



100 W. Atlantic Blvd Pompano Beach, FL 33060

Phone: 954.786.4668 Fax: 954.786.4666

License Year _____

Community Residence & Recovery Community Application

Lying or misrepresentation in this application can lead to revocation. (155.8402.B. Revocation of Approval)

PROCEDURE:

Submit this completed application to the Business Tax Receipt Office or send the completed application to the Business Tax Receipt Division to the attention of the Chief BTR Inspector. Staff will process the application, and it will be routed to a planner for review.

APPLICATION CHECKLIST: The following documentation shall be submitted with this completed application:

	Submittal Requirement	Contact
<input type="checkbox"/>	A copy of the state license with the State of Florida to operate the proposed community residence <i>(when applicable)</i>	State of Florida Department of Health <u>Address:</u> 4052 Bald Cypress Way Tallahassee, FL 32399 <u>Phone:</u> 850-245-4277 <u>Website:</u> http://www.floridahealth.gov/
<input type="checkbox"/>	A copy of the Oxford House's "Conditional Charter Certificate" or "Permanent Charter Certificate" <i>(when applicable)</i>	Oxford House, Inc. <u>Address:</u> 1010 Wayne Avenue, Suite 300 Silver Spring, MD 20910 <u>Phone:</u> (800) 689-6411 <u>Website:</u> http://www.oxfordhouse.org/userfiles/file/index.php
<input type="checkbox"/>	A copy of the provisional certification to operate the proposed community residence or recovery community <i>(when applicable)</i>	Florida Association of Recovery Residences <u>Address:</u> 326 W Lantana Rd., Suite 1 Lantana, FL 33462 <u>Phone:</u> (561) 299-0405 <u>Website:</u> http://farronline.org/
<input type="checkbox"/>	A copy of the certification or license to operate the proposed community residence or recovery community <i>(when applicable)</i>	Florida Association of Recovery Residences <u>Address:</u> 326 W Lantana Rd., Suite 1 Lantana, FL 33462 <u>Phone:</u> (561) 299-0405 <u>Website:</u> http://farronline.org/
<input type="checkbox"/>	A copy of the certification or license to operate the proposed assisted living facility <i>(when applicable)</i>	Agency for Health Care Administration <u>Address:</u> 2727 Mahan Drive MS #30 Tallahassee, FL 32308 <u>Phone:</u> (850) 412-4304 <u>Website:</u> http://ahca.myflorida.com/
<input type="checkbox"/>	A copy of the standard rental/lease agreement to be used when contracting with occupants.	
<input type="checkbox"/>	Detailed exterior site plan identifying property lines, parking spaces, storage area of garbage receptacles, screening of garbage receptacles, fences, and other similar accessory features.	
<input type="checkbox"/>	Detailed interior floor plan identifying all bedrooms (with dimensions excluding closets), exits and location of fire extinguishers. <i>(fill in the information required on the table on page 4 of this application)</i>	
<input type="checkbox"/>	A letter of authorization that is notarized by the property owner or corporate officer (if the property is owned by a partnership, corporation, trust, etc. or the application is being submitted on behalf of the owner by an authorized representative.)	
<input type="checkbox"/>	A copy of the development order, approving a Special Exception, for the proposed use (if applicable).	
<input type="checkbox"/>	A copy of the order, approving Reasonable Accommodations, for the proposed use (if applicable).	



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<p>Family (City Ordinance / Zoning Code / Chapter 155 Article 9 Part 5) An individual or two or more persons related by blood, marriage, state-approved foster home placement, or court-approved adoption—or up to three unrelated persons—that constitute a single housekeeping unit. A family does not include any society, nursing home, club, boarding or lodging house, dormitory, fraternity, or sorority.</p>
<p>Family Community Residence (City Ordinance / Zoning Code / §155.4202. H.) A family community residence is a community residence that provides a relatively permanent living arrangement for people with disabilities where, in practice and under its rules, charter, or other governing document, does not limit how long a resident may live there. The intent is for residents to live in a family community residence on a long-term basis, typically a year or longer. Oxford House is an example of a family community residence.</p>
<p>Transitional Community Residence (City Ordinance / Zoning Code / §155.4202. I.) A transitional community residence community residence is a community residence that provides a temporary living arrangement for four to ten unrelated people with disabilities with a limit on length of tenancy less than a year that is measured in weeks or months as determined either in practice or by the rules, charter, or other governing document of the community residence. A community residence for people engaged in detoxification is an example of a very short-term transitional community residence.</p>
<p>Recovery Community (City Ordinance / Zoning Code / §155.4203. B.) A recovery community consists of multiple dwelling units in a single multi-family structure that are not held out to the general public for rent or occupancy, that provides a drug-free and alcohol-free living arrangement for people in recovery from drug and/or alcohol addiction, which, taken together, do not emulate a single biological family and are under the auspices of a single entity or group of related entities. Recovery communities include land uses for which the operator is eligible to apply for certification from the State of Florida. When located in a multiple-family structure, a recovery community shall be treated as a multiple family structure under building and fire codes applicable in Pompano Beach.</p>

Licensing and Certification									
<input type="checkbox"/>	Family Community Residence	<input type="checkbox"/>	Transitional Community Residence	<input type="checkbox"/>	Recovery Community	<input type="checkbox"/>	Assisted Living Facility	<input type="checkbox"/>	Other: _____
<input type="checkbox"/>	Agency has issued a certification, provisional certificate or license to operate the community residence as a:								
<input type="checkbox"/>	FARR Certification Level (if applicable)								
<input type="checkbox"/>	Name of State Licensing or Certification Agency:								
<input type="checkbox"/>	Statutory number under which license is required:								
Describe the general nature of the resident's disabilities (developmental disabilities, recovery from addiction, mental illness, physical disability, frail elderly, etc.) <i>Do not discuss specific individuals:</i>									



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STREET ADDRESS (of the Subject Property):						FOLIO #:	
# of Live-in Staff			Maximum # of Residents (Licensed)				
Minimum Duration of Residency				Maximum Duration of Residency			
Day(s)	Month(s)	Year(s)	No Minimum	Day(s)	Month(s)	Year(s)	No Maximum
			<input type="checkbox"/>				<input type="checkbox"/>
# of Bedrooms			# of Dwelling Units				
Will the residents be able to maintain a motor vehicle?			No <input type="checkbox"/>	Yes <input type="checkbox"/> If "Yes," how many?			
# of Parking Spaces On-Site			# of Parking Spaces Off-Site (if applicable)				
Has a certification been applied for and a provisional certification been issued?						No <input type="checkbox"/>	Yes <input type="checkbox"/>
Special Exception # (if applicable)			Date Provisional certification was issued (if applicable):				

Property Owner (Please Print)	Applicant / Agent Information (Complete if the applicant / agent is not the owner of the property)
Business Name (if applicable):	Business Name (if applicable):
Print Name and Title:	Print Name and Title:
Mailing Street Address:	Mailing Street Address:
Mailing Address City/ State/ Zip:	Mailing Address City/ State/ Zip:
Primary Phone Number:	Primary Phone Number:
Secondary/ Cell Phone Number:	Secondary/ Cell Phone Number:
Email:	Email:



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Number of Occupants:

Bedroom	Dimensions of each bedroom (excluding closets) in feet:		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
	Width (ft)	X Length (ft)	Area (ft ²)		
1					<p>If you're unsure how to measure this, ask City staff for instructions.</p> <p>Print the total gross floor area in the cell below:</p>
2					
3					
4					
5					
6					
7					
8					
Totals				_____	_____
				Residents	Square feet

Please return this completed application to:

**Development Services Department
100 West Atlantic Boulevard Room 352
Pompano Beach, FL 33060**

**Questions? Need assistance?
Call city staff at (954) 786-4679**



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Local 24 Hour Contact Affidavit

In accordance with the responsibilities of a 24-hour contact person as provided for in § 153.33(F), the responsibilities of the 24-hour contact person include:

- Be available and have the authority to address or coordinate problems associated with the property 24 hours a day, 7 days a week;
- Monitor the entire property and ensure that it is maintained free of garbage and refuse; provided however, this provision shall not prohibit the storage of garbage and litter in authorized receptacles for collection;
- See that provisions of this section are complied with and promptly address any violations of this section or any violations of law, which may come to the attention of the 24-hour contact person and
- Inform all occupants prior to occupancy of the property regulations regarding parking, garbage and refuse, and noise.

I certify that I have read and understand the information contained on this affidavit, and that to the best of my knowledge such information is true, complete, and accurate.

BEFORE ME, the undersigned authority, personally appeared _____ (PRINT NAME)
Who after being duly sworn, deposes and says: That I am the person whose signature appears below, and that the information I have provided above in this document is true and correct.

24 Hour Contact	Property Owner	Responsible Party	Other (below)
Business Name (if applicable):		Print Name:	
Relationship to Property Owner (if applicable):		Title:	
Physical Street Address of Home or Business:		Address City/ State/ Zip:	
Primary Phone Number:		Secondary/ Cell Phone Number:	
Signature:		Date:	

SWORN TO AND SUBSCRIBED before me this _____ day of _____, 20____, in Pompano Beach, Broward County, Florida.

Notary Public
Seal of Office

Notary Public, State of Florida

(Print Name of Notary Public)

Type of identification Produced: Personally Known
Produced Identification