Development and Growth Management Development Coordination Division

INSTRUCTIONS FOR APPLICATION – SPECIAL USE 1 (SU1) (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).
    a. 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.

a. *First, contact Rebecca Dorsey at Rebecca.Dorsey@myflfamilies.com from DCF to request the list of group home addresses in Hillsborough County.*

b. *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).

    a. *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.

    a. *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.

8. For facilities with six or more beds, the Transportation Form must be completed.

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 proximity verification 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.

AFFIDAVIT OF PROXIMITY VERIFICATION (CONGREGATE LIVING FACILITY)

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): * _____

Please mark one of the following:

RS and RM zoning districts, congregate living facilities of six (6) or fewer residents may not locate within a one-thousand-foot radius of each other.

Congregate living facilities of seven (7) or more residents shall not be established within one thousand two hundred (1,200) feet of another such use of a professional residential facility

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

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 I have checked the records from AHCA, DCF and APD and we meet the separation distance.

APPLICANT SIGNATURE: _____

The undersigned authorizes the applicant (s) to agree to the above. Owner and or applicant must sign and have

their names notarized.

Section 1: Owner Certification

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:

Printed Name (Owner): _____

Signature: _____

Signature and Stamp of Notary Public: _____

Personally known or produced identification

Type of identification: _____

Section 2: Agent Certification

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:

Printed Name (Agent): _____

Signature: _____

Signature and Stamp of Notary Public: _____

Personally known or produced identification

Type of identification: _____

Application for General Special Use 1 (SU1)

Development and Growth Management Development Coordination
2555 E Hanna Ave Tampa, FL 33610

(813) 274-3100

Transportation Management Form

Beginning February 1, 1990, the City of Tampa began to implement the concurrency provisions of the State Growth Management Act. This form is to be utilized to monitor traffic volumes generated by development. Please complete the following information. Any application for a development permit will require this form to be completed and submitted to Development and Growth Management.

Current Use(s) of Land: _____ Proposed Special Use: _____

Structure Size or # of Units: _____ Structure Size or # of Units: _____

CERTIFICATION OF COMPLIANCE WITH THE SPECIAL USE CRITERIA

By signing the "AFFIDAVIT TO APPLY FOR A ZONING CODE RELATED APPLICATION and AUTHORIZED AGENT FOR AN APPLICATION TO THE CITY OF TAMPA" I hereby state the following is true and correct

"That I have read the conditions in the Zoning code, Chapter 27, which must be met by this Special Use Application and do hereby provide the following documentation that this property meets the requirements:"

List Documentation: _____

"That have read the conditions in the Zoning code, Chapter 27, which must be met by this Special Use Application and do hereby request a waiver or variance to the following conditions for the following reasons "

(Use additional pages if necessary): _____