

**TOWN OF MALABAR
PLANNING AND ZONING ADVISORY BOARD
REGULAR MEETING
WEDNESDAY OCTOBER 23, 2013
7:30 PM
MALABAR COUNCIL CHAMBER
2725 MALABAR ROAD
MALABAR, FLORIDA**

AGENDA

- A. CALL TO ORDER, PRAYER AND PLEDGE**
- B. ROLL CALL**
- C. ADDITIONS/DELETIONS/CHANGES**
- D. CONSENT AGENDA :**
- 1. Approval of Minutes** Planning and Zoning Meeting – 10/09/2013
- Exhibit:** Agenda Report No. 1
- Recommendation:** Motion to Approve
- E. PUBLIC HEARING:**
- 2. Land Use Amendment & Zoning Changes; 1490 Marie Street, Malabar; "CL" (Commercial Limited) to "R/LC" (Residential/Limited Commercial); Applicant, Mr. Thomas Murdock**
- Exhibit:** Agenda Report No. 2
- Recommendation:** Action to Council
- F. ACTION:**
- G. DISCUSSION:**
- 3. Continued Discussion on Code Requirements for Assisted Living Facilities**
- Exhibit:** Agenda Report No. 3
- Recommendation:** Discussion
- H. ADDITIONAL ITEMS FOR FUTURE MEETING:**
- I. PUBLIC:**
- J. OLD BUSINESS/NEW BUSINESS:**
- K. ADJOURN**

NOTE: THERE MAY BE ONE OR MORE MALABAR ELECTED OFFICIALS ATTENDING THIS MEETING.

If an individual decides to appeal any decision made by this board with respect to any matter considered at this meeting, a verbatim transcript may be required, and the individual may need to insure that a verbatim transcript of the proceedings is made (Florida Statute 286.0105). The Town does not provide this service in compliance with the Americans with Disabilities Act (ADA), anyone who needs a special accommodation for this meeting should contact the Town's ADA Coordinator at 321-727-7764 at least 48 hours in advance of this meeting.

TOWN OF MALABAR
PLANNING AND ZONING

AGENDA ITEM REPORT

AGENDA ITEM NO: 1
Meeting Date: October 23, 2013

Prepared By: Denine M. Sherear, Planning and Zoning Board Secretary

SUBJECT: Approval of Minutes

BACKGROUND/HISTORY:

The minutes must reflect the actions taken by the Board:

- Who made the Motion
- What is the motion
- Who seconded the motion
- What was the vote

Malabar has historically included discussion to provide the reader the understanding of how the Board came to their vote. It is not verbatim and some editing is done to convey the thought. People do not speak the way they write.

ATTACHMENTS:

Draft minutes of P&Z Board Meeting of October 9, 2013

ACTION OPTIONS:

Secretary requests approval of the minutes.

"The following draft minutes are subject to changes and/or revisions by the Planning and Zoning Board and shall not be considered the official minutes until approved by the P&Z Board."

**MALABAR PLANNING AND ZONING BOARD REGULAR MEETING
OCTOBER 9, 2013 7:30 PM**

This meeting of the Malabar Planning and Zoning was held at Town Hall at 2725 Malabar Road.

A. CALL TO ORDER, PRAYER AND PLEDGE:

Meeting called to order at 7:30 P.M. Prayer and Pledge led by Chair Pat Reilly.

B. ROLL CALL:

CHAIR:	PAT REILLY
VICE-CHAIR:	LIZ RITTER
BOARD MEMBERS:	BUD RYAN
	DON KRIEGER, EXCUSED
	GRANT BALL
ALTERNATE:	DICK KORN
ALTERNATE:	LEEANNE SAYLORS, EXCUSED
BOARD SECRETARY:	DENINE SHEREAR

ADDITIONAL ATTENDEES:

MAYOR CARL BEATTY
COUNCIL MEMBER WAYNE ABARE

C. ADDITIONS/DELETIONS/CHANGES:

D. CONSENT AGENDA:

1. Approval of Minutes Planning and Zoning Meeting – 09/25/2013

Grant, Page 4/33 1st parag. last sentence except should be accept
Ritter, Page 4/33 4th parag. 2nd to last sentence ~~extended this all too~~ should be "extending this all to"
5th parag 2nd to last sentence add after ... this within 1,000 sq ft
6th parag 2nd sentence want = wants
Ritter, Page 5/33 2nd parag. 8th line Tables are going to take care of the rest.
4th parag. 2nd line he = the , Grant 4th parag 1st line faculties= facilities
Grant, bottom of page residence/bed= resident/beds
Grant Page 6/33 1st parag 2nd line residence/beds = resident/beds
Ritter 1st parag last sentence over=in
Ritter 2nd parag. 1st line what = would
Grant 2nd parag. 4th line add is after control...
Korn 8th parag. 1st line and = an
Ritter 2nd parag from bottom last sentence add make it after can..
Ritter 10th parag 3rd line add and after 650 sq ft
Ritter, last parag. take out rural
Grant last parag. 2nd line you=your
Ritter Page 7/33 2nd parag. last sentence take out and replace with but with
Ritter Page 8/33 4th parag. 6th line if I can do

Ritter 5th parag. last sentence lot of this is regulated
Ritter last parag. 9th line approve = approved, 7th line R/LC is on US 1
Last sentence that wet = they went

Ritter Page 9/33 1st parag. last sentence comp plan = Comp Plan change

Ritter 4th parag last sentence P&Z

MOTION: Ryan/Ritter to approve minutes of 09/25/13 as edited:

VOTE: All Ayes.

Reilly suggested doing "Public" before going on so no one has to wait.

PUBLIC:

Joseph Paladin, President Black Swan Consultant & representing Malmec. I think we've come a long way. I agree with everything we got so far. I thought meeting with City Council went well and I appreciate the representation that P&Z did there, you were right on point. I am satisfied the way it is heading. I really appreciate you all working with me and I intend to work with you all from the beginning to the very end, with architecture and construction, it is going to be a team effort. I will be here to work with you as much as you need me. Paladin thanks the Board.

E. PRESENTATION:

F. ACTION: NONE

G. DISCUSSION:

2. Code Requirements for Assisted Living Facilities

Exhibit: Agenda Report No. 2

Recommendation: Discussion

Reilly is discussing what was brought up at the presentation he made at the Council Meeting. It went very good. The two points that were brought up by Council that we need to discuss additionally to what we are going to discuss.

- 1.) The Lawyer asked us to look at Article 1-9.2 Off Street Parking, that is a big issue in our Ordinance writing that we need to look at that Section. The homework is to read this, and come up with new suggestion for the new categories we have included, Community Residential Homes and Assisted Care Communities.
- 2.) Table 1-3.2 in the packet

Ritter said that Council asked if we were going to pick out certain Facilities under FS Chapter 400, because of all the different related health care facilities and pick the ones we might want to have here and just mention those.

Reilly is discussing what he handed out to Board tonight (10/9/13), Land Development ALF Additions, this replaces page 31, 32, 33 of tonight's packet.

Reilly is discussing Table 1.3-2 pages 27/33 of packet, what was asked by Council the Conditional Use (CU) under R/LC, all three categories should be in R/LC, to add "C" for levels 2 and 3 because they will have the acreage. If you go to Table 1.6 1(B) and look at acreage and if they have the acreage to do that in R/LC then they should be able to build it there. I think the reason why we did not want it there because R/LC is supposed to be Residential and Commercial. We accepted the 1 to 5 people but we did not want a lot of people, but if someone as a minimum of 5 acres in R/LC he is going to say I am allowed more than 16 people. We need to look at this. Reilly suggest to Board about thinking to adding "C" to all three levels and ALF too. Korn added it is going to crowd it a bit.

Korn asks about something that Bonnie brought up at the Council Meeting, a term that he had not heard until half way through the Council Meeting: "Sober Homes". Reilly says to him it is a separate

topic. Korn is explaining to Board what Bonnie went to a meeting and some other Towns had serious problems with these "Sober Homes" popping up in all the neighborhoods. Korn goes on to say perhaps it is something we should add. Korn says we can't regulate it, if it is not in the Ordinance. Ritter says it would not be allowed if it is not in the Ordinance, is that correct? Reilly says correct. Korn says that needs to be made very clear, apparently from what BW was saying some Towns had not anticipated and dealt with that, so it was open season. Ryan says the difference is whether it is a "half-way-house" or a rehabilitation type facility. Reilly suggests bringing up under "New Business". Ritter says a lot of them are under Health Care Facilities. Reilly asks what chapter would that be, Ritter responds it would be Chapter 400 on page 17/33, part 5. Korn says in the final verbiage of the Ordinance that needs to be very clear. Ritter adds we want to keep it rural and low density.

Reilly is discussing page 27/33, we are deleting under Nursing Homes: (including Rest Homes and Convalescent Homes) and replace with and Related Health Care Facilities.

Reilly says when you get to Mental Health and Substance Abuse refers to FS Chapter 397, but a lot of parts do that. Ritter suggests if we put into the Code the ones we know we would accept, and don't even reference the rest. Grant adds if it is not in there it is not permitted.

Ritter explains that Council was saying if we would be legally liable for not putting everything in there, but if we say it is to our rural character and keep to that guide line through all of these it should not be a problem.

Reilly going back over Table 1-3.2 page 27/33, under Community Residential Home change 1-6 persons to 1 to 6 and make all the same and under Assisted Care Communities for the Level 3's (16 or more persons).

Reilly explains that on page 87&88/160 in ALF work book he took the verbiage for Adult Family-Care Homes

Reilly discussing about the limits for Community Residential Homes and Adult Family-Care Homes, Ritter explains that there is different requirements for the Community Residential Homes and different services, one is run like a business and one is run like a family. Ritter explains they all have different levels, restrictions, and requirements between the 1 to 5 and 6 to 15. Reilly explains the definition of and Adult Family-Care Home is no more than 5. Liz explains they have 3 levels being:

- 1 to 5
- 5 to 15
- 16 or more

Ritter is explaining if it is only up to 5 you can have them in your home, if it is 6 or more it has to be a facility.

The Board is discussing level 3 in Adult Family-Care Homes. The Board is deleting "level 3" in Adult Family-Care Homes.

Reilly suggests reading about "levels" for homework to understand.

Grant suggests correcting tabulations on Table, and Ritter said to add Roman Numerals:

- I Assisted Living Facilities
- II Adult Family-Care Homes
- III Adult Day Care Centers

Ritter is explaining in the FS they refer to Part I, Part II, and Part III.

Reilly explains to staff whatever is done to Table 1-3.2, we need to do to Table 1-6.1(B) to keep consistence.

Ritter is discussing Table 1.6.1(B) under Community Residential Homes we need to add "levels". Also correct Adult Family Care Homes should be Adult Family-Care Homes. Ritter explains that we want what is exactly in the FS.

Reilly explains to the Board his update papers that he submitted tonight 10/9/2013; these replace the last 3 pages of your packet. Reilly explains that our final product is going to be an Ordinance. We have to have a Public Hearing then it goes to Council.

Reilly is explaining to the Board how he gathered his suggestions and definitions from FS for Article III. Ritter asked about the "Mental Health Facility" and Reilly discussed about deleting this. For Hospital we can use what is in our Code and the FS, go to page 22/33 #9 & #10 check to see if we need to update or leave alone. For Nursing Homes there are different "Parts", so we cannot use the one in our Code Book we need to update.

Reilly explains what he brought up at Council; he did not put anything under "Substance Abuse" because I did not think it was a good fit for our Town. The Board agreed on deleting Chapters 397.

The Board is discussing Article II Land Use and the order of the added materials. Reilly says that under Public Health is:

- Hospitals
- Nursing Homes and related Health Care Facilities

Then Social Welfare will follow. Ritter explains that if you list them individually like FS and keep under same headings as the Tables.

Reilly discussing #8 is "Group Home" and we are going to change that to "Community Residential Homes", has "level 1 & 2", than #9 Assisted Care Communities that is all you need. Ritter said that when this is codified it would be put back in alphabetical order.

Ritter explains that you don't have to go in to too much detail because it will all come out in the Tables. Korn asks if the final recommendation to Council, will that include the charts? Reilly replies, yes.

Reilly is explaining to have the same format throughout, definitions, refer to chapters, and tell what the "levels" are. Here is statement that Mr. Paladin helped with, "In the RM4 & RM6 zoning districts an ALF factor of "3" will be used to determined the residents/bed density for ex:

RM4 is allowed 4 units per acre multiplied by 3 ALF Factor is = to 12 residents/beds per acre

RM6 is allowed 6 units per acre multiplied by 3 ALF Factor is = to 18 residents/beds per acre

Ritter asks if we should have asterisks on the Table for this ALF factor for only RM4 & RM6 to make it easier. Reilly explains the purpose of Table is for conditional uses. Ritter explains they can only do with the ALF. Reilly said we cannot use an asterisk, it has to be a number, the first asterisk is a 3 and the double asterisk is a 4.

Reilly now discussing Adult Family-Care Homes and add verbiage from page 88&89/160 ALF workbook #8, Chapter 419. Ritter explains that someone could stay in an Adult Family-Care Home if they don't have physical & mental limitations and they might be able to have more than 5. If they do then they become the Community Residential Home and they might have more restrictions.

Staff will get Check list for Adult Family-Care Homes and Community Residential Homes

The Board is discussing how often the individual homes will get inspected.

Reilly is discussing the Adult Day Care Center there are no levels, I included definition, and there are no overnight stays at a day care.

Paladin told Board he will send formulas on off street parking.

Reilly will send update pages he submitted in word. Reilly suggests including 8-9-10-11 with the headings. We will give to Lawyer and he will correct and put in Ordinance.

H. ADDITIONAL ITEMS FOR FUTURE MEETINGS:

Future Land Use Maps as a discussion and defining R/LC (Land Use Change) for

I. PUBLIC: (MOVED UP TO AFTER CONSENT AGENDA)

J. OLD BUSINESS/NEW BUSINESS:

"New Business"

Reilly states that Bud has presented us with something about the water. Ryan comments that it was something someone gave to him. The first page concerns an addendum to the actual agreement that was approved by Council reflects an understanding between Hann, City Manager from City of Palm Bay and Bonilyn Wilbanks, Town Administrator Town of Malabar. It clarifies certain aspects that they mutually agreed on. What comes after that is newspaper article and such related to whether someone has to sign up if water and sewer comes by, the general consensus is that "yes", if it is there they have to sign up. Grant adds that we are reading is if you have a property and a sewer line comes by your property by Florida Law you required to hook up to it within 90 days or whatever at whatever price. Reilly says he disagrees with that. Grant says if it is a Florida Law, we need to figure out if it is true or not. Reilly adds that on the last page is, "the publicly owned or investor owned system that determines what the approval of Department of Health whether the mandatory hook up of the provisions of section #####, may be waived". Ritter suggests that they need to get with Palm Bay and put something in there and say they don't mandatorily have to hook up. Grant says that needed to happen because a lot of people are going to be affected, a lot of little people that this is going to be a burdened for, Ryan adds especially ones with working wells and septic. Grant was talking about the two story on US 1 (Crowell Residence) south of me, that man had to go through a lot to get that septic tank, he spent a fortune to get it done and then tell him 5 or 6 years later sorry you have to hook up and spend more money.

Korn suggests do we want to send to Council something? Ritter says we should send some kind of recommendation to get an amendment. Korn adds that they direct the TA to negotiate with Palm Bay to waive that requirement on Malabar residents. Ritter adds to waive mandatory hook up provision. Korn suggests directing our recommendation to the Council; it is our job to advise Council. Ritter is reading that the Florida Statutes may be waived but it can only be done by the publically owner or investor owned system and they have all the rights to water/sewer.

Ryan is explaining that he hopes everybody understand that the way the agreement that was signed & in affect Malabar has lost all sovereignty when it comes to water, where water goes and how it goes especially along US 1, if water comes down water/sewer it is an open invitation for high risers and everything else. Ryan adds his personal opinion; I don't see how Paladin gets his pay back on his \$2.5 million dollars. Ritter adds unless someone makes everyone hook up along US1.

Ryan goes on to say the way the agreement is situated and specified the people have no choice. Ritter says they don't have to hook up unless required by the state. Grant says if it is there, it is required to hook up.

Korn says if we are concerned about this, it is our job to ask Council to go back to and it needs to be taken care of before the site plan is approved for Paladin project. We are well within our responsibility and rights to protect the people of Malabar. Reilly would like a motion from the Board.

Motion Ryan/Ritter: Recommendation to Council that they modify the agreement with Palm Bay regarding the water/sewer on any and all future expansion into the Town of Malabar to waive the mandatory hookup provisions of Florida Statutes Section 381.00655 Vote: All Ayes 4.0 Ryan,Ritter,Ball,Reilly

Reilly opens for discussion that the Council asks where did this all come from, in a discussion we are referencing our agreement, and Reilly asks Bud why he is bringing this up? Ryan responds it is in the agreement that is attached to this supplemental agreement that someone sent me. Reilly says it is referencing the Agreement between Malabar and Palm Bay. Korn adds that in our discussions concerning the ALF project that is going south of Malabar on US 1, we have repeatedly said that water/sewer agreement must be in place and a reality before any construction can be started, in making that requirement on the ALF proposal we have put some of our citizens at risk having to buy what they don't want.

In discussion the Board is referencing the signed Agreement that the Town has with Palm Bay in reference to the water/sewer utilities. In Section 12-Other Agreements the PZ Board feels that paragraph (4) does not cover our residents and it needs to be revised, by waiving the residence having to hook up.

The Board is discussing the hand out given by Ryan, #4 doesn't protect the Malabar residents, and Ritter suggests it needs to clarify that they need to waive their mandatory hookup. Grant adds this is a rural community, we don't necessarily have water and sewer. Korn wants the Chairman of Council to get copy of recommendation as a courtesy.

K. ADJOURN

There being no further business to discuss, **MOTION: Ryan/Grant to adjourn this meeting. Vote: All Ayes.** The meeting adjourned 9:40P.M.

BY:

Pat Reilly, Chair

Denine Sherear, P&Z Board Secretary

10/23/2013
Date Approved: as corrected

TOWN OF MALABAR

PLANNING AND ZONING

AGENDA ITEM REPORT

AGENDA ITEM NO: 2
Meeting Date: October 23, 2013

Prepared By: Denine M. Sherear, Planning and Zoning Board Secretary

SUBJECT: Land Use Amendment & Zoning Changes; 1490 Marie Street, Malabar "CL" (Commercial Limited) to "R/LC" (Residential/ Limited Commercial)

BACKGROUND/HISTORY:

A few months ago Tom and Joanne Murdoch attended one of the P&Z Meetings to introduce themselves to the Board. They are the new owners of 1490 Marie Street, aka "Old School House". They would like to use the upper floor to reside on the property. But presently the zoning is Limited Commercial (LC), which does not allow you to live on the property.

The Murdoch's are coming before this Board as a "Public Hearing", after complying with all application procedure to change the land use and to change the zoning. This change is in coordination with the proposed revisions to the overall Comprehensive Plan that is presently in the process with Town staff and this Board. The method to make these changes is by Ordinances.

ATTACHMENTS:

- Portion of Minutes where the Murdoch's attended PZ Meeting 6/26/13
- Cover Letter from Applicants Mr. & Mrs. Murdoch
- Application for Land Use Amendment & Zoning Changes
- Map of Location of property 1490 Marie Street, Malabar
- Present Land Use Map "CL" & Proposed *DRAFT* Land Use Map "R/LC"
- Portion of Article III District Provisions
- Staff Comments

ACTION OPTIONS:

Action to Council

Portion of Minutes

P&Z MINUTES

→ 06/26/2013

PAGE 6

Don asks about explaining about the "Certificate of Need". Paladin explains that years ago a Certificate of Need (by state) was required to go forward with ALF's. Anymore they do not require a Certificate of Need. The Marketing study that is required shows the need for ALF in that area.

Korn asks Paladin could this be converted into normal living facilities. Paladin responds it could be a rental facility; I don't foresee that happening.

Tom & Joanne Murdoch, new owners of the "Old School House" 1490 Marie Street. Looking to get a zoning change from the current "CL" to "R/LC" so we can have residential as well our plans to use the bottom floor for events. We would like to potentially live on the top floor. Murdoch asks what the Board suggestion to move forward to get to Council for approval. Ryan asks if had checked with staff.

Sherear, comments that Mr. & Mrs. Murdoch came into Malabar staff and we explained that the future use could possibly be "R/LC" and they wanted to come and introduce themselves.

Mr. Chuck Leedy, Smith Lane, about fixing the road on Corey Road, they don't fix it.

Sherear explains that it is by Fern Creek before Malabar Road., we have put some asphalt in the dip.

Krieger adds that Corey Rd and Weber Rd are 30 years old and they are going to need to be repaved the Town should be thinking about it. Ritter adds that this should be taken before Town Council they deal with roads.

Sherear has stated that he has talked to TA and they have added asphalt to dip. Board directed Mr. Leedy to Council and /or Council Members or Bonnie

F. ACTION: NONE

G. DISCUSSION:

3. Code Requirements for Assisted Living Facilities

Exhibit: Agenda Report No. 3

Recommendation: Discussion

Ritter is discussing to match up with the FS for the ALF. The Town Council has recommend to pull ALF's out of "OI". Ritter comments to Board about Sherear putting new ALF's information books together for all Board members.

Krieger is discussing about the page 119, Table 1-3.2 in the Code Book, Krieger asks about the Ord that Attorney wrote.

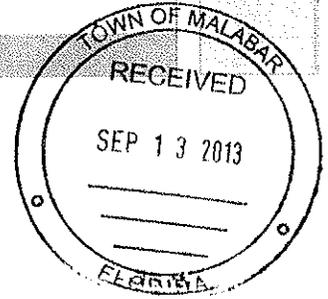
Ritter recommends we use the FS definitions and terms, page 39/160 ALF book 2011 FS the whole chapter is under assisted care communities it is broken down into 3 different levels. The FL Bldg Codes try to align with the FS for requirements.

Krieger we need the definition of "unit", Council asked to do one thing, take "IO" out. There is no reason to drop "group homes". Ritter states that they define "group homes", it is all about the number of people, and they have requirements for that. R/LC is a different thing we wanted it to be business and residential.

Ritter comments that the state has a lot of regulations on what they can do and not do in a facility. Ritter has not found where a restaurant is required.

Krieger commented that we gave no positive reflection on a project. It is a remote site that has to have public facilities installed prior to them breaking ground. We want to make sure the gentleman

BANYAN TREE EVENTS



9/13/2013

Land Use/Code
Banyan Tree Events
1470 Maple St. Malabar, FL 32950

Town of Malabar Planning and Zoning
2725 Malabar Road
Malabar, FL 32950

Enclosed is our application for a zoning change from "CL" to "R/LC" for the property commonly known as the Old Malabar Schoolhouse. My wife, Joanne and I recently purchased the property and have been in the process of renovating it so that we can use it to hold Meetings and Events such as Weddings, Family Reunions, etc. Part of our plan is to use the upper floor as a residence giving us the ability to closely coordinate the restoration and when completed, effectively manage the property on-site. The "R/LC" designation would allow us to do this while still expanding on the business potential of the property.

It is our understanding that this change in zoning is already being considered for the revision of the overall comprehensive plan. We are asking to make this change now to allow us the option of residing on the property now. A Factor in filing this application now is that we recently have sold our residence in the northern part of the county and would like to move into the property as soon as practical if the designation is changed.

We look forward to working with the town as we enhance this property and making it an even more vital contributor to our community.

Sincerely,

Tom and Joanne Murdoch, Owners

Banyan Tree Events

TOWN OF MALABAR
2725 Malabar Road, Malabar, Florida 32950
(321) 727-7764 – Telephone
(321) 727-9997 - Fax

Date: 9.13.13



APPLICATION FOR LAND USE AMENDMENT
AND ZONING CHANGE

Before completing this application, please refer to the attached:

- General Information
- Section 1-12.5 - Procedures for Adopting, Supplementing or Amending the Land Development Code
- Florida Statutes, Chapter 166.041(c)
- Article III - District Provisions

This application must be completed, with required attachments listed below, and returned to the Town Clerk's office.

Name of Applicant(s): Thomas & Joanne Murdoch Telephone #: 321-302-0814
Mailing Address: 1490 Marie St., Malabar FL 32950

Legal description of property covered by application:

Township: 28 Range: 37 Section: 36
Lot/Block: 753 Parcel Subdivision: _____
Other Legal: _____

Property Address: 1490 Marie St., Malabar FL 32950

- Current and Proposed Comprehensive Plan Land Use Map Designation. The current and proposed Comprehensive Plan Land Use Map designation for the subject property shall be identified: Current: N/A Proposed: N/A
- Current and Proposed Zoning. The current and proposed zoning for the subject property shall be identified: Current: CL Proposed: R/LC
- Existing and Proposed Use. The existing and proposed use of the subject property shall be stated: Current: Multi use Commercial Proposed: Multi Use Commercial and Residential

Fees:

- Rezoning - \$325 for first acre plus \$10 for each additional acre, which includes administrative time and mailing. Any advertising or additional costs* shall be paid by the applicant. \$ 345.00
- Land Use Charges - \$300 which includes administrative time and mailing. Any advertising or additional costs* shall be paid by the applicant.
- Rezoning & Land Use Charges - \$625 for first acre plus \$10 for each additional acre, which includes administrative time and mailing. Any advertising or additional costs* shall be paid by the applicant.

PA
REC#
18197

(*Additional costs may include, but are not limited to engineering fees, attorney fees, etc.)

Required Attachments:

- Completed application, including Disclosure of Ownership (Pages 1 & 2)
- Fee of \$ 345.00 in check or money order payable to *Town of Malabar*. We do not accept cash or credit cards.
- Radius package from Brevard County P&Z GIS Department providing a list of names and addresses of property owners and legal descriptions of all property within 500 feet of the boundaries of the property covered by this application. The source of this list must be the most current records maintained by the Brevard County Tax Appraiser's Office.

[Signature]
Signature of Applicant

N/A
Signature of Applicant

TOWN OF MALABAR
APPLICATION FOR LAND USE AMENDMENT AND ZONING CHANGE

Where the property is not owned by the applicant, a letter/letters must be attached giving the notarized consent of the owner/owners to the applicant to request a rezoning review of the property.

Please complete only one of the following:

I, _____, being first duly sworn, depose and say that I, _____, am the legal representative of the Owner or Lessee of the property described, which is the subject matter of this application; that all of the answers to the questions in said application, and all data and matter attached to and made a part of said application are honest and true to the best of my knowledge and belief.

Applicant

Date

Applicant

Date



Sworn and subscribed before me this _____ day of _____, 20____.

NOTARY PUBLIC
STATE OF FLORIDA

Commission No.: _____ My Commission Expires: _____

I, Thomas Murdoch, being first duly sworn, depose and say that I, Thomas Murdoch, am the Owner of the property described, which is the subject matter of this application; that all of the answers to the questions in said application, and all data and matter attached to and made a part of said application are honest and true to the best of my knowledge and belief.

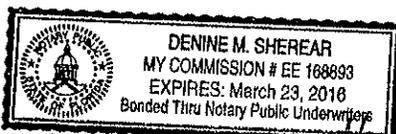
[Signature]
Applicant
9.13.13
Date

Applicant

Date

Sworn and subscribed before me this 13th day of SEPTEMBER, 2013.

NOTARY PUBLIC
STATE OF FLORIDA



Commission No.: EE-168893 My Commission Expires: March 23, 2016

Denise M. Sheear

Dana Blickley, CFA
Property Appraiser
Brevard County, FL



Property Details

General Parcel Information

Parcel ID:	28-37-36-00-00753.0-0000.00	Millage Code:	34Z0	Exemption:		Use Code:	1210
Site Address:	1490 MARIE ST , MALABAR 32950					Tax ID:	2846306

Site Address is assigned by Brevard County Address Assignment for E-911 purposes and may not reflect the postal community name.

Owner Information

Owner Name:	MURDOCH, THOMAS E
Second Name:	MURDOCH, JOANNE S H/W
Mailing Address:	21 RIVERSIDE DR UNIT 901
City, State, Zipcode:	COCOA, FL 32922

Abbreviated Description

Sub Name:	PART OF S 1/2 OF NE 1/4 OF SE 1/4 AS DESC IN ORB 3165 PG 4577 EXC ORB 3307 PG 1533
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Value Summary

Roll Year:	2011	2012	2013
Market Value Total: ¹	\$170,000	\$170,000	\$209,350
Agricultural Market Value:	\$0	\$0	\$0
Assessed Value Non-School:	\$170,000	\$170,000	\$209,350
Assessed Value School:	\$170,000	\$170,000	\$209,350
Homestead Exemption: ²	\$0	\$0	\$0
Additional Homestead: ²	\$0	\$0	\$0
Other Exemptions: ²	\$0	\$0	\$0
Taxable Value Non-School: ³	\$170,000	\$170,000	\$209,350
Taxable Value School: ³	\$170,000	\$170,000	\$209,350

Land Information

Acres:	2.4
Site Code:	1

1: Market value is established for ad valorem purposes in accordance with s.193.011(1) and (8), Florida Statutes. This value does not represent anticipated selling price for the property.

2: Exemptions are applicable for the year shown and may or may not be applicable if an owner change has occurred.

3: The Additional Homestead exemption does not apply when calculating taxable value for school districts pursuant to Amendment 1.

Sale Information

Official Records Book/Page	Sale Date	Sale Amount	Deed Type	Sale Screening Code	Sale Screening Source	Physical Change Code	Vacant/Improved
6750/1217	12/3/2012	\$276,500	WD	01			I
3165/4577	12/30/1991	\$72,400	WD				I
3133/0663	6/1/1991	\$10,400	CT				I
0150/C354	1/1/1900	\$0					

Sale screening and sale screening source codes are for assessment purposes only and have no bearing on potential marketability of the property.

Building Information

PDC #	Use Code	Year Built	Story Height	Frame Code	Exterior Code	Interior Code	Roof Type	Roof Material	Floors Code	Ceiling Code
1	1800	1927	11	03	03	01, 02, 03	09	03	03	01, 03, 04

Building Area Information

PDC #	Base Area	Garage Area	Open Porches	Car Port	Screened Porches	Utility Rooms	Enclosed Porch	Basements	Attics	Bonus Rooms	RV Carport	RV Garage	Total Base Area
1	5,557	2,304	735	0	0	0	0	0	0	0	0	0	5,557

Extra Feature Information

Extra Feature Description	Units
PAVING	504
WOOD DECK	400

Proposed Taxes 2013

Taxing Authorities	Ad Valorem Taxes Billed
County:	\$1,189.52
School:	\$1,592.32
City and/or MSTU:	\$642.35
Water Management:	\$68.73
Special District:	\$30.75
Debt Payment:	\$24.26
Total Ad Valorem:	\$3,547.93

Rollback Taxes 2013

Taxing Authorities	Ad Valorem Taxes Billed
County	\$1,162.25
School	\$1,632.01
City and/or MSTU	\$618.00
Water Management	\$68.73
SP District	\$29.75
Debt Payment	\$33.01
Total Ad Valorem	\$3,543.75

Dana Blickley, CFA

Brevard County Property Appraiser - MAP SEARCH

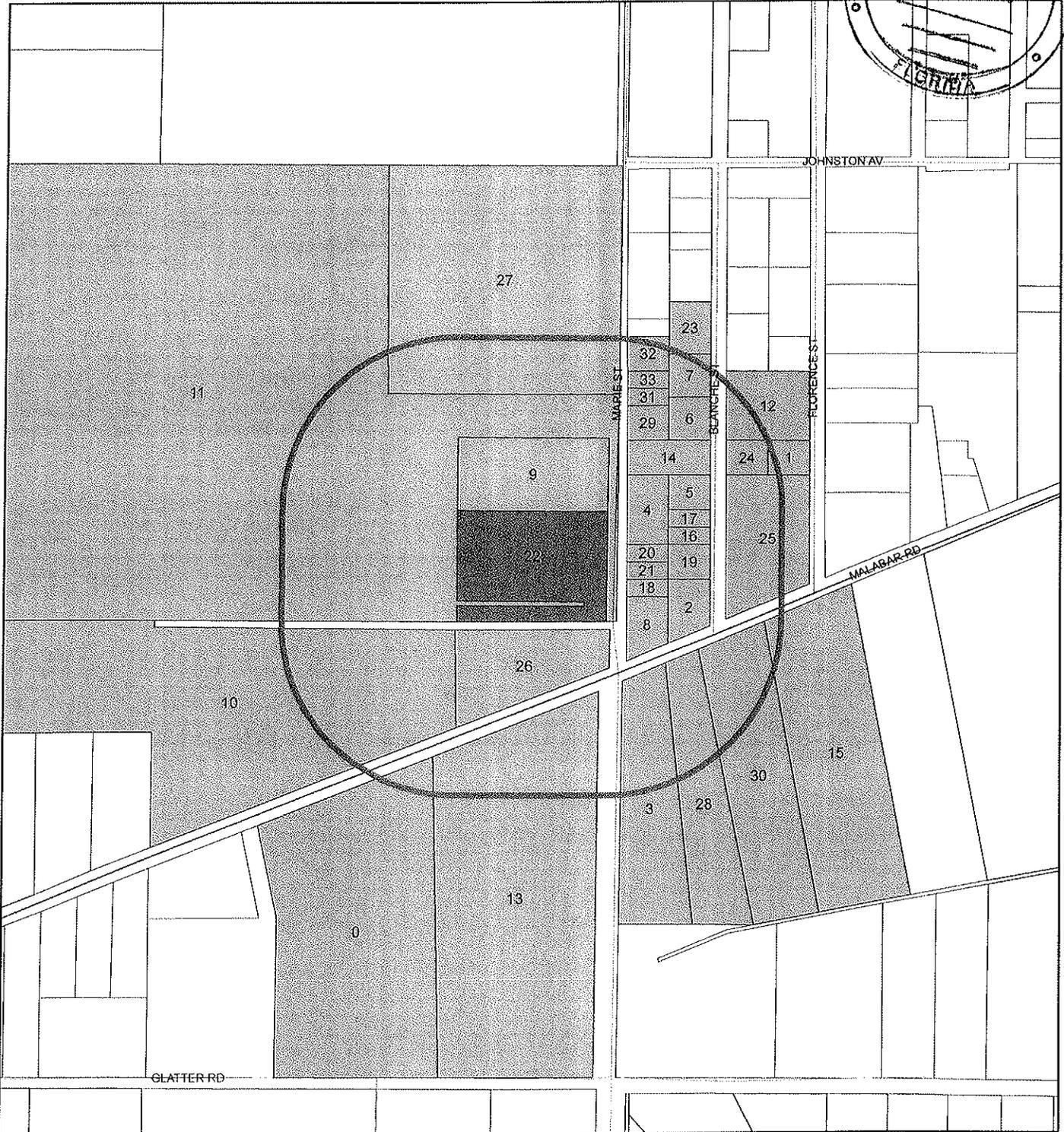


Zoom To	Account	Owner	Property Address	Parcel Identifier	
1	Aerial	2846306	MURDOCH, THOMAS E	1490 MARIE ST	28-37-36-00-00753.0-0000.0

RADIUS MAP

MURDOCH, THOMAS E

murdoch500



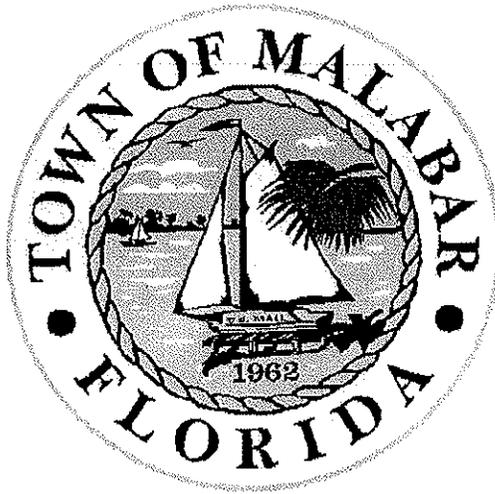
1:4,800 or 1 inch = 400 feet

Buffer Distance: 500 feet

-  Buffer
-  Subject Property
-  Notify Property
-  Parcels

This map was compiled from recorded documents and does not reflect an actual survey. The Brevard County Board of County Commissioners does not assume responsibility for errors or omissions hereon.

Produced by the Brevard County Planning and Zoning Office - GIS Section Date: 9/12/2013



PUBLIC NOTICE

CASE NO. 2013-ZC1

The Public Hearing for a Zoning Change Request
will be conducted at:
Town of Malabar Council Chambers
2725 Malabar Road

Planning & Zoning Board Meeting:
October 23, 2013 @ 7:30 pm
A Final Decision will be made by Malabar Council at a
Public Hearing on November 4, 2013

APPLICANT: Thomas Murdoch

REQUEST: Change Zoning from Commercial Limited (CL) to Residential Limited Commercial (R/LC) on a 2.4 acre parcel located at 1490 Marie Street, AKA Township 28, Range 37, Section 36, Parcel 00753. This request if granted will not change the Land Use Designation of Commercial

FOR MORE INFORMATION
CONTACT THE BUILDING DEPARTMENT
AT (321) 727-7764 X 14



2725 Malabar Road, Malabar, FL 32950
321-727-7764 (Voice) 321-722-2234 (Fax)
www.townofmalabar.org

September 25, 2013

**TOWN OF MALABAR
NOTICE OF PUBLIC HEARING on ORDINANCE 2013-67**

This is a Public Notice for a Public Hearing to consider a proposal to adopt Ordinance 2013-67. The Town's Planning and Zoning Board, Town of Malabar, Brevard County, Florida will convene in the Town Hall, 2725 Malabar Road, Malabar, Florida on Wednesday, October 23, 2013 at 7:30 pm or as soon thereafter as the matter can be heard, for a Public Hearing on Ordinance 2013-67, a request for a zoning change for a 2.4 acre site located in Township 28, Range 37, Section 36, Lot 00753, also known as 1490 Marie Street. The request is to change the zoning designation from CL (Commercial Limited) to R/LC (Residential/Limited Commercial). The applicant is Mr. Thomas Murdoch. The Town Council will then consider the Planning and Zoning Board's recommendation at a Public Hearing scheduled for November 4, 2013 at 7:30 pm or as soon thereafter as the matter can be heard to adopt Ordinance 2013-67.

Ordinance 2013-67

AN ORDINANCE OF THE TOWN OF MALABAR, BREVARD COUNTY, FLORIDA; REZONING THE PROPERTY AS FOLLOWS: A PARCEL OF LAND LYING ON THE NORTH SIDE OF MALABAR ROAD, LOCATED IN TOWNSHIP 28, RANGE 37, SECTION 36, PARCEL 00753, ALSO KNOWN AS 1490 MARIE STREET, IN THE TOWN OF MALABAR, BREVARD COUNTY, FLORIDA; FROM COMMERCIAL LIMITED (CL) TO RESIDENTIAL LIMITED COMMERCIAL (R/LC); PROVIDING FOR AMENDMENT TO THE OFFICIAL TOWN ZONING MAP; PROVIDING AN EFFECTIVE DATE.

The proposed change described in Ordinance 2013-67 may be inspected by the public at the Town Clerk's Office between the hours of 8:30AM and 4:30PM weekdays. Interested persons are encouraged to appear at these hearings and provide comments regarding the proposed project. Persons with disabilities needing assistance to participate in any of these proceedings should contact the Clerk's Office, ADA Coordinator, 48 hours in advance of the meeting at 321-727-7764.

Debby K. Franklin, Town Clerk

If you received this notice then you are listed as a owner of property, as shown in the records of Brevard County Property Appraiser's office, within 500' of the applicant's requested zoning change. This Notice is provided as required by Malabar Land Development Code, Article XII, Section 1-12.2.E.8.

Florida Today Newspaper 10/11/13

ings at (321) 724-7244

66 NOTICE OF PUBLIC HEARING

AD#316010.10/11/2013

**TOWN OF MALABAR
NOTICE OF PUBLIC HEARING
on ORDINANCE 2013-67**

This is a Public Notice for a Public Hearing to consider a proposal to adopt Ordinance 2013-67. The Town's Planning and Zoning Board, Town of Malabar, Brevard County, Florida will convene in the Town Hall, 7725 Malabar Road, Malabar, Florida, on Wednesday, October 23, 2013 at 7:30 pm or as soon thereafter as the matter can be heard, for a Public Hearing on Ordinance 2013-67, a request for a zoning change for a 2.4 acre site located in Township 26, Range 37, Section 36, Lot 00753, also known as 1490 Marie Street. The request is to change the zoning designation from CL (Commercial Limited) to R/LC (Residential/Limited Commercial). The applicant is Mr. Thomas Murdoch. The Town Council will then consider the Planning and Zoning Board's recommendation at a Public Hearing scheduled for November 11, 2013 at 7:30 pm or as soon thereafter as the matter can be heard to adopt Ordinance 2013-67.

Ordinance 2013-67

AN ORDINANCE OF THE TOWN OF MALABAR, BREVARD COUNTY, FLORIDA, REZONING THE PROPERTY AS FOLLOWS: A PARCEL OF LAND LYING ON THE NORTH SIDE OF MALABAR ROAD, LOCATED IN TOWNSHIP 26, RANGE 37, SECTION 36, PARCEL 00753, ALSO KNOWN AS 1490 MARIE STREET, IN THE TOWN OF MALABAR, BREVARD COUNTY, FLORIDA, FROM COMMERCIAL LIMITED (CL) TO RESIDENTIAL LIMITED COMMERCIAL (R/LC), PROVIDING FOR AMENDMENT TO THE OFFICIAL TOWN ZONING MAP, PROVIDING AN EFFECTIVE DATE.

The proposed change described in Ordinance 2013-67 may be inspected by the public at the Town Clerk's Office between the hours of 8:30AM and 4:30PM weekdays. Interested persons are encouraged to appear at these hearings and provide comments regarding the proposed project. Persons with disabilities needing assistance to participate in any of these proceedings should contact the Clerk's Office, ADA Coordinator, 48 hours in advance of the meeting at 321-727-7744.

Debby K. Franklin, Town Clerk

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murdoch500
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MURDOCH, Thomas

ADAMS, KENNETH G TRUSTEE
P O BOX 500790
MALABAR FL 32950 790

BATCHER, MICHAELA
BATCHER, LISA M H/W
871 COTORRO RD SE
PALM BAY FL 32909 0

BRANNEN, DONALD F
2420 MALABAR RD
MALABAR FL 32950 4407

BRILLANTE, ALDA M TRUSTEE
131 SEVENTH AVENUE
INDIALANTIC FL 32903 0

~~DAVIS, LAURANCE H III
1475 MARIE ST
MALABAR FL 32950 0~~

DAVIS, LAURANCE III
DAVIS, GLORIA H/W
1475 MARIE ST
MALABAR FL 32950 0

DAWSON, JEFFREY L
DAWSON, VICTORIA B H/W
1420 BLANCHE STREET
MALABAR FL 32950 6905

EASTERLING, SCOTT D
EASTERLING, VICKI M H/W
1400 BLANCHE ST
MALABAR FL 32950 0

FIRST SERVICE JOINT VENTURE LLC
P O BOX 99
MELBOURNE FL 32902 99

FLORIDA, STATE OF
MAIL STATION 115 STATE LAND
3900 COMMONWEALTH BLVD
TALLAHASSEE FL 32399 3000

~~FLORIDA, STATE OF (IITF)
3900 COMMONWEALT BLVD MS 115
TALLAHASSEE FL 32399 3000~~

~~FLORIDA, STATE OF (IITF)
DIVISION OF STATE LANDS
C/O FL DEPT OF ENVIRON PROT
3900 COMMONWEALTH BLVD - MS 115
TALLAHASSEE FL 32399 3000~~

GASPERINI, ROSITA
1405 BLANCHE ST
MALABAR FL 32950 0

GOD'S HEALING HOLINESS CHRISTIAN
CHURCH INC
1690 MARIE ST
MALABAR FL 32950 0

HOSSEINIAN, SHAABAN
PARSA, PARVIN H/W
1437 MARIE ST
MALABAR FL 32950 0

MAHONEY, MARK D
MAHONEY, LAURA H/W
2475 MALABAR RD
MALABAR FL 32950 0

MARSHALL, TIMOTHY W
MARSHALL, JACQUELINE
3795 BURTON RD
MALABAR FL 32950 0

~~MARSHALL, TIMOTHY W
MARSHALL, JACQUELINE
3795 BURTON RD
MALABAR FL 32950 0~~

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MARSHALL, JACQUELINE
3795 BURTON RD
MALABAR FL 32950 0~~

~~MARSHALL, TIMOTHY W
MARSHALL, JACQUELINE
3795 BURTON RD
MALABAR FL 32950 0~~

~~MURDOCH, THOMAS E
MURDOCH, JOANNE S H/W
21 RIVERSIDE DR UNIT 901
COCOA FL 32922 0~~

PATRICELLI, CHERIE
1376 BLANCHE STREET
MALABAR FL 32950 0

PRETE, EVE
PRETE, PAUL
1878 LOGAN DR SE
PALM BAY FL 32909 0

PROCTOR, DOUGLAS K
5792 DE SOTO ROAD
LAKE WORTH FL 33463 0

SHEPHARD, NATHANIEL
SHEPHARD, JAMES ET AL
901 E JUNIPER AVE
MELBOURNE FL 32901 0

STACK, JAMES L JR
495 SPALDING DR NW
ATLANTA GA 30328 0

①

murdoch500
Page2

~~ZEMKOSKI, JEAN A TRUSTEE
1401 MARIE STREET
MALABAR FL 32950 0~~

ZEMKOSKI, JEAN A TRUSTEE
1401 MARIE STREET
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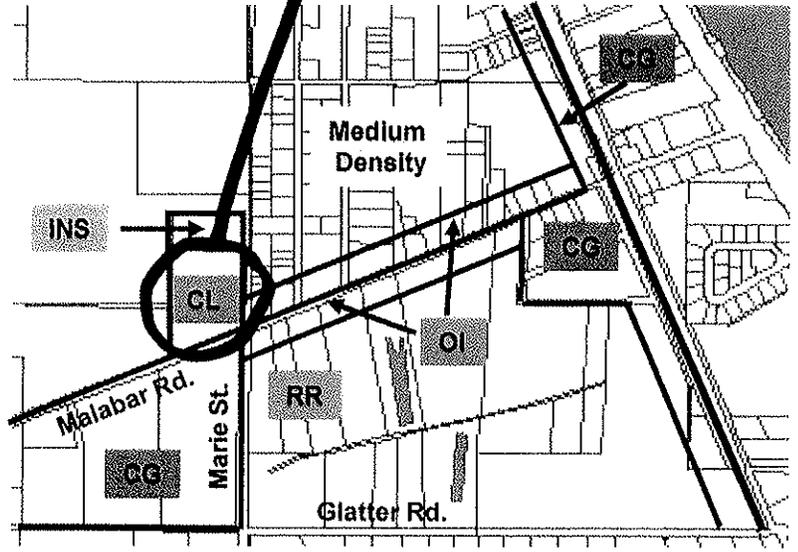
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MALABAR FL 32950 0~~

~~ZEMKOSKI, JEAN A TRUSTEE
1401 MARIE ST
MALABAR FL 32950 0~~

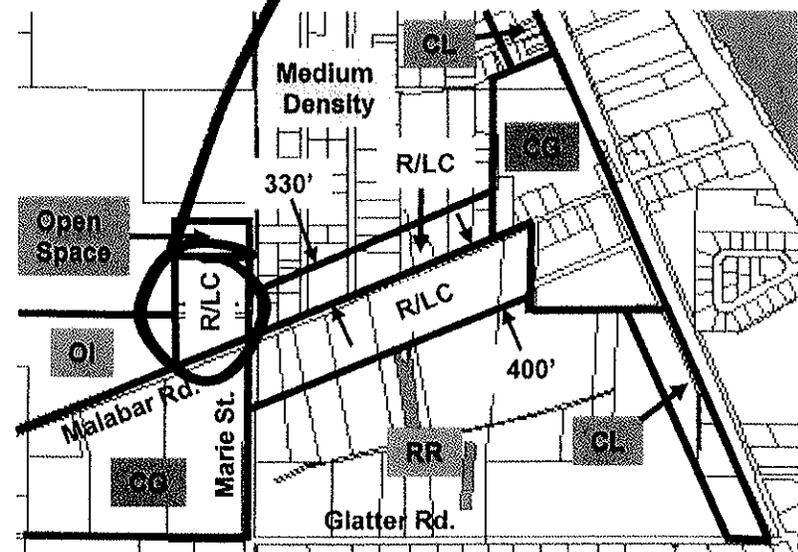
Land Use Along Malabar Rd. (Marie St. to RR Tracks)

DRAFT

Present Land Use



Proposed Land Use



PORTION OF:

ARTICLE III

DISTRICT PROVISIONS

Portion Art III District Provisions

A Malabar Vernacular Style is required for all development along arterial roadways.

- J. *INS "Institutional Services."* The INS district is established to implement comprehensive plan policies for managing institutional development. The district is intended to accommodate public and semi-public facilities such as government administration buildings; fire, police, and rescue services; health care delivery services; and educational institutions. Land uses such as places of worship, cultural or civic centers, and other similar public or private not-for-profit uses may be included within this district.



- K. *CL "Commercial Limited."* The CL district is established to implement comprehensive plan policies for managing limited commercial development accessible to major thoroughfares near residential neighborhoods. Such development is intended to provide essential household services in locations highly accessible to residential areas. For instance, sites within this district are intended to accommodate neighborhood shops with limited inventory or goods. Such shops generally cater to the following markets:

- Neighborhood residential markets within the immediate vicinity as opposed to city-wide or regional market; or
- A specialized market with customized market demands.
- A Malabar Vernacular Style is required for all development along arterial roadways.

Areas designated for limited commercial development are not intended to accommodate large-scale retail sales, services, and trade activities, generally serving a city-wide or regional market. Such stores would usually differ from limited commercial shops since the former would usually require a larger floor area, carry a relatively larger inventory and require substantially greater parking area. Uses, which are not intended to be accommodated within the limited commercial area, include the following: large scale discount stores; health spas; supermarket; department stores; large scale wholesaling and warehousing activities; general sales, services or repair of motor vehicles, heavy equipment, machinery or accessory parts, including tire and battery shops and automotive service centers; commercial amusements; and fast food establishments primarily serving in disposable containers and/or providing drive-in facilities. No residential uses shall be located in the limited commercial district.

- L. *CG "Commercial General."* The CG district is established to implement comprehensive plan policies for managing general commercial development. The general commercial district is designed to accommodate general retail sales and services. Sites designated for CG zoning shall be located in highly accessible areas adjacent to major thoroughfares which possess necessary location, site, and market requirements required by general commercial land use activities.

The general commercial district shall also accommodate commercial trades in strategically designated areas as defined in the conditional use criteria. Development standards within the land development code shall require that site plans incorporate amenities necessary to prevent potential adverse effects on the traffic circulation system, public services, and residential development within the vicinity.

The general commercial district is not intended to accommodate manufacturing, processing, or assembly of goods, sales and services of heavy commercial vehicles and equipment, or related services or maintenance activities; warehousing; uses requiring extensive outside storage; or other activities or trades which may generate

nuisance impacts, including glare, smoke, or other air pollutants, noise, vibration or major fire hazards. Finally, no permanent residential housing shall be located within the general commercial district.

The location and distribution of general commercial activities shall be determined based on the following considerations:

- Trip generation characteristics, impact on existing and plan transportation facilities and ability to achieve a functional internal circulation and landscaped off-street parking system;
- Location and site requirements based on specific needs of respective commercial activities, their market area, anticipated employment generation, and floor area requirements;
- Compatibility with and impact on other surrounding commercial activities;
- Relationship to surrounding land uses and natural systems; and
- Impact on existing and planned community services and utilities.
- A Malabar Vernacular Style is required for all development along arterial roadways.

- M. *IND "Industrial."* The industrial district is established to implement comprehensive plan policies for managing industrial development. In locating industrial districts, consideration shall be directed to selecting sites accessible to rail facilities, terminal facilities, major arterials, labor markets, and necessary urban services. Industrial districts shall not include residential activities. However, residence for night watchman or custodians whose presence on industrial sites is necessary for security purposes may be approved as an accessory use. Industrial districts shall be accessible to major thoroughfares and shall be buffered from residential neighborhoods.

Any additional industrial zoning shall be consistent with the comprehensive plan, including criteria for siting industrial activities, including but not limited to, policy 1-1.3.1, policy 1-1.3.2, and policy 1-1.3.3.

- N. *PUD "Planned Unit Development."* The PUD district is established to implement comprehensive plan policies for managing planned unit development. The comprehensive plan incorporates policies encouraging innovative development concepts, including mixed use development. The planned unit development is intended to provide a voluntary framework for coordinating objectives of developers which may require departures from established public policy. The planned unit development district provides a management strategy for negotiating innovative development concepts, design amenities, and measures for protecting natural features of the land. The management process shall promote public and private coordination and cooperation. The land development code incorporates detailed regulations, standards, and procedures for implementing the planned unit development concept.

The planned unit development district shall be available as a voluntary approach for managing specific development characteristics and project amenities to be incorporated in residential, commercial, industrial or mixed use development. Developers who voluntarily participate in the process shall bind themselves as well as their successors in title to the stipulations within the development order approving the planned unit development district.



- O. *R/LC "Residential and Limited Commercial."* The R/LC district is established to implement comprehensive plan policies for managing development on land specifically designated for mixed use Residential and Limited Commercial

development on the Comprehensive Plan Future Land Use Map (FLUM). Such development is intended to accommodate limited commercial goods and services together with residential activities on specific sites designated "R/LC" which are situated along the west side of the US 1 corridor as delineated on the FLUM. For instance, sites within this district are intended to accommodate neighborhood shops with limited inventory or goods as well as single family and multiple family structures with a density up to six (6) units per acre. Commercial activities shall generally cater to the following markets:

- Local residential markets within the town as opposed to regional markets; or
- Specialized markets with customized market demands.
- A Malabar Vernacular Style is required for all development along arterial roadways.

Areas designated for mixed use Residential and Limited Commercial development are not intended to accommodate commercial activities with a floor area in excess of four thousand (4,000) square feet, such as large-scale retail sales and/or service facilities or trade activities. These types of commercial activities generally serve regional markets and the intensity of such commercial activities is not generally compatible with residential activities located within the same structure or located at an adjacent or nearby site. Such stores would usually differ from limited commercial shops since the former would usually require a floor area larger than four thousand (4,000) square feet; would generally carry a relatively larger inventory; and require substantially greater parking area. Uses, which are not intended to be accommodated within the limited commercial area, include the following: large-scale discount stores; health spas; supermarket; department stores; large scale wholesaling and warehousing activities; general sales, services or repair of motor vehicles, heavy equipment, machinery or accessory parts, including tire and battery shops and automotive service centers; commercial amusements; and fast food establishments primarily serving in disposal containers and/or providing drive-in facilities.

Single family or multiple family residential uses with a density no greater than six (6) units per acre may also be located in the R/LC district. Such residential uses may be located either within a freestanding structure or within a structure housing both Residential and Limited Commercial activities. The R/LC district is intended and shall be interpreted to be a "commercial" district with respect to required setbacks and other size and dimension provisions referenced by zoning district in this Code.

(Ord. No. 94-4, § 2, 4-3-95; Ord. No. 07-02, §§ 1—4, 4-2-07)

Section 1-3.2. Land use by districts.

Table 1-3.2 "Land Use by Districts" stipulates the permitted and conditional uses by district.

Permitted uses are uses allowed by right provided all applicable regulations within the land development code are satisfied as well as other applicable laws and administration regulations. Conditional uses are allowable only if approved by the Town pursuant to administrative procedures found in Article VI. The applicant requesting a conditional use must demonstrate compliance with conditional use criteria set forth in Article VI.

No permitted use or conditional use shall be approved unless a site plan for such use is first submitted by the applicant. The applicant shall bear the burden of proof in demonstrating

TABLE 1-3.2. LAND USE BY DISTRICTS



	RR-65	RS-21	RS-15	RS-10	RM-4	RM-6	R-MH	OI	CL	CG	R/LC	IND	INS	CP
RESIDENTIAL USES														
Duplex					P	P					P			
Mobile Homes							P							
Multiple Family Dwelling					P	P					P			
Single Family Dwellings	P	P	P	P	P	P	P				P			
COMMUNITY FACILITIES														
Administrative Services (Public and Not-for-Profit)								P	P	P	P		P	
Child Care Facilities								C			C		C	
Churches, Synagogues and Other Places of Worship	C	C	C	C	C	C		P, A ¹	P	P	P		P	
Clubs and Lodges (Not-for-Profit)									P	P				
Cultural or Civic Activities								P	P	P	P		P	
Educational Institutions								C, A ¹					C	
Golf Course Facilities	C													
Group Homes					C	C		C			P		C	
Hospital and Extensive Care Fa- cilities								C					C	
Nursing Homes (Including Rest Homes and Convalescent Homes)					C	C		C			C		C	
Protective Services					C	C	C	C	C	C	C	C	C	C
Public Parks and Recreation	C	C	C	C	C	C	C	C	C	C	C	C	C	C
Public and Private Utilities	C	C	C	C	C	C	C	C	C	C	C	C	C	C

Supp. No. 20

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DISTRICT PROVISIONS

§ 1-3.2

	RR-65	RS-21	RS-15	RS-10	RM-4	RM-6	R-MH	OI	CL	CG	R/LC	IND	INS	CP
Manufacturing Service Establishments												P		
Vehicle and Other Mechanical Repair and Services												P		
Warehouse, Storage and Distribution Activities										C*		P		
WATER DEVELOPMENT NONCOMMERCIAL ACTIVITIES														
Noncommercial piers, boat slips, and docks														C

C = Conditional Use

P = Permitted Uses

A = Accessory Use

* = These uses are permitted only on sites abutting Babcock Street, US 1, and West Railroad Avenue.

1 = Allowing up to 1,000 square feet of a church or educational institution for the housing of a caretaker or security guard serving the church or educational institution. No such use shall be allowed unless administrative approval is granted by the Town.

¹ Any Bed and Breakfast which is proposed to have more than five (5) living quarters shall only be approved as a conditional use in accordance with Article VI of the Land Development Regulations.

² Any Arcade Amusement Center and Electronic Gaming Establishment as defined herein shall only be approved as a conditional use in accordance with Article VI of the Malabar Land Development Code.

(Ord. No. 94-4, § 3, 4-3-95; Ord. No. 97-3, § 2, 3-17-97; Ord. No. 05-01, § 1, 3-7-05; Ord. No. 06-19, § 1, 1-11-07; Ord. No. 12-48, § 2, 1-23-12)

TABLE 1-3.3(A). SIZE AND DIMENSION REGULATIONS

Zoning District	Minimum Lot (1)			Maximum Height (ft./ stories)	Minimum Living Area (sq. ft.)	Setback (ft.)(2)				Maximum Impervious Surface Ratio (%)	Maximum Building Coverage	Minimum Open Space (%)	Maximum Density (units per acre) with Central Water and Wastewater
	Size (sq. ft.)	Width (ft.)	Depth (ft.)			Front	Rear	Side (I)	Side (C)				
Rural Residential Development													
RR-65	65,340	150	250	35/3	1,600	40	30	30	30	20	N/A	80	0.66
Traditional Single Family Residential Development													
RS-21	21,780	120	150	35/3	1,800	35	20	15	15	35	N/A	65	2.00
RS-15	15,000	100	120	35/3	1,500	30	20	15	15	45	N/A	55	2.904
RS-10	10,000	75	100	35/3	1,200	25	20	10	10	50	N/A	50	4.00
Multiple Family Residential Development													
RM-4	5 Acres Minimum Site	200	200	35/3	1 Bedroom: 900 2 Bedroom: 1100 3 Bedroom: 1300 Each Additional Bedroom: 120	60	40	40	40	50	N/A	50	4.00
RM-6	5 acres Minimum Site	200	200	35/3	Single Family:	25	20	10	10	50	n/a	50	6
					Multiple Family: 1 Bedroom: 500 2 Bedroom: 700 3 Bedroom: 900 Each Additional Bedroom: 120	60	40	40	40	50	n/a	50	6
Mixed Use Development													
R/LC	29,000	100	150	35/3	Single Family:	25	20	10	10	50	n/a	50	4
					Multiple Family: 1 Bedroom: 500 2 Bedroom: 700 3 Bedroom: 900 Each Additional Bedroom: 120	50	25	10 ⁴	20	65	n/a	35	6
					Commercial: Min. Area: 900 Max. Area 4,000						0.20		
Mobile Home Residential Development													
R-MH	Site: 5 Acres Lot: 7000					10	8	8	10	50	N/A	50	6.00
Office Development													

DISTRICT PROVISIONS

§ 1-3.3

Zoning District	Minimum Lot (1)			Maximum Height (ft./ stories)	Minimum Living Area (sq. ft.)	Setback (ft.)(2)				Maximum Impervious Surface Ratio (%)	Maximum Building Coverage	Minimum Open Space (%)	Maximum Density (units per acre) with Central Water and Wastewater
	Size (sq. ft.)	Width (ft.)	Depth (ft.)			Front	Rear	Side (I)	Side (C)				
OI	20,000	100	150	35/3	Minimum Floor Area: 1000	35/60	25	20	25	65	20	35	N/A
Commercial Development													
CL	20,000	100	160	35/3	Minimum Floor Area: 900 Min. Area: 900 Max. Area: 4,000	60	25	10 ⁴ 15 ³	20	65	0.20	35	N/A
CG	20,000	100	150	35/3	Minimum Floor Area: 1200 Minimum Hotel/Motel Area: 300 Each Unit	60	25	20 ⁴ 15 ³	30	65	0.20	35	N/A
Industrial Development													
IND	20,000	100	150	35/3	Minimum Floor Area: 1200	60 100 ⁶	25 100 ⁶	20 100 ⁶	30 100 ⁶	70	0.42	30	N/A
Institutional Development													
INS	20,000	100	150	35/3	Minimum Floor Area: 1200	50	25	20	30	60	0.20 0.10 ⁶	40	N/A
Coastal Preservation													
CP	No Size or Dimension Standards Adopted												

¹Minimum size sites and lots include one-half of adjacent public right-of-way.

²Minimum setbacks determined from the existing right-of-way line where the yard abuts a public street pursuant to the above cited standards or from the center of the right-of-way pursuant to Table 1-3.3(E) whichever is most restrictive.

³Setback where rear lot line abuts an alley.

⁴Setback shall be greater where side property line abuts a district requiring a larger setback on the abutting yard. In such case the more restrictive abutting setback shall apply.

⁵Where any yard of industrial zoned property abuts a residential district, the building setback for such yard shall be 100 feet.

⁶Recreation activities maximum FAR shall be .10.

TOWN OF MALABAR

MEMORANDUM

Date: October 1, 2013 13-BO-023
To: Planning & Zoning Board
From: Roger Cloutier, Malabar Building Official RC
Ref: Land Use Amendment & Zoning Changes; 1490 Marie Street, Malabar
"CL" (Commercial Limited) to "R/LC" (Residential/ Limited Commercial)

I have no adverse comments concerning this change.

**TOWN OF MALABAR
MEMORANDUM**



Date: 10-16-2013
To: Denine Sherear, Assistant to Building Official
From: Morris Smith, Town Engineer
Ref: 1490 Marie Street – Old Schoolhouse – application for Zoning Change

Memo: 13-CE-20
Project No.:
Variance No.:

Hi Denine...

I am in receipt of your request to review the application for Zoning Change at the Old Schoolhouse site from CL (Commercial Limited) to R/LC (Residential / Limited Commercial).

This zoning change is in harmony with the proposed revisions to the overall Comprehensive Plan that is presently in process with the Town staff and Boards.

Table 1-3.2 Land Use by Districts shows the following as permitted uses for R/LC:

1. Single Family Residential,
2. Cultural or Civic Activities,
3. Business and Professional Offices,
4. Limited Commercial Activities and
5. Restaurants (Except Drive-Ins and Fast Food Service),

These five (5) permitted uses are at the core for which the owners would like to use their site.

When the Town performed its due-diligence upon considering the purchase of the site a report was generated that stated the first and second floor areas as approximately 2,800 square feet each. The total useable space in the school building is approximately 5,600 square feet.

Table 1-3.3(A) Size and Dimension Regulations:

1. Minimum Lot size of 20,000 square feet is exceeded,
2. Maximum Building Height is not exceeded and
3. Maximum Area for Commercial Use is 4,000 square feet.

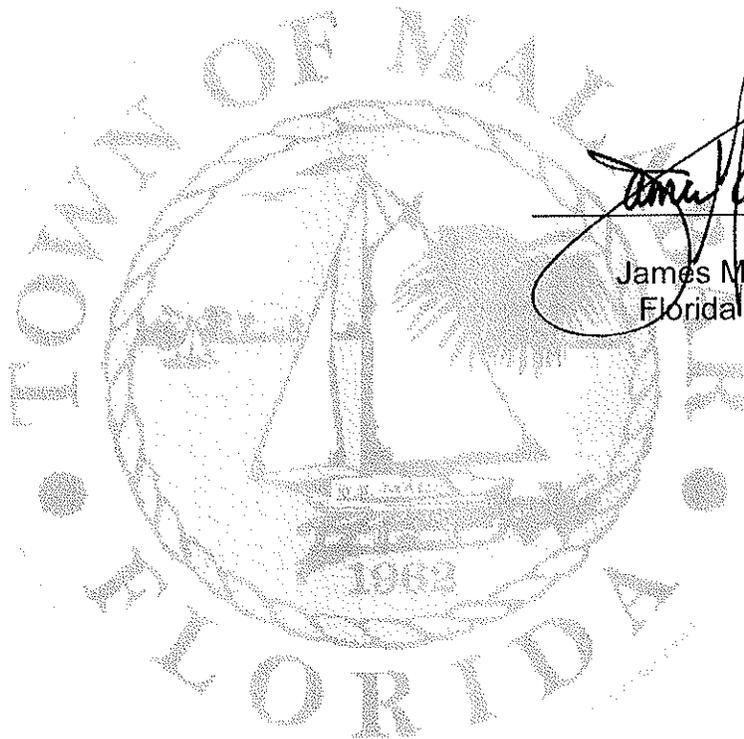
No land survey showing the location of the building in reference to the property lines is available to use as a basis of commenting on whether setbacks are met.

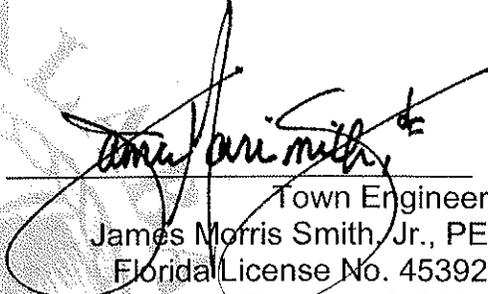
TOWN OF MALABAR
MEMORANDUM

Based upon Table 1-3.3(A) all of the 2,800 square feet first floor space and 1,200 square feet of the second floor space could be used to maximize the 4,000 square feet allowable for commercial space.

If 1,200 of the second floor space is utilized for commercial space that would leave 1,600 square feet for second floor residential space.

Based upon my review of the Town's Zoning code I feel that the requested zoning change for this site is a positive benefit to the Town. I recommend approval of this zoning change.




Town Engineer
James Morris Smith, Jr., PE
Florida License No. 45392
October 16, 2013

TOWN OF MALABAR

PLANNING AND ZONING

AGENDA ITEM REPORT

AGENDA ITEM NO: 3
Meeting Date: October 23, 2013

Prepared By: **Denine M. Sherear Planning & Zoning Secretary**

SUBJECT: Code Requirements for Assisted Living Facilities (ALF)

BACKGROUND/HISTORY:

At the 10/09/13 meeting the Board reviewed Tables 1-3.2 and 1-6.1(B) again and made some more changes and corrections. There will be continued discussion on verbiage for Article II & III and VI.

The presentation that Pat Reilly, Chair made to Council went well, the Town Council and Attorney made suggestion on reviewing Section 1-9.2 Off-Street Parking that will be included in writing the Ordinance

Staff did research as requested by Board about checklists for Adult Family-Care Home and Community Homes, see attached.

It was suggested at the last meeting that all Board members submit their recommended verbiage to the Board Secretary. Then the Board could discuss the submittals and make a final recommendation.

ATTACHMENTS: (Please bring 3-Ring Binder from June 26th Meeting)

- Revised 10/14/13 Article III verbiage suggestion submitted by Chair, Pat Reilly
- Revised Tables 1-3.2 and 1.6.1(B) Dated 10/9/13
- Check list for Adult Family-Care Home and Community Homes
- Article IX Off-Street Parking
- Parking Space information submitted by Paladin Staff from other Municipalities

ACTION OPTIONS:

Board Discussion.

(PZ Draft Verbiage for Article III by Pat Reilly Oct.14, 2013)

Land Development Code ALF Additions

1. Public Health (note: see 16/160 in notebook)

Refer to Florida Statutes (F.S.) Title XXIX, Chapters 381 – 408 for the definitions and requirements of the following Public Health Facilities.

A. Hospital

"Hospital" means any establishment that:

(a) Offers services more intensive than those required for room, board, personal services, and general nursing care, and offers facilities and beds for use beyond 24 hours by individuals requiring diagnosis, treatment, or care for illness, injury, deformity, infirmity, abnormality, disease, or pregnancy; and

(b) Regularly makes available at least clinical laboratory services, diagnostic X-ray services, and treatment facilities for surgery or obstetrical care, or other definitive medical treatment of similar extent.

However, the provisions of this chapter do not apply to any institution conducted by or for the adherents of any well-recognized church or religious denomination that depends exclusively upon prayer or spiritual means to heal, care for, or treat any person. For purposes of local zoning matters, the term "hospital" includes a medical office building located on the same premises as a hospital facility, provided the land on which the medical office building is constructed is zoned for use as a hospital; provided the premises were zoned for hospital purposes on January 1, 1992. Refer to Chapters 395.

B. Nursing Home and Related Health Care Facilities

Refer to Chapters 400 for the definitions and requirements of the following Nursing Home and Health Care Facilities.

Part I Long-Term Care Facilities

"Long-term care facility" means a nursing home facility, assisted living facility, adult family-care home, board and care facility, or any other similar residential adult care facility.

Part II Nursing Homes

"Nursing Home Facility" means any institution, building, residence, private home, or other place, whether operated for profit or not, including a place operated by a county or municipality, which undertakes through its ownership or management to provide for a period exceeding 24-hour nursing care, personal care, or custodial care for three or more persons not related to the owner or manager by blood or marriage, who by reason of illness, physical infirmity, or advanced age require such services,

but does not include any place providing care and treatment primarily for the acutely ill. A facility offering services for fewer than three persons is within the meaning of this definition if it holds itself out to the public to be an establishment which regularly provides such services.

Part III Intermediate, Special Services, and Transitional Living Facilities

Intermediate care facilities; intent.—The Legislature recognizes the need to develop a continuum of long-term care in this state to meet the needs of the elderly and disabled persons. The Legislature finds that there is a gap between the level of care provided in assisted living facilities and in nursing homes. The Legislature finds that exploration of intermediate-level care facilities which would fill the gap between assisted living facilities and nursing homes, where both the federal and state government share the cost of providing care, is an appropriate option to explore in the continuum of care.

2. Social Welfare

Refer to Florida Statutes (F.S.) Title XXX, Chapters 409 – 430 for the definitions and requirements of the following Social Welfare Facilities.

A. Community Residential Homes (note: see 35/160 in notebook)

“Community Residential Home” means a dwelling unit licensed to serve residents who are clients of the Department of Elderly Affairs, the Agency for Persons with Disabilities, the Department of Juvenile Justice, or the Department of Children and Family Services or licensed by the Agency of Health Care Administration which provides a living environment for 7 to 14 unrelated residents who operate as the functional equivalent of a family, including such supervision and care by supportive staff as may be necessary to meet the physical, emotional, and social needs of the residents. Refer to Chapter 419.

There are 2 levels of Community Residential Homes:

- Level 1 is between 1 to 6 residence/beds
- Level 2 is between 7 to 14 residence/beds

B. Assisted Care Communities (note: see 39/160 in notebook)

Part I Assisted Living Facilities

“Assisted Living Facility (ALF)” means any building or buildings, section or distinct part of a building, private home, boarding home, home for the aged, or other residential facility, whether operated for profit or not, which undertakes through its ownership or management to provide housing, meals, and one or more personal services for a period exceeding 24 hours to one or more adults who are not relatives or the owner or administrator. Refer to Chapter 429.01 – 429.54.

There are 3 levels of Assisted Living Facilities:

- Level 1 is between 1 to 5 residence/beds
- Level 2 is between 6 and 15 residence/beds
- Level 3 is 16 residence/beds or more

In the RM-4 and RM-6 zoning districts, an ALF Factor of 3 will be used to determine the residence/bed density. For example, RM-4 is allowed 4 units per acre multiplied by the 3 ALF Factor is equal to 12 residence/beds per acre. RM-6 is allowed 6 units per acre multiplied by the 3 Assisted Living Factor is equal to 18 residence/beds per acre.

Part II Adult Family-Care Homes (note: see 88/160 in notebook)

“Adult Family-Care Homes” means a full-time, family-type living arrangement, in a private home, under which a person who owns or rents the home provides room, board, and personal care, on a 24-hour basis, for no more than five disabled adults or frail elders who are not relatives. Refer to Chapter 429.60 – 429.87.

There are 2 levels of Adult Family Care Homes:

Level 1 is between 1 to 5 residence/beds

Level 2 is between 6 to 14 residence/beds

Part III Adult Day Care Centers (note: see 97/160 in notebook)

“Adult Day Care Centers” or center means any building, buildings, or part of a building, whether operated for profit or not, in which is provided through its ownership or management, for part of a day, basic services to three or more persons who are 18 years of age or older, who are not related to the owner or operator by blood or marriage, and who require such services. Refer to Chapter 429.90 – 429.931

Pat Reilly’s input, as of 14 October 2013

REVISED from last P&Z (10/09/13) suggestions. Conditional(C) & Permitted (P) .

Table 1-3.2

		RR-65	RS-21	RS-15	RS-10	RM-4	RM-6	R-MH	OI	CL	CG	R/LC	IND	INS	CP
	Hospital and Extensive Care Facilities								C					C	
	Nursing Homes and Related Health Care Facilities					C	C		C					C	
	Community Residential Home														
	Level 1 (1 to 6 persons)	C (3)				C	C								
	Level 2 (7 to 14 persons)					C	C							C	
	Assisted Care Communities														
I	Assisted Living Facility														
	Level 1 (1 to 5 persons)		C	C	C	C (4)	C (4)					C			
	Level 2 (6 to 15 persons)					C (4)	C (4)								
	Level 3 (16 or more persons)					C (4)	C (4)								
II	Adult Family-Care Homes														
	Level 1 (1 to 5 persons)	C (3)	C	C	C	C	C					C			
	Level 2 (6 to 15 persons)		C	C		C	C								
III	Adult Day Care Centers					C	C		C			C		C	

(3) Allowed in RR-65, (1 to 2 persons) as defined in FS Title XXX Chapters 419 & 429

(4) ALF Factor of "3" only applies to RM4 & Rm6 for ALF's

REVISED from last P&Z (10/09/13) suggestions.

Table 1-6.1(B)

Conditional Land Uses	Minimum Size Site	Minimum Width/Depth (feet)	Access Required to Street	Building Setback from Residential District/Nonresidential District (feet)	Parking Lot Setbacks from Adjacent residential District/Nonresidential District (feet)	Perimeter Screening Residential District/Nonresidential District (5)	Curb Cut Controls
Hospital and Extensive Care Facilities	5 acres	325	Arterial	100/75	25/20	Type A/C	(7)
Nursing Homes and Related Health Care Facilities	2 acres	210	Paved	60/30	25/20	Type A/C	(7)
Community Residential Home							
Level 1 (1 to 6)	2 acres	210	Paved	60/30	25/20	Type A/C	(7)
Level 2 (7 to 14)	3 acres	210	Paved	60/30	25/20	Type A/C	(7)
Assisted Care Communities							
I Assisted Living Facility							
Level 1 (1 to 5)	2 acres	210	Arterial	60/30	25/20	Type A/C	(7)
Level 2 (6 to 15)	3 acres	210	Arterial	60/30	25/20	Type A/C	(7)
Level 3 (more than 16)	5 acres	325	Arterial	100/75	25/20	Type A/C	(7)
II Adult Family- Care Homes							
Level 1 (1 to 5)	2 acres	210	Paved	60/30	25/20	Type A/C	(7)
Level 2 (6 to 15)	3 acres	210	Arterial	60/30	25/20	Type A/C	(7)
Level 3 (more than 16)	5 acres	325	Arterial	100/75	25/20	Type A/C	(7)
III Adult Day Care Facilities	2 acres	210	Arterial	60/30	25/20	Type A/C	(7)



APPLICATION CHECKLIST

Health Care Licensing Application

Adult Family Care Home

This application is for licensure to operate an Adult Family Care Home as described in Chapter 429, Florida Statutes (F.S.). Applications must be received **at least 60 days prior** to the expiration of the current license or effective date of a change of ownership to avoid a late fine. If the renewal application is received by the Agency less than 60 days prior to the expiration date, it is subject to a late fee as set forth in statute. The applicant will receive notice of the amount of the late fee as part of the application process or by separate notice. **The application will be withdrawn from review if all the required documents and fees are not included with this application or received within 21 days of an omission notice.**

All forms listed below may be obtained from the website: <http://ahca.myflorida.com/MCHQ/COREBILL/INDEX.SHTML>. Send completed applications to: Agency for Health Care Administration, Assisted Living Unit, 2727 Mahan Drive, Mail Stop 30, Tallahassee, FL 32308.

A. ALL Applications must include:

- The biennial licensure fee of **\$226.34** - Please make check or money order payable to the **Agency for Health Care Administration (AHCA)**. All fees are nonrefundable. *NOTE: Starter checks and temporary checks are not accepted.*

- Health Care Licensing Application, Adult Family Care Homes, AHCA Form 3180-1022 - **All social security numbers must be entered on the Health Care Licensing Application Addendum, AHCA Form 3110-1024**. The Addendum must accompany all initial applications and renewal applications that have changes in the financial interests since the last application for this license.

- Complete the information that is applicable; write "NA" on the items that are not applicable, sign, date and send with the application

- Level 2 background screening for the Owner and all household members/relief staff is required every 5 years.** Please check all boxes below that apply to this application:
 - The Owner and/or household members/relief staff submitted a Level 2 screening through a **LiveScan vendor** approved to submit fingerprint requests through the Florida Department of Law Enforcement (FDLE). For more information regarding LiveScan vendors please see the Agency's background screening website at:
http://ahca.myflorida.com/MCHQ/Long_Term_Care/Background_Screening/index.shtml.

All screening results must be sent to the **Agency for Health Care Administration** (Agency) for review and eligibility determinations. If you choose to use a LiveScan source other than the Agency's contracted vendor you **must provide** the following **ORI FL922020Z** and identify the Agency for Health Care Administration as the recipient of the screening results to ensure the results are reviewed by the Agency. If the Agency does not receive the result, additional screening and fees may be required.

The Agency has created a form that you may use to take to the vendor. You may access this form, Background Screening Validation, on the Agency's website at: http://ahca.myflorida.com/MCHQ/Long_Term_Care/Background_Screening/index.shtml.

The Agency has created a form that you may use to take to the vendor. You may access this form, Background Screening Validation, on the Agency's website at:
http://ahca.myflorida.com/MCHQ/Long_Term_Care/Background_Screening/index.shtml.

- The Owner and/or household members/relief staff do not have access to a Florida LiveScan vendor and will submit a fingerprint card (***you must obtain a fingerprint card from the Agency.*** To request a fingerprint card please contact the Agency's Background Screening Section at (850)412-4503 or email bgscreen@ahca.myflorida.com). The fingerprint card must be submitted to:
- The Agency's contracted vendor, Cogent Systems, along ***with a fee of \$55.50*** (\$40.50 for the screening + \$15.00 processing fee). The fingerprint card must be filled out completely and the fingerprints taken by law enforcement personnel or individual trained in processing fingerprints. Return the completed card to:
Cogent Systems
Attn: Fingerprint Card Scan Florida
5025 Bradenton Ave Suite A
Dublin, OH 43017
- Another LiveScan vendor authorized to provide services in Florida that is equipped to transmit the images of the fingerprints from the fingerprint card electronically. This requires special equipment and not all LiveScan vendors have this ability. You may find LiveScan vendor contact information on the FDLE website:
<http://www.fdle.state.fl.us/Content/getdoc/04833e12-3fc6-4c03-9993-379244e0da50/livescan.aspx>.
- Proof of Level 2 screening within the previous 5 years for the Owner and/or all household members/ relief staff from the Agency, the Department of Children and Families, Department of Health, Agency for Persons with Disabilities or Department of Financial Services (if the applicant has a certificate of authority to operate a continuing care retirement community) is included with this application. An Affidavit of Compliance with Background Screening Requirements, AHCA Form 3100-0008, is also enclosed.

B. Additional Information needed for INITIAL Applications:

- Local Zoning Form for Assisted Living and Adult Family Care Homes, AHCA Form 3180-1021
- Community Residential Home Affidavit of Compliance
- A Fire Inspection Report from the local fire authority.
- Residential Group Care Inspection Report, DH Form 4029
- Proof of the licensee's right to occupy the home such as a copy of a lease, sublease agreement, or warranty deed
- AFCH Income & Expense Statement, AHCA Form 3180-1017, September 1996

C. Change During License Period:

Request to increase/decrease number of licensed beds:

- Complete and submit sections 1, 2 and 9 of the Health Care Licensing Application, Adult Family Care Homes, AHCA Form 3180-1022
- \$25.00 fee for replacement license/reissue of license due to change during licensure period. Please make check or money order payable to the *Agency for Health Care Administration (AHCA)*. All fees are nonrefundable

All forms can be obtained from the website at

<http://ahca.myflorida.com/MCHQ/COREBILL/INDEX.SHTML>

RETURN FORMS + FEE(s) TO:

Agency for Health Care Administration, Assisted Living Unit, 2727 Mahan Drive, Mail Stop #30, Tallahassee, FL 32308

IMPORTANT NOTE FOR RENEWALS:

Applications must be received at the address above **at least 60 days in advance** of expiration of registration.

NOTE: If you have additional questions after reviewing the application forms and the AHCA web site: http://ahca.myflorida.com/MCHQ/Long_Term_Care/Assisted_living/afc.shtml, please call the Assisted Living staff in the Long Term Care Unit at (850)412-4303. Staff will be happy to answer questions, but cannot walk you through the application forms. Filling out the forms is part of your responsibility as an applicant. The Agency's role in this process is to evaluate your application and, if there are items missing from your application once received, send you a letter that gives you another chance to complete the application successfully. If you need help in filling out the application forms, we would advise you to seek help from an attorney or a consultant.

A fee of \$25.00 will be charged for a replacement license or any business name change or change of address that occurs before the expiration of the license.

Notice: If you are a Medicaid provider, you may have a separate obligation to notify the Medicaid program of a name/address change, change of ownership or other change of information. Please refer to your Medicaid handbooks for additional information about Medicaid program policy regarding changes to provider enrollment information.

The Agency for Health Care Administration scans all documents for electronic storage. In an effort to facilitate this process, we ask that you **please place checks, money orders and fingerprint cards on top of the application and paperclip everything together.** Please do not staple or bind documents submitted to the Agency.



AHCA USE ONLY:

File #: _____
 Application #: _____
 Check #: _____
 Check Amt: _____
 Batch #: _____

**Health Care Licensing Application
 ADULT FAMILY CARE HOME**

Under the authority of Chapters 408 Part II and 429 Florida Statutes (F.S.) and Chapter 59A-35, an application is hereby made to operate an adult family care home as indicated below:

1. Provider / Licensee Information

A. Provider Information – please complete the following for the Adult Family Care Home name and location. Provider name, address and telephone number will be listed on <http://www.floridahealthfinder.gov/>

License # (for renewal & change of ownership applications)	National Provider Identifier (NPI) (if applicable)	Medicare # (CMS CCN)	Medicaid #
Name of Adult Family Care Home (name your business will use)			
Street Address (physical location of business)			
Name of Adult Family Care Home (if operated under a fictitious name, list that here)			
Street Address			
City	County	State	Zip
Telephone Number	Fax Number	E-mail Address	Provider Website
Mailing Address or <input type="checkbox"/> Same as above (All mail will be sent to this location)			
City		State	Zip
Contact Person for this application		Contact Telephone Number	
Contact e-mail address or <input type="checkbox"/> Do not have e-mail		NOTE: By providing your e-mail address you agree to accept e-mail correspondence from the Agency	
Do you <input type="checkbox"/> Own or <input type="checkbox"/> Rent the property for the Adult Family Care Home listed above?		Do you live in the Adult Family Care Home? <input type="checkbox"/> Yes <input type="checkbox"/> No	

B. Licensee Information – please complete the following for the entity seeking to operate the Adult Family Care Home

Licensee Name (may be same as provider name above)		Federal Employer Identification Number (EIN)	
Mailing Address			
City		State	Zip
Telephone Number	Fax Number	E-mail Address	
Description of Licensee (check one):			
For Profit <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> Other		Not for Profit <input type="checkbox"/> Corporation <input type="checkbox"/> Religious Affiliation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Other	
		Public <input type="checkbox"/> State <input type="checkbox"/> City/County <input type="checkbox"/> Hospital District	

2. Application Type and Fees

Indicate the type of application with an "X." **Applications will not be processed if all applicable fees are not included. All fees are nonrefundable.** Renewal and Change of Ownership applications must be received 60 days prior to the expiration of the license or the proposed effective date of the change to avoid a late fine. If the renewal application is received by the Agency less than 60 days prior to the expiration date, it is subject to a late fee as set forth in statute. The applicant will receive notice of the amount of the late fee as part of the application process or by separate notice.

Total number of residents (1 to 5) for which you are applying? _____

NOTE: Each AFCH must have at least one licensed space designated for an OSS recipient. AFCHs or assisted living facilities that are converting to an AFCH that were licensed prior to January 1, 1994 are exempt from this requirement.

APPLICATION TYPE:

- Initial Licensure
- Renewal Licensure
- Change during licensure period – Increase/Decrease in # of beds Proposed Effective Date: _____

Action	Fee	TOTAL FEES
LICENSE FEE (Initial, Renewal and Change of Ownership):	\$226.34	\$
Change During Licensure Period/Replacement License	\$ 25.00	\$
TOTAL FEES INCLUDED WITH APPLICATION:		\$
<i>Please make check or money order payable to the Agency for Health Care Administration (AHCA)</i>		
<i>NOTE: Starter checks and temporary checks are not accepted.</i>		

3. Required Disclosure

For the owner/operator listed in this application, the following disclosures are required:

Has any individual listed in this application been convicted of any level 2 offense pursuant to subsection 408.809(1)(d) Florida Statutes? (These offenses are listed on the Affidavit of Compliance with Background Screening Requirements, AHCA Form #3100-0008.) YES NO If yes, enclose the following information:

- The full legal name of the individual and the position held
- A description/explanation of the conviction(s) - If the individual has received an exemption from disqualification for the offense, include a copy.

Has any individual listed in this application been excluded, suspended, terminated or involuntarily withdrawn from participation in Medicare or Medicaid in any state? YES NO If yes, enclose the following information:

- The full legal name of the individual and the position held
- A description/explanation of the exclusion, suspension, termination or involuntary withdrawal.

4. Provider Fines and Financial Information

Pursuant to subsection 408.831(1)(a), Florida Statutes, the Agency may take action against the applicant, licensee, or a licensee which shares a common controlling interest with the applicant if they have failed to pay all outstanding fines, liens, or overpayments assessed by final order of the agency or final order of the Centers for Medicare and Medicaid Services (CMS), not subject to further appeal, unless a repayment plan is approved by the agency.

Are there any incidences of outstanding fines, liens or overpayments as described above?

YES NO

If yes, please complete the following for each incidence (attach additional sheets if necessary):

Amount: \$ _____ assessed by: Agency for Health Care Administration CMS

Date of related inspection, application or overpayment period if applicable: _____

Due date of payment: _____

Is there an appeal pending from a Final Order? YES NO

Please attach a copy of the approved repayment plan if applicable.

5. Other Household Members

List each household member residing at the AFCH addressed. Do not list AFCH residents.

Full Name	Date of Birth	Relationship to Provider

NOTE: Household members include adults who are permanently or regularly present in the home for more than a few hours at a time. A person shall be considered a household member even though the person has another residence if the person is in a position of familial authority or perceived familial authority.

6. Designated Relief Person

Provide the following information for each designated relief person. Attach additional sheets if there are more than 2 relief persons.

Full Name	Date of Birth	Street Address	City	County	Zip	Telephone Number

7. Staff Person(s)

Provide the following information for each staff person. Attach additional sheets if there are more than 2 staff persons.

Full Name	Date of Birth	Street Address	City	County	Zip	Telephone Number

8. Types of Services Provided

Please indicate which of the following services your AFCH will provide if needed by the resident.
Check all that apply.

PERSONAL CARE SERVICES (ADLs):

- Eating
- Bathing

- Dressing
- Toileting

- Grooming
- Walking

NURSING SERVICES:

- Administration of Medication
- Other Nursing Services: _____

NOTE: The provider, relief person or staff person must be licensed as a physician, nurse, or physician's assistant to administer medication or provide other nursing services.

9. Affidavit

I, _____, hereby swear or affirm, under penalty of perjury, that the statements in this application are true and correct. I hereby attest that all employees required by law to undergo background screening have met the minimum standards or are awaiting screening results.

Signature of Licensee or Authorized Representative

Title

Date

Notice: If you are a Medicaid provider, you may have a separate obligation to notify the Medicaid program of a name/address change, change of ownership or other change of information. Please refer to your Medicaid handbooks for additional information about Medicaid program policy regarding changes to provider enrollment information.

RETURN THIS COMPLETED FORM WITH FEES AND ALL REQUIRED DOCUMENTS TO:

AGENCY FOR HEALTH CARE ADMINISTRATION
ASSISTED LIVING UNIT
2727 MAHAN DR., MS 30
TALLAHASSEE FL 32308-5407

Questions?

Review the information available at <http://ahca.myflorida.com/>
or contact the Agency at (850) 412-4304



APPLICATION CHECKLIST

Health Care Licensing Application

HOME FOR SPECIAL SERVICES

Applicants **must** include the following attachments as stated in Chapters 408, Part II, and 400, Part V, Florida Statutes (F.S.). Applications must be received at least **60 days** prior to the expiration of the current license or effective date of a change of ownership to avoid a late fine. **The application will be withdrawn from review if all the required documents and fees are not included with this application or received within 21 days of an omission notice.**

All forms listed below may be obtained from the website: <http://ahca.myflorida.com/MCHQ/Corebill/index.shtml>. Send completed applications to: Agency for Health Care Administration, Long Term Care Unit, 2727 Mahan Drive, Mail Stop 33, Tallahassee, FL 32308.

NOTE: Pursuant to section 408.804, F.S., it is unlawful to provide services that require licensure, or operate or maintain a provider that offers or provides services that require licensure, without first obtaining a license from the agency.

A. Initials, Renewals and Change of Ownership Applications Must Include:

NOTE TO ALL APPLICANTS: The Agency will verify that all applicants, licensees and controlling interests subject to Chapters 607, 608 or 617, Florida Statutes related to Business Organizations have complied with applicable Department of State registration and filing requirements. The principal and mailing addresses submitted with any application must be the same as the addresses that appear as registered with the Department of State, Division of Corporations.

- The appropriate biennial licensure fee (**\$87.29 per bed x _____ number of beds = _____ not to exceed \$1,114.47**). Please make check or money order payable to the *Agency for Health Care Administration (AHCA)*. All fees are nonrefundable.
- Health Care Licensing Application, Home for Special Services, AHCA Form 3110-3001. **NOTE:** All Agency correspondence will be sent to the mailing address provided in Section 1 of the application. If an applicant or licensee is required to register or file with the Florida Secretary of State Division of Corporations, the principal, fictitious name and mailing address provided in Section 2 of this application must be the same as the information registered with the Division of Corporations as provided in section 59A-35.060(4), Florida Administrative Code.
- Health Care Licensing Application Addendum, AHCA Form 3110-1024 - Complete the information that is applicable, write "NA" on the items that are not applicable, sign, date and send with the application (refer to Sections 3 & 4 of the application for further details).
- Proof of current general and professional liability insurance coverage
- Documentation of a satisfactory fire safety inspection conducted from the local authority having jurisdiction or State Fire Marshal's office.
- Background Screening

NOTE: All initial applicants to the Agency must first submit their application to the Agency prior to completing the background screening requirement. Once the application is received a letter will be generated and mailed to the applicant with the AHCA number and information on completing the new user registration agreement on the Background Screening results website. Once this letter is received the applicant may register on the results website to initiate the screening and select a LiveScan service provider to perform the screening. All LiveScan service providers will require the AHCA number and the agency's ORI number to complete the screening process. Please visit the Agency's background screening website at: <http://ahca.myflorida.com/backgroundscreening>

- A Level 2 background screening for the Administrator and Chief Financial Officer is required every 5 years. Please check all boxes below that apply to this application:
 - The Administrator and/or Chief Financial Officer submitted a Level 2 screening through a **LiveScan vendor** approved to submit fingerprint requests through the Florida Department of Law Enforcement (FDLE). For more information regarding LiveScan vendors please see the Agency's background screening website at: <http://ahca.myflorida.com/backgroundscreening>.

All screening results **must be sent** to the **Agency for Health Care Administration (Agency)** for review and eligibility determinations. If you choose to use a LiveScan source other than the Agency's contracted vendor you **must** identify the Agency for Health Care Administration as the recipient of the screening results to ensure the results are reviewed by the Agency. If the Agency does not receive the result, additional screening and fees may be required.

If the service provider you choose does not have an online registration or appointment system we ask that you please use the "Validation for Livescan Service Providers" form available on the Background Screening Results Website (<https://apps.ahca.myflorida.com/SingleSignOnPortal/>). The form is created after the screening is initiated on the Background Screening Results Website.

The Administrator and/or Chief Financial Officer are out of state and do not have access to a Florida Livescan vendor and will submit a fingerprint card (***you must obtain a fingerprint card from the Agency.*** To request a fingerprint card please contact the Agency's Background Screening Section at (850)412-4503 or email bgscreen@ahca.myflorida.com). The completed fingerprint card must then be submitted to:

The Agency's contracted vendor is Cogent Systems. The fingerprint card must be filled out completely and the fingerprints taken by law enforcement personnel or individual trained in processing fingerprints. Return the completed card to:

Cogent Systems
Attn: Fingerprint Card Scan Florida
5025 Bradenton Ave Suite A
Dublin, OH 43017
Website: http://www.cogentid.com/fl/index_ahca.htm

Another Livescan vendor authorized to provide services in Florida that is equipped to transmit the images of the fingerprints from the fingerprint card electronically. This requires special equipment and not all Livescan vendors have this ability. You may find Livescan vendor contact information on the FDLE website:
<http://www.fdle.state.fl.us/Content/getdoc/941d4e90-131a-45ef-8af3-3c9d4efefd8e/Livescan-Service-Providers-and-Device-Vendors.aspx>

Proof of Level 2 screening within the previous 5 years for the Administrator and/or Chief Financial Officer from the Agency, the Department of Children and Families, Department of Health, Agency for Persons with Disabilities or Department of Financial Services (if the applicant has a certificate of authority to operate a continuing care retirement community) is included with this application. An Affidavit of Compliance with Background Screening Requirements, AHCA Form 3100-0008, is also enclosed.

B. Initial Applications:

- The location of the facility for which a license is sought and documentation, signed by the appropriate local government official, which states that the applicant has met local zoning requirements.
- Provide proof of the licensee's right to occupy the Home for Special Services such as a copy of a lease, sublease agreement, or deed.
- Certificate of Occupancy.

C. Change of Ownership:

- A signed agreement to correct all outstanding licensure deficiencies incurred by the previous owner.
- Closing documents, signed and dated by all parties.
- Certificate of Occupancy.
- Provide proof of the licensee's right to occupy the Home for Special Services such as a copy of the lease, sublease agreement, or deed.

D. Change During License Period:

1. *Request to increase or decrease the number of licensed beds (must be submitted 60 days prior to the requested date of the change).*

- Complete and submit section 1, 2, 3 and 6 of Health Care Licensing Application, Home for Special Services, AHCA Form 3110-3001
- Provide documentation from the local authority having jurisdiction or State Fire Marshal's office the facility meets the current NFPA code requirements.
- Documentation that the facility has met local zoning requirements.

- The appropriate licensure fee for the number of increased beds (**\$87.29 per bed x _____ number of beds = _____ not to exceed \$1,114.47**). Please make check or money order payable to the *Agency for Health Care Administration (AHCA)*. All fees are nonrefundable.
- \$25.00 fee for replacement license / reissue of license due to decrease in beds. Please make check or money order payable to the *Agency for Health Care Administration*. All fees are nonrefundable.

2. Request to change the name or address of provider:

- Complete and submit sections 1 and 6 of the Health Care Licensing Application, Home for Special Services, AHCA Form 3110-3001
- For address changes include proof of applicant's legal right to occupy the property such as a copy of a lease, sublease agreement, rental agreement, contract or deed
- \$25.00 fee for replacement license / reissue of license due to change during licensure period. Please make check or money order payable to the *Agency for Health Care Administration*. All fees are nonrefundable.
- Proof of liability insurance coverage in the new facility name or new address of the facility.

3. Request for change of physical location of provider:

- Health Care Licensing Application, Home for Special Services, AHCA Form 3110-3001
- Health Care Licensing Application Addendum, AHCA Form 3110-1024
- Documentation of a satisfactory fire safety inspection conducted from the local authority having jurisdiction or State Fire Marshal's office.
- Proof of liability insurance coverage in the physical location of the provider.
- The location of the facility for which a license is sought and documentation, signed by the appropriate local government official which states that the applicant has met local zoning requirements
- Provide proof of the licensee's right to occupy the HHS Center, such as a copy of a lease, sublease agreement or deed
- \$25.00 fee for replacement license/reissue of license due to change during license period. Please make check payable to the *Agency for Health Care Administration (AHCA)*. All fees are non-refundable.
- Proof of Food Service Inspection Report, Form DH 4023.

Notice: If you are a **Medicaid** provider, you may have a separate obligation to notify the Medicaid program of a name/address change, change of ownership or other change of information. Please refer to your Medicaid handbooks for additional information about Medicaid program policy regarding changes to provider enrollment information.

The Agency for Healthcare Administration scans all documents for electronic storage. In an effort to facilitate this process, we ask that you please remember to:

- Please place checks or money orders on top of the application
- Include license number or case number on your check
- Do not submit carbon copies of documents
- Do not fold any of the documents being submitted
- No Staples, Paperclips, Binder Clips, Folders, or Notebooks
- Please **do not bind any** of the documents submitted to the Agency.



AHCA USE ONLY:

File #: _____
 Application #: _____
 Check #: _____
 Check Amt: _____
 Batch #: _____

**Health Care Licensing Application
 HOME FOR SPECIAL SERVICES**

Under the provision of Chapters 408, Part II, and 400, Part V, Florida Statutes, (F.S.), an application is hereby made to operate a Home for Special Services as indicated below:

1. Provider / Licensee Information

A. Provider Information – please complete the following for the home for special services name and location.			
License # (for renewal & change of ownership applications)	National Provider Identifier (NPI) (if applicable)	Medicare # (CMS CCN)	Medicaid #
Name of the Home for Special Services (if operated under a fictitious name, list that here)			
Street Address			
City	County	State	Zip
Telephone Number	Fax Number	E-mail Address	Provider Website
Mailing Address or <input type="checkbox"/> Same as above (All mail will be sent to this location)			
City	State	Zip	
Contact Person for this application		Contact Telephone Number	
Contact e-mail address or <input type="checkbox"/> Do not have e-mail		NOTE: By providing your e-mail address you agree to accept e-mail correspondence from the Agency.	
Facility is (please check one): <input type="checkbox"/> Owned (documentation required) <input type="checkbox"/> Leased (documentation required)			

B. Licensee Information – please complete the following for the entity seeking to operate the home for special services.		
Licensee Name (may be same as provider name above)	Federal Employer Identification Number (EIN)	
Mailing Address or <input type="checkbox"/> Same as above		
City	State	Zip
Telephone Number	Fax Number	E-mail Address
Description of Licensee (check one):		
For Profit <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> Other	Not for Profit <input type="checkbox"/> Corporation <input type="checkbox"/> Religious Affiliation <input type="checkbox"/> Other	Public <input type="checkbox"/> State <input type="checkbox"/> City/County <input type="checkbox"/> Hospital District

2. Application Type and Fees

Indicate the type of application with an "X." **Applications will not be processed if applicable fees are not included. All fees are nonrefundable.** Renewal and Change of Ownership applications must be received **60 days prior** to the expiration of the license or the proposed effective date of the change to avoid a late fine.

Initial Licensure

Was this entity previously licensed as a Home for Special Services in Florida?

YES

NO

If yes, please provide the name of the agency (if different), the EIN # and the year the prior license expired or closed:

NAME:	EIN #	Year Expired/Closed:
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Renewal Licensure

Change of Ownership

Proposed Effective Date: _____

Change during licensure period

Proposed Effective Date: _____

Increase/Decrease in number of licensed beds from _____ to _____

Name change to: _____

Other: (please specify) _____

Action	Fee	TOTAL FEES
LICENSE FEE (Initial, Renewal and Change of Ownership)	\$87.29 per bed x _____ number of beds (not to exceed \$1,114.47)	\$
Change During Licensure Period/Replacement License	\$ 25.00	\$
TOTAL FEES INCLUDED WITH APPLICATION:		\$

Please make check or money order payable to the Agency for Health Care Administration (AHCA)

3. Controlling Interests of Licensee

AUTHORITY:

Pursuant to section 408.806(1)(a) and (b), Florida Statutes, an application for licensure must include: the name, address and Social Security number of the applicant and each controlling interest, if the applicant or controlling interest is an individual; and the name, address, and federal employer identification number (EIN) of the applicant and each controlling interest, if the applicant or controlling interest is not an individual. Disclosure of Social Security number(s) is mandatory. The Agency for Health Care Administration shall use such information for purposes of securing the proper identification of persons listed on this application for licensure. However, in an effort to protect all personal information, **do not include Social Security numbers on this form. All Social Security numbers must be entered on the Health Care Licensing Application Addendum, AHCA Form 3110-1024.**

DEFINITIONS:

Controlling interests, as defined in section 408.803(7), Florida Statutes, are the applicant or licensee; a person or entity that serves as an officer of, is on the board of directors of, or has a 5-percent or greater ownership interest in the applicant or licensee; or a person or entity that serves as an officer of, is on the board of directors of, or has a 5-percent or greater ownership interest in the management company or other entity, related or unrelated, with which the applicant or licensee contracts to manage the provider. The term does not include a voluntary board member.

Voluntary Board Member, as defined in subsection 408.803(13), Florida Statutes, means a board member or officer of a not-for-profit corporation or organization who serves solely in a voluntary capacity, does not receive any remuneration for his or her services on the board of directors, and has no financial interest in the corporation or organization.

In Sections A and B below, provide the information for each individual or entity (corporation, partnership, association) with 5% or greater ownership interest in the licensee. Attach additional sheets if necessary.

A. Individual and/or Entity Ownership of Licensee

FULL NAME of INDIVIDUAL or ENTITY	PERSONAL OR BUSINESS ADDRESS	TELEPHONE NUMBER	EIN (No SSNs)	% OWNERSHIP INTEREST

B. Board Members and Officers of Licensee

TITLE	FULL NAME	PERSONAL OR BUSINESS ADDRESS	TELEPHONE NUMBER	% OWNERSHIP INTEREST
Director/CEO				
President				
Vice President				
Secretary				
Treasurer				
Other:				

C. Voluntary Board Members and Officers of Licensee

If the licensee is a not-for-profit corporation/organization, provide the requested information for each individual that serves as a voluntary board member. Attach additional sheets if necessary.

FULL NAME	PERSONAL OR BUSINESS ADDRESS	TELEPHONE NUMBER

D. Administration

TITLE	NAME	TELEPHONE NUMBER	E-MAIL
Administrator/Managing Employee			
Chief Financial Officer			

4. Management Company Controlling Interests

Does a company other than the licensee manage the licensed provider?

If NO, skip to section 5 – *Required Disclosure*.

If YES, provide the following information:

Name of Management Company		EIN (No SSN)		Telephone Number / Fax	
Street Address			E-mail Address		
City		County		State	Zip
Mailing Address or <input type="checkbox"/> Same as above					
City				State	Zip
Contact Person		Contact E-mail		Contact Telephone Number	

In Sections A and B below, provide the information for each individual or entity (corporation, partnership, association) with 5% or greater ownership interest in the management company. Attach additional sheets if necessary.

A. Individual and/or Entity Ownership of Management Company

FULL NAME of INDIVIDUAL or ENTITY	PERSONAL OR BUSINESS ADDRESS	TELEPHONE NUMBER	EIN (No SSNs)	% OWNERSHIP INTEREST

B. Board Members and Officers of Management Company

TITLE	FULL NAME	PERSONAL OR BUSINESS ADDRESS	TELEPHONE NUMBER	% OWNERSHIP INTEREST
Director/CEO				
President				
Vice President				
Secretary				
Treasurer				
Other:				

C. Voluntary Board Members and Officers of Management Company

If the management company is a not-for-profit corporation/organization, provide the requested information for each individual that serves as a voluntary board member. Attach additional sheets if necessary.

FULL NAME	PERSONAL OR BUSINESS ADDRESS	TELEPHONE NUMBER

5. Required Disclosure

The following disclosures are required:

A. Pursuant to subsection 408.809(1)(d), F.S., the applicant shall submit to the agency a description and explanation of any convictions of offenses prohibited by sections 435.04 and 408.809(5), F.S., for each controlling interest.

Has the applicant or any individual listed in sections 3 and 4 of this application been convicted of any level 2 offense pursuant to subsection 408.809(1)(d), Florida Statutes? (These offenses are listed on the Affidavit of Compliance with Background Screening Requirements, AHCA Form #3100-0008.) YES NO

If yes, enclose the following information:

- The full legal name of the individual and the position held
- A description/explanation of the conviction(s) - If the individual has received an exemption from disqualification for the offense, include a copy

B. Pursuant to section 408.810(2), F.S., the applicant must provide a description and explanation of any exclusions, suspensions, or terminations from the Medicare, Medicaid, or federal Clinical Laboratory Improvement Amendment (CLIA) programs.

Has the applicant or any individual listed in Sections 3 and 4 of this application been excluded, suspended, terminated or involuntarily withdrawn from participation in Medicare or Medicaid in any state? YES NO

If yes, enclose the following information:

- The full legal name of the individual and the position held
- A description/explanation of the exclusion, suspension, termination or involuntary withdrawal.

C. Pursuant to section 408.815(4), F.S., does the applicant or any controlling interest in an applicant have any of the following:

YES NO Convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under chapter 409, chapter 817, chapter 893, 21 U.S.C. ss. 801-970, or 42 U.S.C. ss. 1395-1396, within the previous 15 years prior to the date of this application;

YES NO Terminated for cause from the Florida Medicaid program pursuant to s. 409.913, and not been in good standing with the Florida Medicaid program for the most recent 5 years;

YES NO Terminated for cause, pursuant to the appeals procedures established by the state or federal government, from the federal Medicare program or from any other state Medicaid program, have not been in good standing with a state Medicaid program or the federal Medicare program for the most recent 5 years and the termination was less than 20 years prior to the date of this application.

6. Provider Fines and Financial Information

Pursuant to subsection 408.831(1)(a), Florida Statutes, the Agency may take action against the applicant, licensee, or a licensee which shares a common controlling interest with the applicant if they have failed to pay all outstanding fines, liens, or overpayments assessed by final order of the Agency or final order of the Centers for Medicare and Medicaid Services (CMS), not subject to further appeal, unless a repayment plan is approved by the Agency.

Are there any incidences of outstanding fines, liens or overpayments as described above? YES NO

If yes, please complete the following for each incidence (attach additional sheets if necessary):

Amount: \$ _____ assessed by: Agency for Health Care Administration Case # _____ CMS

Date of related inspection, application or overpayment period if applicable: _____

Due date of payment: _____

Is there an appeal pending from a Final Order? YES NO

Please attach a copy of the approved repayment plan if applicable.

7. Affidavit

I, _____, hereby swear or affirm, under penalty of perjury, that the statements in this application are true and correct. As administrator or authorized representative of the above named provider/facility, I hereby attest that all employees required by law to undergo Level 2 background screening have met the minimum standards of sections 435.04, and 408.809(5), Florida Statutes (F.S.), or are awaiting screening results.

In addition, I attest that all employees subject to Level 2 screening standards have attested to meeting the requirements for qualifying for employment and agree to inform me immediately if arrested for or convicted of any of the disqualifying offenses while employed here as specified in subsection 435.04(5), F.S.

Signature of Licensee or Authorized Representative

Title

Date

Notice: If you are a Medicaid provider, you may have a separate obligation to notify the Medicaid program of a name/address change, change of ownership or other change of information. Please refer to your Medicaid handbooks for additional information about Medicaid program policy regarding changes to provider enrollment information.

RETURN THIS COMPLETED FORM WITH FEES AND ALL REQUIRED DOCUMENTS TO:

AGENCY FOR HEALTH CARE ADMINISTRATION
LONG TERM CARE UNIT
2727 MAHAN DR., MS 33
TALLAHASSEE FL 32308-5407

Questions?

Review the information available at <http://ahca.myflorida.com/>
or contact the Agency at (850) 412-4303

Malabar, Florida, Code of Ordinances >> - LAND DEVELOPMENT CODE >> Article IX OFF-STREET PARKING AND INTERNAL TRAFFIC CIRCULATION >>

Article IX OFF-STREET PARKING AND INTERNAL TRAFFIC CIRCULATION

Section 1-9.1. Applicability.

Section 1-9.2. Parking spaces required by use.

Section 1-9.3. Computation of parking spaces.

Section 1-9.4. Parking in yards and landscaping.

Section 1-9.5. Design and specifications for parking and loading areas.

Section 1-9.1. Applicability.

Parking shall be provided in all districts at the time any building or structure is erected or enlarged or increased in capacity by a change of use or the addition of dwelling units, floor area, seats, employees or other factors determinative of parking demand as stated in this Article IX.

Section 1-9.2. Parking spaces required by use.

1. *Single Family Dwellings.* Two (2) spaces for each single family dwelling, plus one (1) space for each one thousand square feet over two thousand square feet of floor area.
2. *Two Family Dwellings.* Two (2) spaces for each family unit, plus one (1) visitor space for each two (2) units.
3. *Multi-Family Dwelling.* Two (2) spaces for each family unit, plus one (1) visitor space for each two (2) units.
4. *Hotels and Motels.* One (1) space for each sleeping unit plus one (1) space for manager and one (1) space for every three (3) employees on the largest shift.
5. *Mobile Home Parks or Courts.* Two (2) spaces per unit; one (1) must be at lot site.
6. *Mobile Home Subdivisions.* Two (2) spaces for each mobile home unit at the site.
7. *Private Clubs or Lodges.* One (1) space for every five (5) seats or one (1) space for every one hundred fifty (150) square feet of gross building area, whichever is greater.
8. *Stadiums and Other Places of Public Assembly.* One (1) space for every three (3) seats figuring maximum seating capacity or one (1) space for each one hundred twenty (120) square feet of floor area of the main assembly hall, whichever is greater.
9. *Places of Worship.* One (1) space for every three (3) seats figuring maximum seating capacity or one (1) space for each one hundred and twenty square feet of floor area in the main assembly hall, whichever is greater.
10. *Public Buildings, Theaters, Auditorium.* One (1) space for every three (3) seats figuring maximum seating capacity or one (1) space for each one hundred and twenty square feet of floor area in the main assembly hall, whichever is greater.
11. *Hospitals.* One (1) space for each two (2) beds intended for patients, plus one (1) space for each doctor, or other employee, and one (1) visitor space for every three beds, or one (1) space per three hundred (300) feet of building area, whichever is greater.
- 12.

- Nursing Homes.* One (1) space for each five (5) beds plus one (1) space for each employee, including doctors, or one (1) space for per three hundred (300) feet of building area, whichever is greater.
13. *Medical Offices.* One (1) space for each one hundred fifty (150) square feet of gross building area or five (5) spaces for each doctor, whichever is greater.
14. *Child Care Facilities.* One (1) space for each employee plus one (1) visitor or parental space for every three children enrolled, or one (1) space for each three hundred (300) feet of building area, whichever is greater.
15. *Retail Sales Stores.* One (1) space for each two hundred (200) square feet of retail floor space.
16. *Restaurants and Lounges.* One (1) space for each one hundred (100) square feet of gross building area.
17. *Libraries and Museums.* One (1) space for each three hundred (300) square feet of gross building area.
18. *Manufacturing Wholesale and Warehousing.* One (1) space per five hundred (500) square feet of gross building area or one (1) space for each two (2) employees on the largest shift, whichever is greater.
19. *Bowling Lanes.* Six (6) spaces per lane.
20. *Marinas.* One (1) space for each three hundred (300) square feet of principal building plus one (1) space for every three (3) storage or slip places.
21. *Schools.*
- (a) *High Schools.* One (1) space for each four (4) students.
- (b) *Junior High and Elementary Schools.* One (1) space for each ten (10) students.
22. *Business and Vocational Schools.* One (1) space for each three (3) students.
23. *Gasoline Service Stations.* Two (2) spaces for each bay, grease rack (excluding grease trap as parking space) or similar facility, plus one (1) space for each gas pump. No such bay, rack or similar facility shall be counted as a parking space for meeting the parking requirements of this Article.
24. *Shopping Centers.* Five and one-half (5.5) parking spaces for each one thousand (1,000) square feet of gross floor space in the shopping center.
25. *Office and Professional Building (excluding medical offices).* One (1) space for each two hundred (200) square feet of office space.
26. *Transportation Terminals.* One (1) space for each two hundred (200) square feet of floor space.
27. *Auto Sales and Repair.* One (1) space for each employee at maximum employment on a single shift, plus two (2) spaces for each three hundred (300) square feet of auto repair or sales spaces.
28. *Funeral Homes.* One (1) space for every three (3) seats figuring maximum seating capacity plus five (5) spaces for employees or one (1) space for each one hundred twenty (120) square feet of floor area of gross floor area [sic], whichever is greater.
29. *Drive-Through Facilities.* In addition to other parking requirements for a principal use, stacking spaces shall be provided for drive-through facilities in compliance with the following minimum specifications:
- (a) *Number of spaces required including receiving or service window space.* Six (6) stacking spaces per drive-through lane. Where this requirement is demonstrated by the applicant to be inconsistent with the traffic generating characteristics of a specific use, the applicant may request that the standard be modified by the Town Council.

The Town Council may approve a reduction in the required waiting spaces for such use provided the applicant demonstrates that the intended use generates a low volume of drive-up traffic and does not require the standard six (6) stacking spaces. The Town Council shall consider the nature of the use, its intensity, size, other parking facilities provided and other traffic generating characteristics.

- (b) *Length of Spaces.* Each space shall be a minimum of twenty (20) feet in length.
 - (c) *Width of Spaces.* On curves with a radius of twenty-five (25) feet or less, a minimum pavement width of twelve (12) feet shall be provided. On curves with a radius of more than twenty-five (25) feet, a minimum pavement width of ten (10) feet shall be provided.
 - (d) *Surface requirements* shall be the same as those specified for parking areas.
30. *Bed and Breakfast.* One (1) parking space for each guest quarter and two (2) spaces for the entire residence.

(Ord. No. 06-19, § 2, 1-11-07)

Section 1-9.3. Computation of parking spaces.

In computing the number of required parking spaces the following rules shall govern:

1. *Floor Area Calculation.* Floor area means the gross floor area of a particular use.
2. *Interpretation of Computation with Fractions.* Where fractional spaces result, the number of spaces required shall be construed to be the next whole number.
3. *Requirements for Uses Not Identified.* The parking requirement for any use not specified shall be the same as that required for a use of a similar nature as recognized herein or where not recognized herein, shall be based on criteria published by the American Planning Association or similarly recognized standards of their profession and such standard shall be approved by the Town Council.
4. *Requirements for Mixed Uses.* In the case of mixed uses the parking spaces shall be equal to the sum of the several uses computed separately.
5. *Applicability of Standards to Expanding Uses.* Whenever a building or use is enlarged in floor area, number of dwelling units, seating capacity or in any other manner so as to create a need for a greater number of parking spaces than that existing such spaces shall be provided in accordance with this Section. Any parking deficiency shall be brought into conformity concurrently with the enlargement or change of use.
6. *Location of Off-Street Parking Spaces.* Except as otherwise prescribed for dwelling units, off-street parking spaces required by this section shall be located on the site on which the main building or use is located. For buildings or uses located in a commercial district, parking spaces may be located not more than five hundred (500) feet from the subject site if approved by the Town Council. Such parking space will be within a commercially zoned district and appropriate legal documents including any required restrictive covenants, necessary to implement conditions imposed by the Town Council shall be filed as an integral part of the approved site plan.
7. *Combined Parking Spaces.* The required parking spaces for any number of separate uses may be combined in one (1) lot but the required space assigned to one (1) use may not be assigned to another use at the same time.

Section 1-9.4. Parking in yards and landscaping.

Unenclosed parking spaces may be located within a required yard. All parking areas other than for single family homes shall conform to the landscape requirements of the Town land development regulations, as exist or as may hereinafter be amended.

Section 1-9.5. Design and specifications for parking and loading areas.

- A. *Stalls, Aisles and Driveways.* Parking stalls shall be ten (10) feet wide by twenty (20) feet long for angle parking; and shall be nine (9) feet wide by twenty-three (23) feet long for parallel parking stalls. Aisle dimensions shall be in accord with standard specifications on file with the Building Official. Angle parking shall be restricted to angles of ninety (90) degrees, sixty (60) degrees, or forty-five (45) degrees. The following criteria are applicable to all parking spaces, excepting single family homes.
1. Each parking stall shall be accessible from an aisle or driveway and designed so that no automobile shall back into a public street in order to exit a parking stall. The internal design of the parking lot shall be designed to facilitate vehicular circulation and avoid conflict between pedestrian and vehicular movements. Internal circulation also shall be designed so as not to create conflict with access into or egress from the site and shall be consistent with the landscape requirements of this Code.
 2. No door or pedestrian entrance at ground level shall open directly upon any driveway or access aisle unless the doorway or pedestrian entrance is at least three feet or more from said driveway or access aisle and appropriate improvements are provided to allow for safe pedestrian access to the door.
 3. All paved parking spaces shall have lines between spaces to indicate individual stalls, and each stall may be required to be equipped with wheel stops if deemed appropriate by the Town Council based on recommendations of the Town Staff.
 - (a) Wheel stops for stalls adjacent to landscaped strips shall be located two and one half (2½) feet from the front end of the stall to prevent encroachment into required landscaped areas. The front two (2) feet of the stall may be kept as a maintained vegetative ground cover area although no credit will be extended toward the open space requirements of this Code.
 - (b) Wheel stops for stalls not adjacent to landscaped strips shall be located three and one-half (3½) feet from the front end of the stall. The front three (3) feet of the stall may be kept as a maintained vegetative ground cover area although no credit will be extended toward the open space requirements of this Code.
 4. Parking lots with twenty (20) or more spaces may be comprised of a maximum of fifteen (15) percent compact car parking stalls. Such compact car stalls shall be seven and a half (7½) feet wide by fifteen (15) feet long and marked for use by small vehicles. The markings shall be maintained in perpetuity. The intent is to deter larger cars from using compact car spaces.
 5. All publicly maintained and operated parking facilities intended for public use and all businesses, firms, or other persons licensed to do business with the public shall comply with requirements for access established in the Accessibility Requirements Manual published by the Department of Community Affairs, Florida Board of Building Codes and Standards.
- B. *Entries, Exits, Drives and Vehicle Maneuvering Areas.* All uses which are required to provide three or more off-street parking spaces shall have entry and exit ways and drives at least eighteen (18) feet in width to accommodate two-way traffic unless a one-way traffic system is utilized, in which case entry and exit ways and drives shall be at least nine (9) feet in width. In the event a one-way traffic system is utilized, appropriate traffic direction markers shall be

installed. The internal circulation system, including drives and maneuvering areas, shall be designed to permit convenient maneuvering of cars and service vehicles into and out of each parking and loading space, and shall be arranged so that no vehicle need back onto a public right-of-way. No occupied parking or loading space shall interfere with access to any other parking or loading space, or with any pedestrian walkway. The design of parking facilities shall also comply with landscape requirements of Article XIII [Article XIV].

- C. *Restricted Use of Off-Street Parking Areas.* All parking areas shall be used for automobile parking only, with no sales, dead storage, non-emergency repair work, dismantling or servicing of any kind. Where lighting is provided, it shall be arranged to reflect away from residential areas and public ways.
- D. *Off-Street Loading Regulations.* The following spaces shall be provided for the uses indicated:
1. Every hospital, institution, hotel, commercial or industrial building or similar use having a floor area in excess of five thousand (5,000) square feet or fraction thereof requiring the receipt or distribution by vehicle of materials and merchandise, shall have at least one permanently maintained off-street loading space for each five thousand (5,000) square feet of gross floor area or fraction thereof.
 2. Retail operations, wholesale operations and industrial operations with a gross floor area of less than ten thousand (10,000) square feet, shall provide sufficient space so as not to hinder the free movements of vehicles and pedestrians over a sidewalk, street or alley.
 3. Each space shall have a direct access to a public right-of-way and shall have the following minimum dimensions:
 - (a) Length: Twenty-five (25) feet; a larger length upward to thirty-five (35) feet may be required upon recommendation by the City Engineer and approval of the Planning and Zoning Commission.
 - (b) Width: Twelve (12) feet.
 - (c) Height: Fourteen (14) feet.All subject to site plan approval.
- E. *Surfacing Requirements for Parking and Loading Spaces.* In all zoning districts, surfacing of all off-street parking areas and drives, except within the RR-65 zoning district having single family uses exclusively, shall be as follows:
- *Nonporous Surfaces.* All parking areas and approaches thereto shall require a minimum surfacing material of four (4) inches reinforced concrete, or six (6) inches of lime rock, after compaction or a comparable material with one (1) inch minimum asphaltic topping except as other [otherwise] provided herein.
- F. *Modifications.* The Town Council may approve modifications to the specifications of Section 1-9.5 upon demonstrated need by the applicant and based on recommendations of the Town Staff and the Planning and Zoning Board. In considering modifications to the specifications required by this Section, the Town Council shall be guided by the current edition of the Architectural Graphic Standards by Ramsey and Sleeper, or an equivalent commonly accepted source of standards.
- G. *Parking Areas Not to be Reduced in Area.* Area designated for off-street parking or loading in accordance with the requirements of this Code shall not be reduced in area or changed to any other use unless the permitted use which it served is discontinued or modified, except where equivalent parking or loading space is provided and approved pursuant to Article III [Article VII] "Site Plan Review."

**PARKING SPACE INFORMATION
SUBMITTED TO P&Z**

BY PALADIN STAFF

Denine Sherear

From: gary parris [gary@sunnyfresh.net]
Sent: Thursday, October 10, 2013 1:11 PM
To: Denine Sherear
Cc: rick@rkcivilidesign.com; paladinplan@yahoo.com
Subject: Fw: ALF Parking Rate

Denine, This is from Stan Boling of Indian River County Building Dept. This is IR counties requirement on parking spaces for ALF. Please share it with Mr. Reilly and Mrs. Ritter. This came up last night.

Thanks, Gary Parris

See below

-----Original Message-----

From: Paladin Plan
Date: 10/10/2013 12:32:14 PM
To: RK Engineering; gary@sunnyfresh.net
Subject: Fw: ALF Parking Rate

On Thursday, October 10, 2013 11:17 AM, Stan Boling <sboling@ircgov.com> wrote:
Joe: Straight-forward, see below.....Stan

(27) *Group home, including adult living facilities (ALF). One (1) space per two (2) beds.*



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Denine Sherear

From: gary parris [gary@sunnyfresh.net]
Sent: Thursday, October 10, 2013 2:37 PM
To: Denine Sherear
Subject: Fw: PARKING REQUIREMENTS FOR ALF
Attachments: ALF PARKING.docx

This is more information on parking Gary Parris

Attachment below

-----Original Message-----

From: Rick RK
Date: 10/10/2013 2:19:43 PM
To: Joseph Paladin; gary parris; Jillian Sparks
Subject: PARKING REQUIREMENTS FOR ALF

Attached is parking requirements for

BREVARD COUNTY
MELBOURNE
PALM BAY

They all vary . Please read, then forward the doc to Deninie. If you want to delete any one or 2 of the cities first then do so.

Brevard county has the best ratio at 2 spaces per 5 beds.
This would be the best one to use.

Palm Bay is 1 space per 2.63 beds plus one per employee on largest shift.

Melbourne is 2 spaces per 3 beds plus one per employee on largest shift.

--
Richard J. Kern, P.E.
R.K. Engineering and Associates of Brevard, Inc.
6300 N. Wickham Rd.
Suite 130 Unit 220
Melbourne, Florida 32940

321-253-9595
321-253-6434 fax
321-544-7466 cell

CITY OF MELBOURNE

Sec. 9.72. Land use type and off-street parking ratio requirements.

(a)

Provision of parking. There shall be provided at the time of the erection of any principal structure or at the time any principal structure is enlarged or increased in capacity, by adding dwelling units, guest rooms, seats, or floor area in excess of ten (10) per cent of the existing building size, minimum off-street vehicular parking spaces with adequate provision for ingress or egress in accordance with the following requirements. Such required parking shall be used to park vehicles serving customers, employees and service vehicles and such required parking shall not be used for storage or display of merchandise or equipment.

(1)

Adult congregate living facilities (ACLF)—One (1) space for each employee on the largest working shift plus two (2) spaces for each three living units.

BREVARD COUNTY REGULATIONS FOR PARKING

Sec. 62-1826. Assisted living facilities and treatment and recovery facilities.

Assisted living facilities and treatment and recovery facilities. Assisted living facilities and treatment and recovery facilities shall comply with the following requirements, where applicable:

(5)

Off-street parking. There shall be two parking spaces, plus two additional parking spaces for every five occupants for which the facility is permitted.

CITY OF PALM BAY

1 SPACE PER 2.63 BEDS

PLUS 1 SPACE PER EMPLOYEE ON THE LARGEST SHIFT