

PAIN MANAGEMENT CLINIC (PMC)

Drawings	
	Two (2) full scale certified and sealed surveys dated within the last two (2) years with legal description of the entire property, including statement of amount of acreage involved.

Documents	
	Pre-Application Form
	All Purpose Application Form
	A letter of intent (on petitioner's letterhead) providing point-by-point detail information relating to the submitted request.
	Copy of active State of Florida license for pain management clinic medical director. Must be a physician's Florida-licensed, board-certified in pain medicine.
	Parking and traffic study signed and sealed by a traffic Engineer registered in the state of Florida showing existing parking is sufficient for the clinic and the traffic generated by the clinic will not affect existing traffic conditions.
	A sketch or diagram showing the configuration of the premises, including a statement of total floor space occupied by the business. The sketch or diagram need not be professionally prepared but shall be drawn to a designated scale or drawn with marked dimensions of the interior of the premises to an accuracy of plus or minus six (6) inches.
	Provide proof that the distance between the proposed Pain Management Clinic and any similar establishment is not closer than 2,500 feet from another pain management clinic, and is not a home business.
	Provide proof that the distance between the proposed Pain Management Clinic and any schools, residences, churches, parks, libraries or daycares is not closer than 1,000 feet.
	Pain management clinic certification form signed and notarized.

Note: All required information must be provided at the time of submittal. Incomplete submittal will require additional administrative fees equal to ½ the original fee as adopted by resolution

Process

