



5399 N. Dixie Highway, Suite 3 • Oakland Park, Florida 33334 • [www.oaklandparkfl.org](http://www.oaklandparkfl.org)

## **ESTABLISHMENT OF GROUP HOMES IN THE CITY OF OAKLAND PARK**

The following process must be complied with in order to establish a group home for a maximum of 6 clients/residents within the City of Oakland Park.

The group home application packet shall consist of the following:

- A letter of intent indicating name, address, and any other pertinent information.
- An owner's affidavit of consent (signed, witnessed and notarized). If there is more than one owner all owners shall sign an affidavit.
- A copy of the owner or owner's driver's license, or state identification card, or passport.
- A copy of the applicant driver's license, or state identification card, or passport.
- A fee of \$114.40 (2 hour Planning & Zoning Inquiry Fee + 10% Training & Certification Fee)
- A spacing survey that is signed and sealed and prepared by a licensed surveyor certifying that there are no other legally established group homes within 1,000 feet of the proposed group home.
- The most current list of ADP Homes and the search results for Intermediate Care Facilities, Residential Treatment Facilities, Adult Family Care Home, and Assisted Living Facilities from:  
  
<http://www.floridahealthfinder.gov/index.html>
- The Engineering & Community Development Department (Department) will review the completed application packet for accuracy. Applications are may only be submitted with an appointment with the area's planner; applications that are incomplete in any way will not be accepted.
- 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.

- If the site complies with zoning regulations, the Department will issue a letter indicating approval and will "reserve" the site for 180 days (6 months). If the applicant realizes that additional time will be required, and wishes to "reserve" the site for another 180 days, a new application and all accompanying documentation as stated above, including fees, shall be submitted to the Department. A site will not be reserved for more than two (2) consecutive 6-month periods. After the issuance of a letter for two (2) consecutive 6-month periods, a waiting period of 30 days will be enforced before another letter can be re-issued on the same property.
- The applicant must show the licensing agency of the State of Florida the Department's letter indicating compliance with zoning regulations prior to obtaining their license.
- A copy of the license must be submitted to the Department, which in turn will designate on the maps the home from "reserved" to "locked". This will establish the group home in accordance with City of Oakland Park regulations and will not allow other group homes closer than 1,000 feet from the licensed home, unless a variance approval is obtained.
- Failure to supply the Department with a copy of the license in less than 180 days will result in the removal of the site's "reserved" status.
- All licensed group homes will require renewal letters at the same time as the license with the State is renewed. A copy of the license must be submitted to the Department in conjunction with a \$114.40 processing fee.
- A request for name change on a site will require a processing fee of \$114.40; however, the date as stated on the original letter counting the 180 days will remain in effect.
- If the site does not comply with zoning regulations, the applicant may choose to file an application for a variance.



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**ZONING VERIFICATION FORM FOR GROUP HOMES AND ASSISTED LIVING FACILITIES**

DATE: \_\_\_\_\_

PROPOSED FACILITY, Please CIRCLE ONE:

ALF (ASSISTED LIVING FACILITY)

APD (AGENCY FOR PERSONS WITH DISABILITY)

STREET ADDRESS: \_\_\_\_\_

CITY, STATE & ZIPCODE: \_\_\_\_\_

FOLIO: \_\_\_\_\_

PROPERTY OWNER'S NAME: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ CELL #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

MAIL TO: \_\_\_\_\_ (OR) PICK UP ( )

\_\_\_\_\_

\_\_\_\_\_

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**FOR OFFICE USE ONLY**

INITIAL LETTER ( ) RENEWAL ( ) NAME CHANGE ( )

RECEIPT# \_\_\_\_\_

ZONING DISTRICT \_\_\_\_\_

AFFIDAVIT  
(GROUP HOME)

Folio # \_\_\_\_\_

Property Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Before me, the undersigned authority, personally appeared, hereinafter call the Affiant, who being by me first duly sworn, on oath, depose(s) and say(s):

1. That the Affiant(s) is (are) the owner(s) of the above mentioned property.
2. The affiant(s) further states that on the basis of this affidavit and accompanying spacing survey signed and sealed by a licensed surveyor, the Engineering & Community Development Department can provide a letter for a group home.
3. That the Affiant(s) further state that this affidavit can and may be placed in the Public Records of Broward County.
4. Affiant(s) further states that they are familiar with the nature of an oath and with the penalties as provided by the laws of the state for falsely swearing to statements made in an instrument of this nature. Affiant(s) further certify

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_

Affiant(s) is/are personally known to me or produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Signature

Notary Public, State of \_\_\_\_\_

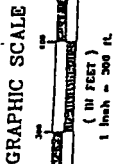
\_\_\_\_\_  
Print Name

My Commission Expires \_\_\_\_\_

# SAMPLE SAMPLE SAMPLE

## RADIUS MAP

PREPARED FOR:  
MIAMI-DADE COUNTY / ZONING DEPARTMENT  
MIAMI-DADE COUNTY FLORIDA



1,000 FOOT RADIUS MAP

FOLIO NO.: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

LEGAL DESCRIPTION:

LOT 5, BLOCK 1, NARANJA GARDENS, ACCORDING TO THE MAP OR PLAT THEREOF, RECORDED IN PLAT BOOK 163, PAGE 37, OF THE PUBLIC RECORDS OF MIAMI-DADE COUNTY FLORIDA.

PURPOSE OF SURVEY:

THIS SPECIFIC PURPOSE SURVEY (RADIUS MAP) IS INTENDED TO DEPICT OWNERSHIP AROUND A CIRCUMFERENCE WITH A RADIUS OF 1000 FEET.

FOR JOSE AND ANN PEREZ

SURVEYOR'S NOTE:

1. THIS IS SPECIFIC PURPOSE SURVEY ONLY.

I HEREBY CERTIFY: THAT NO OTHER LICENSED ALF (ADULT ASSISTED LIVING FACILITY) WAS FOUND WITHIN A 1,000 FOOT RADIUS, AS MEASURED FROM ALL BOUNDARY LINES OF THE SUBJECT PROPERTY.

BY: \_\_\_\_\_ (SITE OF FIELD WORK)  
PROFESSIONAL LAND SURVEYOR NO. \_\_\_\_\_  
STATE OF FLORIDA (VALID COPIES OF THIS SURVEY WILL BE RETURNED TO THE SURVEYOR WITHIN 30 DAYS OF THE EXPIRATION OF THE SURVEYOR'S LICENSE)  
REVISIONS ON: \_\_\_\_\_  
REVISIONS ON: \_\_\_\_\_

