



Development and Growth Management Development Coordination Division

INSTRUCTIONS FOR APPLICATION – WRITTEN DETERMINATION CERTIFICATION **(Congregate Living Facility)**

Please be aware that these instructions are provided as a guide to assist you in submitting your application online in the City's Accela Citizen Access system.

Application guidelines are derived from Chapter 27 Zoning and City Policy.

PLEASE READ INSTRUCTIONS THOROUGHLY

It is recommended that you contact a representative of Development and Growth Management (DGM) at TampaZoning@tampagov.net or (813) 274-3100, option 2, prior to submitting your application to ensure that you receive the correct letter for your needs.

A certification letter will only confirm the zoning of the property and may include a specific use (example: congregate living facility). The request must relate to a specific parcel of real property and is limited to one zoning lot.

CONGREGATE LIVING FACILITY REQUIREMENTS: To ensure compliance with local zoning and state regulations for congregate living facilities, please follow the steps below:

1. Confirm the proposed congregate living facility is allowed in the zoning district.
2. A printed listing of the existing congregate living facilities from the Agency for Health Care Administration (AHCA) located within 1,000 feet (for six or fewer beds) or 1,200 feet (for seven or more beds).
 - *To obtain this information, visit www.floridahealthfinder.gov. Print the results related to the following types of facilities: Assisted living facilities, Adult family care homes, Residential treatment facilities and Intermediate care facilities.*
3. A printed listing of all existing group homes licensed by the Department of Children and Families (DCF) located within the City of Tampa, as well as a search result of group homes/congregate living facilities located within a 1,000- to 1,200-foot radius from the proposed Facility address.
 - *First, contact Rebecca Dorsey at Rebecca.Dorsey@myflfamilies.com from DCF to request the list of group home addresses in Hillsborough County.*
 - *Second, with the list received from DCF, visit https://www.mapdevelopers.com/distance_from_to.php to perform a proximity search. Use the proposed Facility address as the Starting Address and each of the group home addresses as the Ending Address. If any group homes are found within the required radius, provide a list of these addresses with their corresponding proximities. If no group homes are found within the radius,*

provide a written statement declaring your findings. (Regardless of the results, be sure to also provide the initial list from DCF.)

4. A complete and current listing of congregate living facilities from the Agency for Persons with Disabilities (APD).
 - *To obtain this information, please contact: Meisha Stewart at Meisha.Stewart@apdcares.org. APD listings are not available online.*
5. In the event the State Agency (AHCA, DCF or APD) requires an extra form to be signed by this office (local zoning), the applicant must provide it with this application package.
 - *It is the applicant's responsibility to submit the correct and accurate forms to this office.*
6. For seven or more beds, a Special Use Permit is required along with documentation from AHCA, APD, and DCF verifying no similar facility exists within 1,200 feet.
7. All documentation is necessary to complete certification letters.

Any re-signature or re-verification will require new and current State Agency letters, listings, application and fees.

Submittal of an Electronic Application

- The application must be submitted online through the City's Accela Citizen Access (ACA) system at aca.tampagov.net.
- All information in Accela marked with an asterisk must be completed via the online form.
- All information requested or required by the application such as the owner/agent affidavit, any exhibits, a survey, or a site plan must be uploaded into Accela into the electronic record.

Fees

- Application (record) fees will be assessed through the Accela system when the application is accepted by staff.
- Fees are determined by City Council by resolution.
- Fees are payable online via MasterCard, VISA, American Express or Discover or through e-check.
- Personal checks and cash are not accepted.

Note: Please check the Plat, Survey, Title Policy and all other documentation relating to your property prior to any application for design and construction. The City of Tampa and its staff DO NOT review for compliance with individual private deed restrictions and covenants.



SPECIAL USE (SU1) CONGREGATE LIVING FACILITIES AFFIDAVIT

AFFIDAVIT TO APPLY FOR A ZONING CODE RELATED APPLICATION and AUTHORIZED AGENT FOR AN APPLICATION TO THE CITY OF TAMPA

Multiple authorizations may be necessary if there is more than one property owner.

APPLICATION/RECORD NUMBER: _____

PROPERTY (LOCATION) ADDRESS(ES): _____

FOLIO NUMBER(S): _____

"That I am (we are) the owner(s) and record title holder(s) of the property noted herein"

Property Owner's Name(s): _____ *

"That this property constitutes the subject of an application for the SPECIAL USE 1 (SU1) CONGREGATE LIVING FACILITIES."

I, THE UNDERSIGNED APPLICANT/AGENT, HEREBY CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS TRUE AND COMPLETE AND HEREBY AUTHORIZE AND ALLOW REPRESENTATIVES OF THE CITY TO ACCESS THE PROPERTY UNDERGOING REVIEW FOR THE ABOVE REFERENCED REQUEST. IF MY PROPERTY IS GATED, I WILL PROVIDE ACCESS TO THE PROPERTY UPON REQUEST FROM THE CITY. I ALSO CONSENT TO THE POSTING OF A SIGN ON MY PROPERTY IF THERE IS A THIRD-PARTY SUBMITTAL OF A PETITION FOR REVIEW.

"That this affidavit has been executed to induce the City of Tampa, Florida, to consider and act on the above described application and that the undersigned has(have) appointed and does(do) appoint the agent(s) stated herein as his(their) agent(s) solely to execute any application(s) or other documentation necessary to affect such application(s)" (if applicable).

AGENT'S NAME: _____

The undersigned authorizes the above agent(s) to represent me (us) and act as my (our) agent(s) at any public hearing on this matter (if applicable).

The undersigned authorizes the above agent(s) to agree to any conditions necessary to effectuate this application.
Both owner and agent must sign and have their names notarized.

STATE of FLORIDA COUNTY of _____.	STATE of FLORIDA COUNTY of _____.
Sworn to (or affirmed) and subscribed before me by means of physical present or online notarization, this _____ day of _____, 202_, by	Sworn to (or affirmed) and subscribed before me by means of physical present or online notarization, this _____ day of _____, 202_, by
_____ Printed Name (Owner) Signature	_____ Printed Name (Agent) Signature
_____ Signature and Stamp of Notary Public	_____ Signature and Stamp of Notary Public
Personally known or produced identification.	Personally known or produced identification.
Type of identification	Type of identification

* If the applicant/owner is a corporation, trust, LLC, Professional Association or similar type of arrangement, please provide documentation from the corporation, trust, etc., indicating that you have the ability to authorize the application.