



GROUP HOUSING FACILITIES

Group Housing Facility is a *generic term* used for the purposes of this application. The definitions of every type of facility, home, and residence allowed are provided in this application.

F.S. §419.001(3)(a) requires the “Sponsoring Agency” (applicant) to provide the City with the most recently published data compiled from the licensing entities that identifies all community residential homes within the City.

As a courtesy, the Development Services Department (DSD) will review the eligibility of an address based on the information in our database of licensed, registered and reserved properties. This list can change on a daily basis. This review is not a guarantee that the facility will ultimately be approved. The applicable licensing agencies are:

- 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>
- Florida Association of Recovery Residences (FARR)*: <https://www.farronline.org>

*Recovery Residences are not required to be licensed by any County or State agency, certification is voluntary with FARR, however these facilities are subject to location and other restrictions of a Community Residential Home Type 1 or of a Community Residential Home Type 2.

PROCESSES AND POLICIES

Reservation: If the site complies with zoning and spacing regulations, the DSD will issue a letter indicating the aforementioned and will “reserve” the site for 180 days (6 months). DSD will issue a letter to the applicant within 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 a confirmation 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 spacing requirements, as well as all other requirements for a new reservation.

Extension: If additional time is needed to obtain a license from the State, a request for an extension must be submitted 15 working days before the six-month reservation expires. The expiration date can be found in the Zoning Verification Letter.

- An extension request must include a letter of intent, payment, and property owner’s affidavit of consent.



- The letter of intent must explain the reason for the delay and include the following documentation: proof of application for the State license and building permit numbers.
- Failure to timely request an extension could result in the removal of the site's "reserved" status. DSD will not reserve a site for more than two (2) 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.

Approval by the State: Once a license from the State is received, a copy must be submitted to DSD. Failure to submit a copy of the license to DSD prior to the expiration of the reservation could result in the release of the reservation and failure to comply with zoning regulations.

Final Approval: Once approved by the State, and all building permits are completed, all facilities in the City are required to have a [Local Business Tax Receipt](#) (whether or not a fee is required). Only Recovery Residences are required to be registered in the [City's Residential Rental Unit Inspection Program](#).



GROUP HOUSING FACILITY APPLICATION CHECKLIST

- ☐ Application Processing: Applications and payments are only accepted online through [ProjectDox](#)
- ☐ Complete Application: Incomplete applications cannot be accepted. There is not a wait list; applications are processed on a first-come, first-served basis.
- ☐ Application Fee: Use the Zoning Confirmation Letter fee from the [Fee Schedule](#)
- ☐ Proof of Ownership: Warranty Deed or property appraiser's information from www.bcpa.net
- ☐ Owner's Authorization Affidavit: If there is more than one (1) owner then all owners must sign an affidavit. If owned by a corporation an authorized agent registered with the State of Florida as listed on www.sunbiz.org must be the person that signs and the record from www.sunbiz.org must be provided. If the person signing is not listed as an authorized signatory, then a corporate resolution showing that person is authorized to sign on behalf of the corporation may be provided.
- ☐ Letter of Intent: A letter providing information on the proposed uses, number of residents to be served and proposed agency license and other relevant information regarding the proposed special residential facility. If the letter is not specific enough or has errors, the application will be sent back to the applicant to address anything deficient.
- ☐ Lists of Facilities: Pursuant to F.S. §419.001(3)(a), the most recently published data compiled from the licensing entities that identifies all community residential homes within the City.



MARGATE UNIFIED LAND DEVELOPMENT CODE (ULDC)

§40.201 DEFINITIONS

Adult family care home. A full-time, family-type living arrangement, in a private home, under which a person who owns or rents the home provides room, board, and personal care, on a twenty-four-hour basis, for no more than five (5) disabled adults or frail elders who are not relatives. The following family-type living arrangements are not required to be licensed as an adult family-care home:

1. An arrangement whereby the person who owns or rents the home provides room, board, and personal services for not more than two (2) adults who do not receive optional state supplementation under Section 409.212, F.S. as may be amended from time to time. The person who provides the housing, meals, and personal care must own or rent the home and reside therein.
2. An arrangement whereby the person who owns or rents the home provides room, board, and personal services only to his or her relatives.
3. An establishment that is licensed as an assisted living facility under Chapter 429.40, Florida Statutes as may be amended from time to time.

Assisted living facility. Any building or buildings, section or distinct part of a building, private home, boarding home, home for the aged, or other residential facility, whether operated for profit or not, which undertakes through its ownership or management to provide housing, meals, and one (1) or more personal services for a period exceeding twenty-four (24) hours to one (1) or more adults who are not relatives of the owner or administrator.

Community residential home. A dwelling unit licensed to serve residents who are clients of the Department of Elderly Affairs, the Agency for Persons with Disabilities, the Department of Juvenile Justice or the Department of Children and Families or licensed Agency for Health Care Administration.

Community residential home, Type 1. A dwelling unit that provides a living environment for homes of six (6) or fewer residents which otherwise meet the definition of a community residential home shall be deemed a single-family unit and a noncommercial, residential use.

Homes of six (6) or fewer residents which otherwise meet the definition of a community residential home shall be allowed in single-family or multifamily zoning districts without approval by the City, provided that such homes are not located within a radius of one thousand (1,000) feet of another Type 1 home or within a radius of one thousand two hundred (1,200) feet of another Type 2 home.

Such homes with six (6) or fewer residents are not required to comply with the notification provisions of Chapter 419, Florida Statutes as may be amended from time to time; provided that, before licensure, the sponsoring agency provides the City with the most recently published data compiled from the licensing entities that identifies all community residential homes within the jurisdictional limits of the City in which the proposed site is to be located in order to show that there is not another Type 1 home within a radius of one thousand (1,000) feet and not another Type 2 home within a radius of one thousand two hundred (1,200) feet of the proposed home.



At the time of home occupancy, the sponsoring agency must notify the City that the home is licensed by the licensing entity. For purposes of City land use and zoning determinations, this definition does not affect the legal nonconforming use status of any community residential home lawfully permitted and operating as of July 1, 2016.

Community residential home, Type 2. A dwelling unit meeting the definition of community residential home which provides a living environment for seven (7) to fourteen (14) unrelated residents who operate as the functional equivalent of a family, including such supervision and care by supportive staff as may be necessary to meet the physical, emotional, and social needs of residents.

Type 2 homes shall not be located within one thousand (1,000) feet of another Type 1 home and within one thousand two hundred (1,200) feet of another Type 2 home. For purposes of City land use and zoning determinations, this definition does not affect the legal nonconforming use statues of any community residential home lawfully permitted and operating as of July 1, 2016.

- Pursuant to F.S. §419.001(3)(c)3 “A home that is located within a radius of 500 feet of an area of single-family zoning substantially alters the nature and character of the area” and is therefore prohibited.

Dwelling unit. Any habitable room or group of habitable rooms located within a dwelling and forming a single habitable unit for occupation by only one (1) family with facilities used, or intended to be used, for living, sleeping, cooking, and eating, with or without sanitary facilities.

Family. For the purposes of this zoning ordinance, a family shall be defined as one (1) person, or a group of two (2) or more persons living together and interrelated by bonds of consanguinity, marriage or legal adoption, or a group of no more than three (3) unrelated persons, occupying the whole or part of a dwelling as a separate housekeeping unit with a single set of culinary facilities within a dedicated space. The persons thus constituting a family may also include gratuitous guests and domestic servants. Any person under the age of eighteen (18) years whose legal custody has been awarded to the state department of health and rehabilitative services or to a child-placing agency licensed by the department, or who is otherwise considered to be a foster child under the laws of the state, and who is placed in foster care with a family, shall be deemed to be related to and a member of the family for the purposes of this chapter. Nothing herein shall be construed to include any roomer or boarder as a member of a family. This definition shall not supersede state or federal regulations regarding families and/or the use of real property within a residential district for community residential facilities.

Family care facilities. A facility which provides residence, supervision, and support in a family setting to eight (8) or fewer unrelated individuals who are handicapped, aged, disabled, or in need of adult supervision.

Nursing home facility. Any licensed facility which provides nursing services as defined in Part I of Chapter 464, Florida Statutes, as may be amended from time to time.

Recovery residence. A residential dwelling unit, the community housing component of a licensed day or night treatment facility with community housing, or other form of group housing, that is offered or advertised through any means, including oral, written, electronic, or printed means, by any person or entity as a residence that provides a peer-supported, alcohol-free and drug-free living environment.



The number of unrelated residents and distance requirements set forth by Type 1 and Type 2 community residential homes shall apply to these facilities.

Single-family home. Any detached residential structure constructed with the intention that said structure be occupied by one (1) family as a separate housekeeping unit.

§40.510. - One-Family Dwelling: R-1, R-1A, R-1B, R-1C and R-1D

(B) Permitted uses.

1. No building or structure, or part thereof, shall be erected, altered or used, or land or water used, in whole or in part, for other than one (1) of the following uses:

k. Community residential home, Type 1 as defined in Section 40.201.

l. Recovery residence, as defined in Section 40.201.

§40.511. - Two Family Dwelling: R-2

(B) Uses permitted.

1. a. Any use permitted in the R-1 district, subject to requirements, limitations, and procedures contained therein.

§40.512. - Multiple Dwelling: R-3

(B) Uses permitted.

1. a. Permitted use specified:

i. All uses permitted in the R-2 district, subject to the limitations, requirements and procedures contained therein.

iii. Community residential home, Type 2 as defined in Section 40.201.

iv. Recovery residence, as defined in Section 40.201.

§40.513. - Multiple Dwelling: R-3A

(B) Uses permitted.

1. Any use permitted in an R-1, R-2, or R-3 district.

§40.550. - Planned Residential Community: PRC

(C) Uses permitted.

1. One-family detached dwellings, each located so that one (1) side abuts a side lot line. The walls of adjoining units shall not abut. *(same uses as R-1)

§40.551. - Planned Unit Development: PUD

(G) Uses permitted.

1. All uses permitted in the R-1 residential districts of the zoning regulations, i.e., R-1, R-2, R-3. *(based on the density allowed by the subject lot, i.e. cannot have a Type 2 Facility on a single-family lot)



GROUP HOUSING FACILITY APPLICATION

Application Type:

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

Type of Proposed State License:

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

Subject Property Address: _____

Subject Folio Number(s): _____

AUTHORIZED AGENT INFORMATION

Name: _____

Address: _____

Phone Number: _____ Email Address: _____

APPLICANT INFORMATION (IF DIFFERENT THAN THE PROPERTY OWNER)

Name: _____

Address: _____

Phone Number: _____ Email Address: _____

PROPERTY OWNER INFORMATION

Name: _____

Address: _____

Phone Number: _____ Email Address: _____



OWNER'S AUTHORIZATION AFFIDAVIT

I hereby certify that I am the owner or authorized signatory of the property located at

_____ ,

being the subject property for this _____ application, and I hereby grant authorization to
_____ to file an application with the City of Margate for approval of the same.

Print owner's or authorized signatory name

Signature of owner or authorized signatory

Owner/Agent Phone Number: _____

Email Address: _____

Owner/Agent Address: _____

STATE OF FLORIDA COUNTY OF _____

Sworn to (or affirmed) and subscribed before me by means of ☐ physical presence or ☐ online
notarization, this ____ day of _____, ____ (year), by _____ (print
name of person making statement).

(Signature of Notary Public - State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)

☐ Personally Known OR ☐ Produced Identification

Type of Identification Produced _____