



Palm Beach County Zoning Division
2300 N. Jog Road
West Palm Beach, Florida 33411
Phone: (561) 233-5200
FAX: (561) 233-5165

BTR# or PR# _____

AFFIDAVIT OF ACKNOWLEDGEMENT
CONGREGATE LIVING FACILITY (CLF) TYPE 1 AND TYPE 2 SEPARATION REQUIREMENT
PALM BEACH COUNTY UNIFIED LAND DEVELOPMENT CODE (ULDC) AND CHAPTER 419 F.S.

Name of Facility: _____

Address: _____

Number of Licensed Beds: _____ Telephone: _____

Pursuant to Florida Statute 419.001, and ULDC Article 4.B.1.C.1.e, Separation, applicants for a Type 1 CLF shall not be located within a radius of 1,000 feet of another CLF. A Type 2 CLF located in the RM Zoning District shall not be located within 1,200 feet of another CLF. Maximum Occupancy excluding staff: Type 1 - Six persons or fewer. Type 2 - 7 to 14 persons.

AFFIDAVIT OF COMPLIANCE

- 1. I have read the separation requirements stated above for Type 1 and Type 2 Congregate Living Facilities.
2. I understand that I am applying for a 12-month Preliminary Site Confirmation.
3. I have provided PBC Zoning Division with the most recently published data compiled from the Agency for Health Care Administration, Agency for Persons with Disabilities, Department of Elderly Affairs, Department of Juvenile Justice, and Department of Children and Families identifying all community residential homes within Palm Beach County.
4. I hereby certify that no other congregare living facility is located within a radius of 1,000 feet of the proposed home for a Type 1 facility or located within a radius of 1,200 feet for a Type 2 facility in the Residential Multi-Family (RM) Zoning District.
5. I am aware that in the event Palm Beach County determines that the separation requirements described above have not been met, this zoning sign off may be rescinded and may result in code enforcement action and/or revocation of the Business Tax Receipt or building permit.
6. I understand that Palm Beach County has relied on data/information provided by State Agencies, and that the County assumes no financial or other liability in the event an error has been made in calculating, measuring or certifying that this facility meets these separation requirements.
7. At the time of home occupancy, I will notify the Palm Beach County Zoning Division that the facility is commencing operation and has received its license from the appropriate state agency and will submit a copy of the facility license from the appropriate state agency to the Zoning Division for inclusion in its records.
8. The undersigned certifies that the information submitted herein is true and correct.

Owner or Operating Corporation Representative: _____

Business Name: _____

Business Address: _____ Suite/Bay#: _____

Signature: _____

NOTARY PUBLIC INFORMATION:

STATE OF FLORIDA
COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me this _____ day of _____, 20__ by _____ (name of person acknowledging). He/she is personally known to me or has produced (type of identification) _____ as identification and did/did not take an oath (circle correct response).

(Name - type, stamp or print clearly)

(Signature)

My Commission Expires on: _____

NOTARY'S SEAL OR STAMP