



COMMUNITY RESIDENCE PERMIT APPLICATION



Before completing this form, please review the steps below

Step 1: Complete the "Community Residence Permit Application" and submit it to the City's Planning and Zoning Division. This application enables City staff to determine the Zoning requirements under the City's Code of Ordinances.

Step 2: If City staff determines your proposed Community Residence requires a "Conditional Use" approval, schedule a meeting with a planner to discuss the "Conditional Use procedures". Please call 954-630-4350 to schedule this meeting.

Step 3: After your meeting with a planner, please complete and submit this application for a Community Residence Permit Application and, if required, a Development Permit Application for "Conditional Use" approval, to house more than ten individuals.

Please print or type all the required information and ensure that the application is complete and accurate.

Do not submit this application until staff has reviewed your "Community Residence Permit Application" as explained above.



Community Residence Permit 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.

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

Date this application submitted to the City of Oakland Park: _____, 20_____

Full address of proposed group residence:

Application Fees: Application-\$250 Inspection-\$150 Renewal-\$100 (requires annual inspection)

Application Purpose (check only one):

New Application Renewal Application

Applicant information: Applicant's name and title: _____

Applicant's representative: _____

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: Name of Entity (or individual): _____

Address: _____

Representative, if the owner is an organization: _____

Telephone: _____ Cell Phone: _____

Email: _____

Operator information if different than owner of the property:

Name of Operator (entity or individual): _____

Representative of operator/applicant: _____

Address: _____

Telephone: _____ Cell Phone: _____

Email: _____

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 property owner of the property located at _____, Oakland Park, Florida, Broward County Folio Number _____, hereby petition to the City of Oakland Park for:

Zoning approval to establish a community residence at the 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 City Staff for purposes of consideration of this application and/or presentation to the approving body or entity. Further, I understand that this application, attachments and fees become part of the Official Records of the City of Oakland Park, Florida, and are not returnable.

Owner's signature: _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by _____, who is personally known to me or has produced _____ (type of identification) as identification and who did (did not) take an oath.

(Printed name of notary public)

(Signature of notary public)

Commission #: _____

My commission expires: _____

(Notary's Seal)

Residency

Check and fill in the length of time residents may live in the proposed residence:

_____ days _____ month(s) _____ year(s) _____ No limit

How long will residents *typically* live in the home? _____ week(s) _____ month(s) _____ year(s)

Number of occupants

A Number of people with disabilities who will live in the proposed community residence: _____

B Number of live-in staff or volunteers (if any): _____

Total number of occupants: Add **A + B =** _____

To determine compliance with the City of Oakland Park's *Land Development Code*, please enter the requested information:

Rooms	Width and length in feet of each room <u>excluding</u> closets	Total square feet in bedroom <u>excluding</u> closets	Number of residents (including any live-in staff) to sleep in each bedroom	Total gross floor area of all habitable rooms
				If unsure how to measure this, ask city staff for instructions. Print the total gross floor area in the cell below 
Include living room, kitchen, den, meeting room, dining room.			Totals	residents
				square feet

Site Sketch/Diagram

An application for a community residence shall be accompanied by a sketch or diagram showing the configuration of the premises, including a statement of total floor space. The sketch or diagram need not be professionally prepared but shall be drawn to a designated scale or drawn with marked dimensions of the interior of the premises to an accuracy of plus or minus (6) inches.

Licensing and Certification

Describe the general nature of the residents' disabilities (developmental disabilities, recovery from addiction, mental illness, physical disability, frail elderly, etc.). *Do not discuss specific individuals:*

Name of state licensing or certification agency:

For all community residences: Lists all licenses, certifications or charters that have been obtained. Include a copy of the charter.

Statutory number under which license is required: _____

Provide official verification that certification or the requisite license has been issued or applied for.

Check here if certification has been applied for and provisional certification has been issued.

Date on which provisional certification was issued: _____, 20 ____

If provisional certification, annual certification, or a required license has *not* been issued, please explain why and when it is expected to be issued:

The State of Florida does **not** require a license or offer certification for this type of community residence

The proposed community residence is sanctioned by Congress (example: Oxford House)

Off-street parking

A Number of off-street parking spaces on the site: _____ spaces

B Number of off-street parking spaces off the site at a remote location(s): _____ spaces

(Off-site parking must be within 1200 Ln. Ft)

List below address(es) of off-site locations for any remote off-street parking:

FOR STAFF ONLY

Zoning District: _____

The closest existing community residence measured in straight line

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 "Conditional Use" Approval*)
- _____ Maximum number of occupants allowed under Oakland Park *Land Development 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 offer** certification for this use
- Proposed use or operator has been issued a required state license, state certification, or is 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

- Off-street parking requirements are met
- Complies with *Housing Code*
- Use is allowed as of right
- Use requires a conditional use permit
- Use requires a reasonable accommodation
- Use issued state license or certification
- Use may open only *after* receiving state license or provisional certification
- Recertify existing reasonable accommodation

Staff review conducted by: _____
Signed: _____

Application denied (*Check all applicable reasons*):

- Lacks certification or required license
- Not allowed as of right
- Not eligible for a conditional use permit
- Not a residence for people with disabilities
- Doesn't comply with *Land Development Code*
- Doesn't meet off-street parking minimum
- Doesn't meet requirements for existing reasonable accommodation
- Does not qualify for reasonable accommodation

Date: _____, 20 _____