

Development Services Department
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Office Use Only

Date Received: _____

Process No. _____

Residential Group Home Distance Requirement Form

All requests for a group home must be submitted in writing in person or by fax. A fee of **\$441.60** is applied to EACH folio number; please make checks payable to City of Miami Gardens. Please note: As of Oct. 1 2010, a renewal fee of \$264.50 will apply to each additional 180 day extension.

TYPE OF APPLICATION (check all that apply):

- | | | |
|--|--|------------------------------------|
| <input type="checkbox"/> Assisted Living Facility (ALF) | <input type="checkbox"/> Adult Daycare | <input type="checkbox"/> Renewal |
| <input type="checkbox"/> Development Disabilities Group Home (APD) | <input type="checkbox"/> Adult Family Care Group Home (AFCH) | <input type="checkbox"/> Extension |

APPLICANT INFORMATION:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone#: _____

Fax: _____ Email: _____

GROUP HOME FACILITY INFORMATION:

Facility Folio Number: _____

Facility Address: _____

City: _____ State: _____ Zip: _____ Phone#: _____

Fax: _____ Email: _____

I understand that the City of Miami Gardens assumes no financial or other liability in the event an error has been made in calculating, measuring or certifying that this facility meets these dispersion requirements. Group Homes with more than **six (6) residents** in a single-family dwelling unit require a public hearing.

Signature: _____

OFFICE USE ONLY

_____ **APPROVED** - I certify that the above CRH of no more than **6** bed capacity is **not located within a 1000 ft.** radius of another such home and therefore **satisfies** the criteria of Section 9-20(P) of the zoning code.

_____ **DENIED** - I certify that the above CRH **is located within a 1000 ft.** radius of another existing group home located at _____ and therefore **does not satisfy** the zoning code criteria.

Authorized Signature: _____

Issuance Date: _____

This form expires 180 days from issuance date