



**CITY OF MIAMI
COMMUNITY RESIDENTIAL HOME FACILITIES
ZONING VERIFICATION**
Planning & Zoning Department
444 S.W. 2nd Avenue, 4th Floor
Miami, FL 33130
305.416.1499

APPLICATION TO ESTABLISH/ RENEW A COMMUNITY RESIDENTIAL HOME

This is to request that the subject facility be verified by the City of Miami to be in compliance with applicable zoning regulations. Signature below by the Zoning Administrator or designee will only serve to establish compliance with said regulations as set forth by Zoning Ordinance 13114, as amended.

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A \$200 application fee must be paid prior to final processing of this application.

Applicant Name	Address
City / State / Zip	Phone / Fax
Transect Zone: _____	
Sponsoring Agency: _____	
Proposed address of Community Residential Home: _____	
Type of Facility / Service: _____	
Distancing requirements:	<ul style="list-style-type: none"> • 1000' Radius from another existing 1-6 bed Community Residential Home

All measurements to establish distance requirements shall be made from the nearest point of the lot of the existing facility to the nearest point of the lot of the proposed facility.

Application must include the following documents, as applicable:

- a. Most recently published data from **all licensing entities** identifying all Community Residential Homes within City of Miami boundaries.
- b. Survey with surveyor's certification confirming compliance with distance requirements as stated above. Survey shall be signed and sealed by a licensed surveyor and must show distance requirements as described above.
- c. Photos of the exterior front façade of the home.

Above requirements are in compliance and consistent with Florida Statutes §419.001 Regulations.

FOR OFFICE USE ONLY:

Approved
Applicant has provided a complete application package. Said application has been found to meet all applicable regulations.

Name: _____

Date: _____

- Denied for the following reason(s):
- The proposed location does not comply with existing zoning regulation
 - The proposed location would result in an overconcentration per **§419.001 FS**

Signature: _____

Title: _____