- Purpose.

"The purpose of the survey is to locate all group home facilities within 1,000 feet of the proposed group home if in a non-Urban Center District",

- or -

"The purpose of the survey is to locate all group home facilities within 1,000 feet of the proposed group home in an R category Urban Center District;" or "The purpose of the survey is to locate all group home facilities within 1,200 feet of the proposed group home in an RM, MC, MM, MO, MCS, and MCI category Urban Center District."

Instructions to Surveyors for the Spacing Survey for a Group Home (continued)

Methodology

Explain the method used to locate and identify the above establishments I 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:

- Agency for Health Care Administration: <http://www.floridahealthfinder.gov>
- Department of Children and Families: <http://www.myflfamilies.com>
- Agency for Persons with Disabilities: <http://apd.myflorida.com>

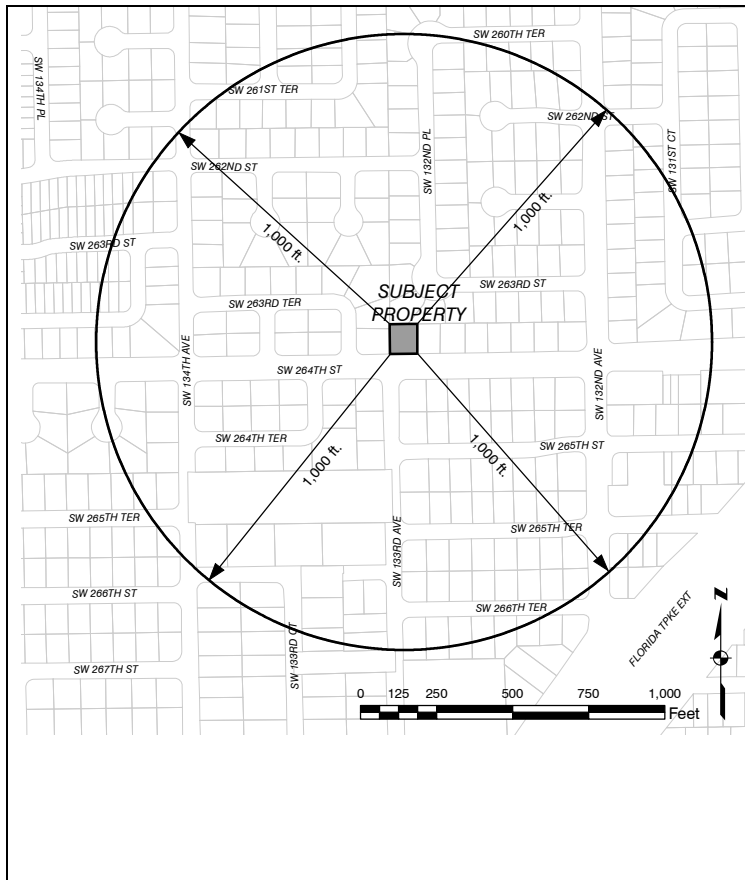
Surveyor's Notes

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 proposed Group Home.

- Scale of survey should be 1" to 300'.
- 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 1,000 foot radius of the proposed group home in a non-urban center district; there are no group homes within a 1,000 feet radius of the proposed group home in the R category of an Urban Center or Urban Area District; and in the RM, MC, MM, MO, MCS, and MCI categories in an Urban Center or Urban Area District there are no group homes within 1,200 feet of the proposed group home."

Sample 1,000 Foot Radius Map for Group Homes



Folio No.: _____ Address: _____

Legal Description: _____

Date of Survey: _____

Purpose of Survey: "The purpose of the survey is to locate all group home facilities within 1,000 feet of the proposed group home if in a non-Urban Center District;" - or - "The purpose of the survey is to locate all group home facilities within 1,000 feet of the proposed group home in an R category Urban Center District;" or "The purpose of the survey is to locate all group home facilities within 1,200 feet of the proposed group home in an RM, MC, MM, MO, MCS, and MCI category in an Urban Center District."

Methodology: Explain the method used to locate and identify the above establishments I properties. Surveyors may use online links 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 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 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 group homes within a 1,000 foot radius of the proposed group home in a non-urban center district; there are no group homes within a 1,000 feet radius of the proposed group home in the R category of an Urban Center or Urban Area District; and in the RM, MC, MM, MO, MCS, and MCI categories in an Urban Center or Urban Area District, there are no group homes within 1,200 feet of the proposed group home."

In case of dispute, the measurement scaled by the Director shall govern

Applicant's Affidavit

Zoning Application No.: _____

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 must be complete and accurate before the application can be submitted and advertised.

Date Stamp Received

OWNER OR TENANT AFFIDAVIT

(I)(WE), _____, being first duly sworn, depose and say that (I am)(we are) the owner tenant of the property which is the subject matter of the proposed zoning action.

Signature

Notary Public

Sworn to and subscribed to before me

This _____ day of _____, _____ 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 _____ corporation, and as such, have been authorized by the corporation to file this application for public hearing; and that said corporation is the owner tenant of the property which is the subject matter of the proposed zoning action.

Attest

Authorized Signature

[Corp. Seal]

Notary Public

Sworn to and subscribed to before me

This _____ day of _____, _____ Commission expires: _____

PARTNERSHIP AFFIDAVIT

(I)(WE), _____, being first duly sworn, depose and say that (I am)(we are) partners of the _____ partnership, and as such, have been authorized to file this application for a public hearing; and that said partnership is the owner tenant of the property which is the subject matter of the proposed zoning action.

Name of Partnership

By _____ %

By _____ %

By _____ %

By _____ %

Sworn to and subscribed to before me

Notary Public

This _____ day of _____, _____ Commission expires: _____

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 must be complete and accurate before the application can be submitted and advertised.

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 Owner of the property which is the subject matter of the proposed zoning action.

Signature

Sworn to and subscribed to before me

Notary Public

This _____ day of _____, _____

Commission expires: _____

Ownership Affidavit for Individual(s)

State of: _____ Zoning Application No.: _____

County of: _____

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 zoning action.
- 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 any zoning determination or zoning action granted at public hearing.

Affiant:

Signature

Signature

Print Name

Print Name

Sworn to and subscribed to before me on the _____ day of _____, _____

Affiant is personally known to me or has produced _____ as identification.

Notary: _____

[Stamp/Seal]

Commission expires: _____



Ownership Affidavit for Corporation

State of: _____ Zoning Application No.: _____

County of: _____

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 executive officer of the Corporation hereinafter named _____, with the following address:

2. The Corporation owns the property which is the subject of the proposed zoning action.

3. The subject property is legally described as:

4. Affiant is legally authorized to file this application.

5. Affiant understands this affidavit is subject to the penalties of law for perjury and the possibility of voiding of any zoning determination or zoning action granted at public hearing.

Affiant:

Signature

Signature

Print Name

Print Name

Sworn to and subscribed to before me on the _____ day of _____,

Affiant is personally known to me or has produced _____ as identification.

Notary: _____

[Stamp/Seal]

Commission expires: _____



Disclosure of Interest*

If a CORPORATION owns or leases the subject property, list principal stockholders and percent of stock owned by each. [Note: Where principal officers or stockholders consist of other corporation(s), trust(s), partnership(s) or other similar entities, further disclosure shall be made to identify the natural persons having the ultimate ownership interest].

CORPORATION NAME: _____

NAME AND ADDRESS	PERCENTAGE OF STOCK
_____	_____
_____	_____
_____	_____
_____	_____

If a TRUST or ESTATE owns or leases the subject property, list the trust beneficiaries and the percent of interest held by each. [Note: Where beneficiaries are other than natural persons, further disclosure shall be made to identify the natural persons having the ultimate ownership interest].

TRUST/ESTATE NAME: _____

NAME AND ADDRESS	PERCENTAGE OF INTEREST
_____	_____
_____	_____
_____	_____
_____	_____

If a PARTNERSHIP owns or leases the subject property, list the principals including general and limited partners. [Note: Where the partner(s) consist of another partnership(s), corporation(s), trust(s) or other similar entities, further disclosure shall be made to identify the natural persons having the ultimate ownership interest].

PARTNERSHIP OR LIMITED PARTNERSHIP NAME: _____

NAME AND ADDRESS	PERCENTAGE OF OWNERSHIP
_____	_____
_____	_____
_____	_____
_____	_____

**Disclosure shall not be required of: 1) any entity, the equity interests in which are regularly traded on an established securities market in the United States or another country; or 2) pension funds or pension trusts of more than five thousand (5,000) ownership interests; or 3) any entity where ownership interests are held in a partnership, corporation or trust consisting of more than five thousand (5,000) separate interests, including all interests at every level of ownership and where no one (1) person or entity holds more than a total of five per cent (5%) of the ownership interest in the partnership, corporation or trust. Entities whose ownership interests are held in a partnership, corporation, or trust consisting of more than five thousand (5,000) separate interests, including all interests at every level of ownership, shall only be required to disclose those ownership interest which exceed five (5) percent of the ownership interest in the partnership, corporation or trust.*



Disclosure of Interest

If there is a **CONTRACT FOR PURCHASE**, by a Corporation, Trust or Partnership list purchasers below, including principal officers, stockholders, beneficiaries or partners. [Note: Where principal officers, stockholders, beneficiaries or partners consist of other corporations, trusts, partnerships or other similar entities, further disclosure shall be made to identify natural persons having the ultimate ownership interests].

NAME OF PURCHASER: _____

NAME AND ADDRESS	PERCENTAGE OF INTEREST
_____	_____
_____	_____
_____	_____
_____	_____

If any contingency clause or contract terms involve additional parties, list all individuals or officers, if a corporation, partnership or trust:

_____	_____
_____	_____
_____	_____
_____	_____

NOTICE: For any changes of ownership or changes in purchase contracts after the date of the application, but prior to the date of final public hearing or zoning determination, a supplemental disclosure of interest is required.

The above is a full disclosure of all parties of interest in this application to the best of my knowledge and belief.

Signature _____ Print Name

Sworn to and subscribed to before me on the _____ day of _____, _____

Affiant is personally known to me or has produced _____ as identification.

Notary: _____

[Stamp/Seal]

Commission expires: _____

This form is available online at www.miamidade.gov/zoning/forms.asp

FORM REVISION 2019/3

