



DEVELOPMENT SERVICES DEPARTMENT
401 Clematis St.
West Palm Beach, FL 33401
Telephone: 561/805-6700
Fax: 561/805-6676

GROUP HOME ACKNOWLEDGEMENT

I, _____ (*insert name*) the _____
(*title*) of the Group Home located at _____,
(*address*) West Palm Beach, Florida, (the Applicant) having been fully advised, acknowledge the following:

1. Pursuant to Section 94-273 of the City of West Palm Beach Zoning and Land Development Regulations, the following conditions must be met prior to receiving final City approval for Group Home use:

A. Proof of compliance with the distance requirements: minimum of 1,000 feet to another Type I or 1,200 feet to a Type II, III & V.

B. Sign-off from all of the following City Departments: Planning Department, Code Compliance, Fire Department, Construction Services, and Police Department.

Note: Change of occupancy or any alterations to the building interior, exterior or signage may require a permit. Please see Construction Services for information.

C. Payment of City business tax and provide copy of Business Tax Receipt.

D. Only applicable to Group Home Type I: The Group Home will have no more than six (6) residents and will 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 the residents.

2. I understand and acknowledge that it is my responsibility to conduct all necessary investigations to ensure that the Group Home is in compliance with the minimum distance requirements. The City does not warrant the accuracy of existing distance data from City sources.

3. IF, AFTER THE APPLICANT'S RECEIPT OF ANY APPROVAL OR LICENSE, THE CITY DETERMINES THAT ANOTHER LICENSED GROUP HOME ALREADY EXISTS WITHIN THE MINIMUM DISTANCE REQUIREMENTS, ANY APPROVALS GIVEN TO THE GROUP HOME APPLICANT FOR THE ADDRESS ABOVE SHALL BE NULL AND VOID AND LICENSE CERTIFICATES BASED ON SUCH APPLICATION MAY BE REVOKED.



WEST PALM BEACH

4. I affirm that the Group Home that I plan to operate will comply with the West Palm Beach Zoning Code and all other applicable City, County, State and Federal regulations.

Signature of Applicant: _____

Print Name: _____

Date: _____

STATE OF FLORIDA }

COUNTY OF PALM BEACH }

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State of Florida and in the County aforesaid to take acknowledgments, personally appeared _____ as _____ of _____, who acknowledge before me and executed the foregoing instrument. I relied upon the following form of identification of the above-named person: Personally known _____;

Driver's license _____

Other (describe) _____.

WITNESS my hand and official seal this _____ day of _____, 20_____.

NOTARY PUBLIC

Printed notary name: _____

My commission expires: _____

ZONING STAMP: