



Planning Department 444 SW 2<sup>nd</sup> Avenue, 3<sup>rd</sup> Floor, Miami FL - 33130

## Special Permits Checklist

Community Residencies (1-6 residents), Community Residencies (7-14 residents), and Adult Family Care Homes (1-5 residents)

If you are submitting a request for this application type, the below documents and/or plans are required to be submitted to meet the Planning Department’s minimum requirements.

**Please submit the appropriate application based on the number of residents proposed:**

### Residential - Community Residencies

- 1-6 residents, please submit all required documents/drawings
  - No Certificate of Use is required for a “Single-Family Residential” or “Two-Family Residential” (Miami 21 Zoning Code, T3 transects)
- 7-14 residents, please submit all required documents/drawings
  - No Certificate of Use is required for a “Single-Family Residential” or “Two-Family Residential” (Miami 21 Zoning Code, T3 transects)

### Adult Family Care Home

- 1-5 residents, please submit all required documents/drawings
  - No Certificate of Use is required for a “Single-Family Residential” or “Two-Family Residential” (Miami 21 Zoning Code, T3 transects)

Document Description	Doc/Drawing	Document Name	Special Notes/Comments	Required/Optional
Index for Documents	Document	PZD-0	This is a table of contents for the documents to be uploaded. It must contain the Document Name and Document Description	Required
Index for Drawings	Document	A-0	This is a table of contents for the drawings to be uploaded. It should	Required



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Document Description	Doc/Drawing	Document Name	Special Notes/Comments	Required/Optional
			contain the Drawing Name and Drawing Description	
Application (Signed by Owner or Owner Representative)	Document	PAP-1	This document is generated by the Online Application System ("OAS") in ePlan. Print it when you complete your application, sign it, scan and upload it to fulfill this requirement.	Required
Letter of Intent	Document	PZD-1	<p>The letter of intent (LOI) must indicate:</p> <ul style="list-style-type: none"> <li>• All existing, Assisted Living Facilities, Licensed Community Residential Homes as identified by the Distance Survey</li> <li>• Indicate the number of requested residents and staff</li> <li>• Parking Requirements must comply with Miami 21 Code, Article 4, Table 4. This must be stated in your Letter of Intent</li> <li>• Based on the number of residents and Transect Zone distance separation standards per Miami 21 Code, Article 6, Section 6.2.1, please indicate whether this is an Adult Family Care Home, Community Residence for 1-6 residents, or 7-14 residents</li> <li>• Based Miami 21 Code, Article 6,</li> </ul>	Required



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Document Description	Doc/Drawing	Document Name	Special Notes/Comments	Required/Optional
			Section 6.2.1 please Identify the applicable, required radial distance from other existing, licensed Community Residencies <ul style="list-style-type: none"> <li>Indicate which State of Florida Regulatory agency (Agency for Health Care Administration or Agency for Persons with Disabilities) this application falls under</li> </ul>	
Complete list of all folio number(s) and property address(s). Please refer to the State of Florida’s Agency for Health Care Administration ( <a href="https://ahca.myflorida.com/">https://ahca.myflorida.com/</a> ) for more information.	Document	PZD-2	For applications with more than one folio number, you must upload a PDF document that includes all the folio numbers and <u>City</u> addresses. Some properties have a separate City of Miami and Miami-Dade County address. Only use the City of Miami address for the application.  Search City of Miami folios and addresses through the <a href="#">City online GIS tool</a> .	Optional
The Radial Distance Survey must be “Signed” and “Sealed” by a licensed Surveyor within one (1) year of application of the application submittal date.	Drawing	V-1	This is a map indicating the location of proposed Assisted Living Facilities with a radius drawn from the edge of that parcel indicating the distance in feet from another facilities verification.	Required



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Document Description	Doc/Drawing	Document Name	Special Notes/Comments	Required/Optional
The Radial Distance Survey must have a "field date" of when the survey was conducted. This date must be within one (1) year of the Applicant's application submittal date				
List of facilities licensed by Agency for Health Care Administration (AHCA) or Agency for Persons with Disabilities (APD)	Document	PZD-3	Applicant must go to the Florida Agency for Health Care Administration website ( <a href="https://ahca.myflorida.com/">https://ahca.myflorida.com/</a> ) or the Florida Agency for Persons with Disabilities website ( <a href="https://apd.myflorida.com/">https://apd.myflorida.com/</a> ) and provide an electronic file of the list of Facilities.	Required
Copy of the Certificate of Use	Document	PZD-4	A copy of the Certificate of Use for a property with mixed-use building types that includes a Community Residence with 7-14 residents	Required
Photo	Documents	PHO-1	Current photos within 6 months of submission, two (2) minimum, showing the entire property and keyed to a Boundary Survey or Site Plan	Required
Photos for parking documentation	Documents	PHO-2	A photograph(s) with parking areas dimensioned for the site.	Required
Disclosure Affidavit of No Monies Due to the City	Document	PZD-30	Downloadable from ePlan Form site	Optional



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**NOTES:**

- The applicant must provide proof that there is no open “code violation(s)” or “lien(s)” for the property
- Pursuant: to City of Miami’ s Code of Ordinances, Chapter 62, Section Sec. 62-651(2) e. - Application for Community Residencies or Adult Family Care Home (collectively the Group Homes): if the applicant requires additional time to process and submit all the requested information above, the reservation or application must be renewed for an additional 180 days. If the process is not completed within the two 180-day periods provided above, the reservation or application will expire, and a new reservation or application cannot be processed on that property for 30 days.