



**TOWN OF DAVIE**  
**PLANNING & ZONING DIVISION**  
 8800 SOUTHWEST 36<sup>TH</sup> STREET • DAVIE, FLORIDA 33328  
 PHONE: 954.797.1103 • WWW.DAVIE-FL.GOV

**APPLICATION FOR ZONING APPROVAL**  
**COMMUNITY RESIDENCE OR RECOVERY COMMUNITY**

<b>Name of Proposed Residence or Facility</b>			
<b>Location of Residence or Facility</b>			
<b>Address:</b>		<b>Folio No.:</b>	
<b>Proposed Use [see definitions in Sec. 12-34(W), Town Code]</b>			
<input type="checkbox"/> Family Community Residence	<input type="checkbox"/> Transitional Community Residence	<input type="checkbox"/> Recovery Community	<input type="checkbox"/> Other:
General nature of resident's disability:			
Max. # of Residents:		Max. # of Live-in Staff:	
Min. Residency Duration:		Max. Residency Duration:	
No. of parking spaces available on-site:		No. of residents authorized to keep vehicle on-site:	
<b>Applicant</b>		<b>Representative (if different than the applicant)</b>	
Name		Name	
Address		Address	
Phone		Phone	
Email		Email	
<b>Applicant Signature<sup>1</sup></b>			
<b>Print Name:</b>		<b>Date:</b>	<b>Signature:</b>
<b>Notarization</b>			
State of _____ County of _____ Sworn to (or affirmed) and subscribed before me by means of <input type="checkbox"/> physical presence or <input type="checkbox"/> online notarization. this _____ day of _____, 202__, by _____ (name of person making statement) <input type="checkbox"/> Personally known: OR <input type="checkbox"/> Produced Identification, Type _____  _____ My Commission Expires: (stamp) Notary Public Signature			

<sup>1</sup> By signing, I certify that the information submitted in this application is accurate to the best of my knowledge and acknowledge that any representative listed herein is authorized to act on my behalf in the administration of this application.  
 Application Comm Residence or Recovery Comm\_10-11-23



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**APPLICATION CHECKLIST**

<b>Documents Required</b>	
	Completed application form.
	Copy of any applicable state license.
	Copy of any applicable Oxford House Charter Certificate (conditional or permanent)
	Copy of any applicable professional certification (including provisional certification)
	A copy of the standard rental/lease agreement to be used when contracting with occupants.
	Survey or site plan sufficient to demonstrate compliance with Town requirements, such as off-street parking.
	Floor plans identifying all rooms, providing room dimensions, excluding closets, and identifying all exits and the location of fire extinguishers.
	A copy of any Town-issued Special Permit relating to the proposed residence or facility.
	A copy of any order approving Reasonable Accommodations in regard to the proposed residence or facility.
	Any other document necessary to demonstrate compliance with Town regulations.