



## **Group Homes/Assisted Living Facilities Reservation Application**

Development Services – Planning & Zoning Division

150 N. Lakeshore Drive | Ocoee, FL 34761

Phone: 407.905.3100

Online Services: <http://permits.occoee.org>

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### **Application Process Overview:**

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The Planning and Zoning Division will review the application for completeness and will not accept incomplete applications. The Department does not have a wait list; applications are processed on a first-come, first-served basis. It is the applicant's responsibility to obtain and submit with the application a spacing verification map/document from the sponsoring state agency's website showing there are no current license facilities within a 1,000-foot radius. If the site complies with Zoning and spacing regulations, the Planning & Zoning Division will issue a zoning verification letter to the applicant within seven (7) working days indicating the site's compliance or non-compliance with Zoning Code Regulations.

Group Homes: A dwelling unit licensed by the State of Florida (State) with more than three (3) residents who are unrelated and operates as a functional equivalent of a family as defined in Chapter 419, F.S.

Chapter 419, F.S. also requires that persons seeking to establish an Agency for Person with Disabilities (APD) licensed foster care facility or group home facility (meeting the definition of a community residential homes" within law) must provide local zoning officials with requested information as part of the license application process.

#### **To establish a Group Home or Adult Living Facility (ALF) within the incorporated areas of Ocoee, the following need to be included in application**

1. A detailed letter of intent to explain the type of application being requested (new home, operator or owner change, information on the proposed uses, number of residents to be served and proposed agency license and other relevant information regarding the proposed assisted living facilities) accompanied by this form, signed by the applicant/operator.
2. Property owner's letter of consent (signed, witnessed and notarized) to use the property for an assisted living facility. If there is more than one owner then all owners must sign the letter of consent.
3. A legible photocopy of the proposed operator's and property owner(s) driver's licenses.
4. A spacing verification map/document from the Sponsoring State Agency website showing there are no currently licensed facilities within a 1,000-foot radius.
5. A legal description of the property (can be obtained from the warranty deed or property appraisal).
6. A copy of group home license on property if making a change in home operator or owner.
7. A zoning verification application fee of \$125.00 made by credit card, money order, or check, made payable to the City of Ocoee Florida.

**\*Once you receive your license from the State, you must submit a copy to the department. Failure to submit a copy of your license to the department prior to the expiration of your reservation could result in the release of your reservation and failure to comply with zoning regulations. \***

### **Applicant's Checklist**

The following items must be submitted with any group home reservation application:

- Completed Group Home/ALF Application Form
- Completed Acknowledgement by the Applicant/Acceptance of Terms.
- Letter of intent
- Spacing verification map/document from sponsoring state agency website
- Legal description of property
- Authorization letter of Consent from Property Owner(s)
- Copy of new or existing assisted living facility license on property if making a change in home operator or owner
- Payment of \$125.00 for the zoning verification letter. Payment may be made by credit card, check or money order made payable to the City of Ocoee.

## **Acknowledgement by Applicant for Reservation**

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**Reservation:** If the site complies with Zoning and spacing regulations, the Department will issue a zoning letter indicating the aforementioned and will “reserve” the site for 180 days (6 months). The Department will issue a letter to the applicant within seven (7) business days indicating the site’s compliance or non-compliance with Zoning Code and State statues regulations. It is important to note that the State of Florida requires the spacing verification letter indicating compliance with zoning regulations prior to obtaining a license.

**Expired Site:** A site with a closed/expired license will be treated as a new site and must comply with the 1,000-foot spacing requirement, as well as all other requirements for a new group home reservation.

**Extension:** If additional time is needed to obtain a license from the State, a request for an extension must be submitted 14 days before the six (6) month reservation expires. The expiration date can be found in the Zoning spacing requirement letter. An extension request must a letter of intent that explains the reason why the extension is needed or reason for the delay; documentation and proof of the application for the State license and copies of building permits, including inspections results. Failure to timely request an extension could result in the removal of the site’s “reserved” status. The Planning & Zoning Division will not reserve a site’s for more than two consecutive six-month periods (one (1) calendar year).

**Name or Operator Change:** A request for a name change or operator change on a site will require a letter of intent, and property owner’s affidavit of consent. In order to make such a change, The State’s internet site must show a licensing status of open/active. The applicant shall have 180 days to complete the change/transfer.

**ONCE YOU RECEIVE YOUR LICENSE FROM THE SPONSORING STATE AGENCY, YOU MUST SUBMIT A COPY TO THE DEPARTMENT. FAILURE TO SUBMIT A COPY OF YOUR LICENSE TO THE DEPARTMENT PRIOR TO THE EXPIRATION OF YOUR RESERVATION COULD RESULT IN THE RELEASE OF YOUR RESERVATION AND FAILURE TO COMPLY WITH ZONING REGULATIONS.**

**PLEASE BE AWARE THAT IT IS YOUR RESPONSIBILITY TO ADHERE TO THE DEADLINES AND SUBMITAL REQUIREMENTS.**

If an application for a site reservation does not comply with spacing or other Zoning regulations, the applicant may choose to file an application for public hearing. Said application will be heard by the Planning and Zoning Commission for recommendation determination and the City Commission will have final determination whether to approve such special request(s).

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### **Applicant/Operator’s acceptance of terms:**

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The applicant agrees to the foregoing procedures and terms to obtain and maintain a group home reservation:

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Operator/Applicant Name

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Operator/Applicant Signature

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Date



**Assisted Living Facilities Reservation Form**  
 Development Services – Planning Division  
 150 N. Lakeshore Drive | Ocoee, FL 34761  
 Phone: 407.905.3157  
 Online Services: <http://permits.ocoee.org>



Received Date- Office Use Only

**This form is to be completed by applicant and approved by the Zoning Division prior to issuance of a Local Business Tax Certificate.**

Facility Care Type: \_\_\_\_\_  
 Number of Residents: \_\_\_\_\_  
 Applicant Name: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Business Name of Facility: \_\_\_\_\_  
 Physical Location Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Do you **Own** or **Rent** the property listed above? \_\_\_\_\_  
 Do you live in the facility listed above? \_\_\_\_\_  
 Name of Property Owner: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Regulatory Agency: AHCA DCF DOEA FDOH Other: \_\_\_\_\_

**The applicant understands that there may be State/ County code regulations, restrictions and licensing requirements, which may be more stringent than the City of Ocoee Land Development Code. It is the applicant's responsibility to insure they have met all State and County requirements. The applicant is held responsible for obtaining approval from the Home Owners Association (HOA) to conduct and operate the facility at the above listed address.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only**

Processed by

Signature of City Official: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of City Official: \_\_\_\_\_

Title of City Official: \_\_\_\_\_

**City of Ocoee Fire Marshal Code Compliance Review**

Signature of Fire Marshal: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Fire Marshal: \_\_\_\_\_