



## City of Mascotte Community Residential Home Requirements

Phone: (352) 429-3341

Chapter 419, Florida Statutes require that persons seeking to establish Agency for Persons with Disabilities (APD) licensed foster care facilities\* or group home facilities (meeting the definition of a "community residential homes" within the law) must provide local zoning officials with certain information as part of the license application process.

\*Note: Foster care facilities (with a maximum capacity of three residents) which intend to utilize live-in caregivers do not meet the statutory definition of "community residential home" as that term is defined in Chapter 419, F.S. and are therefore exempt from the local zoning notification requirements of the law.

Obtain a list of community residential homes in your area which are licensed by the Agency for Health Care Administration. This information can be found on the Internet via the following link: [FloridaHealthFinder](#) (Choose "Proximity Search")

In order to ensure compliance with State law, please complete the following sections:

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### SECTION 1

Name of License Applicant: \_\_\_\_\_

Address of Proposed Facility: \_\_\_\_\_

Zoning District: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Number of Licensed Beds: \_\_\_\_\_

Is the facility located in an area zoned single family or multi-family? Yes  No

(6 or fewer beds): Is the facility within a 1,000-foot radius of another community residential home or has an approved Conditional Use Permit from City Council? Yes  No  N/A

(7-14 beds): Is the facility within a 1,200-foot radius of another community residential home or within 500 feet of an area zoned single-family or has an approved Conditional Use Permit from City Council? Yes  No  N/A

Has a fire safety inspection been conducted? Yes  No

If you checked "Yes": Please provide a copy of the completed Change of Use/Fire Inspection Permit with this application.

If you checked "No": Please complete and submit the attached Change of Use/Fire Inspection Permit application.



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## SECTION 2

1. I have provided the local zoning authority with the most recently published data compiled by the Agency for Health Care Administration, Agency for Persons with Disabilities, and Department of Children and Families identifying all community residential homes within the jurisdiction of the local zoning authority.
2. I further certify that notification of intent to establish this facility has been made to the local zoning authority.
3. At the time of home occupancy, I will notify local government that the facility is licensed.
4. I understand that the Agency for Persons with Disabilities assumes no financial liability or other liability in the event an error has been made in calculating, measuring or certifying that this facility meets Chapter 419 requirements.

(6 or fewer beds): I certify that the proposed facility is not located within a 1,000-foot radius of another community residential home or has an approved Conditional Use Permit from City Council.

(7-14 beds): I certify that this facility is not located within a 1,200-foot radius of another community residential home or within 500-feet of an area zoned single-family or has an approved Conditional Use Permit from City Council.

\*Check this box if you have an approved variance from local zoning and please attach a copy

\_\_\_\_\_

OWNER (or Authorized Agent) \_\_\_\_\_  
DATE

Print Name: \_\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_

The foregoing instrument was acknowledged before me by \_\_\_\_\_  
personally known or produced identification \_\_\_\_\_

this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_

Notary Public (Name – type, stamp or print clearly) Notary Public (Signature)

My Commission Expires on: \_\_\_\_\_ Notary's seal or stamp:



# Change of Use & Fire Inspection Application

Incomplete applications will not be processed

www.cityofmascotte.com

(return to City Clerk via mail, e-mail, or hand delivery)

<b>Date Received by City:</b> (to be filled out by City)		<b>\$150 Fire Inspection Only Fee Paid On:</b> <b>\$50 Zoning Verification Fee Paid On:</b> (to be filled out by City)	
<b>Business Owner Name:</b>			
<b>Name of Business:</b>			
<b>Business Address:</b>			
<b>Mailing Address:</b>			
<b>Business Email:</b>		<b>Owner Phone Number:</b>	
<b>FEIN or SSN (attached page):</b>	<input type="checkbox"/> <b>Own Property</b>	<input type="checkbox"/> <b>Rent / Lease Property</b>	
<b>Is This a Tax Exempt or Non-Profit Business?</b>	<input type="checkbox"/> <b>YES</b>	<input type="checkbox"/> <b>NO</b>	
<input type="checkbox"/> <b>Will Alcohol Be served?</b>	<input type="checkbox"/> <b>Alcohol License submitted in this package?</b>		
Please list the nature of the business and the services that will be provided:			
* For Zoning Review by Community Development Department			
<b>Required Paperwork For Complete Application:</b>			
<input type="checkbox"/> Application Form <input type="checkbox"/> Ownership Affidavit <input type="checkbox"/> Copy of Lease <input type="checkbox"/> Fictitious Name (if applicable) (www.sunbiz.org) <input type="checkbox"/> State Corporation Certificate (www.sunbiz.org) <input type="checkbox"/> Tax Exemption Certificate		<input type="checkbox"/> Copy of Non-Profit Status <input type="checkbox"/> Social Security Number Form (if applicable) <input type="checkbox"/> Other Licenses Required (Which may include Florida DBPR licenses if regulated by, Department of Health, Department of Agriculture, Department of Agriculture and Consumer Services, Division of Food Safety) <input type="checkbox"/> Provide a scaled floorplan showing correct dimensions and use of each room or space and location of exit doors.	
<b>APPROVALS</b>			
<b>Zoning/Planning</b>	<b>Fire Department (Safety)</b>	<b>Code Enforcement</b>	<b>Building Department (Permits)</b>
<b>Date:</b>	<b>Date:</b>	<b>Date:</b>	<b>Date:</b>
<b>To schedule a Fire Inspection please call (352) 557-8816. For Zoning questions please call (352) 557-8814.</b>			

I hereby acknowledge that I have read this application, that the information is correct, and that I am the owner or duly authorized agent of the owner. I agree to conform with, abide by, and obey all of the rules and regulations, which may be lawfully prescribed by the City Council of the City of Mascotte, or its officers, for the issuance of a certificate of occupancy. Any false statement herewith is ground for rejection or revocation of the certificate of occupancy.

<b>Signature of Applicant / Date:</b>
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Please be advised that completing this application does not constitute permission by the City of Mascotte to engage in a business or occupation or occupy a structure. If the applicant or owner elect to purchase, lease, modify, improve a property, or invest in the proposed business prior to final approval by the City, the applicant does so at their own risk.



# Ownership Affidavit

For Land Development, Site Improvements, or Occupancy

[www.cityofmascotte.com](http://www.cityofmascotte.com)

(return to City Clerk via mail, e-mail, or hand delivery)

Project/Business Name (must match project or business name)	
I, _____ (“Applicant”), being sworn and under oath, say:	
1. That I have full authority to execute this Ownership Affidavit on behalf of the below-named Owner.	
2. That I am the authorized representative of the Owner, requesting approval for the application this affidavit is attached to on the real property located at:	
<b>Property Address:</b>	
3. That the Owner has given full and complete permission for me to act on its behalf to seek the land development approval as set out in the accompanying application(s).	
4. That the Owner has fee simple ownership in the property described in the attached verified legal description for or address supplied by the Applicant.	
<i>I further state that I am familiar with the nature of an oath and with the penalties as provided by federal and state law for falsely swearing to statements made in a document of this nature and understand that any and all approvals by the City of Mascotte on the real property described herein may become null and void for falsely swearing to statements made in this Affidavit. I further certify that I have read and understand this Affidavit.</i>	
<b>APPLICANT</b>  _____ Applicant Signature (above) Print Name: _____  STATE OF _____ COUNTY OF _____ The foregoing instrument was acknowledged before me by means of <input type="checkbox"/> physical presence or <input type="checkbox"/> online notarization, this _____ day of _____, 20____ by _____  Personally Known OR Produced Identification Type of Identification: _____  _____ Notary Public Signature (above)  My Commission Expires: _____	<b>OWNER</b>  _____ Property Owner Signature (above) Print Name: _____ Title: _____  STATE OF _____ COUNTY OF _____ The foregoing instrument was acknowledged before me by means of <input type="checkbox"/> physical presence or <input type="checkbox"/> online notarization, this _____ day of _____, 20____ by _____  Personally Known OR Produced Identification Type of Identification: _____  _____ Notary Public Signature (above)  My Commission Expires: _____



# Social Security Policy Form

[www.cityofmascotte.com](http://www.cityofmascotte.com)

(return to City Clerk via mail, e-mail, or hand delivery)

## CITY OF MASCOTTE SOCIAL SECURITY POLICY STATEMENT

The City of Mascotte recognizes that an individual's social security number is a unique form of identification that can be utilized to obtain sensitive information regarding that particular individual. However, the City of Mascotte must collect social security numbers under certain circumstances in order for the City to be able to properly perform its duties and functions as a municipal corporation and in order to ensure that such duties and functions are performed accurately and efficiently. Due to the sensitive nature of an individual's social security number the City of Mascotte provides the following statement regarding the City's collection of social security numbers:

THE CITY OF MASCOTTE COLLECTS YOUR SOCIAL SECURITY NUMBER ONLY FOR THE FOLLOWING PURPOSES:

- IDENTIFICATION AND VERIFICATION;
- CREDIT WORTHINESS;
- BILLING AND PAYMENTS;
- DATA COLLECTION, RECONCILIATION, AND TRACKING;
- BENEFIT PROCESSING;
- TAX REPORTING;
- NEW UTILITY ACCOUNT APPLICATIONS;
- BANK DRAFT AUTHORIZATIONS;
- VENDOR REGISTRATION APPLICATIONS;
- VOLUNTEER CONTRACTS FOR BACKGROUND CHECKS;
- EMERGENCY TRANSPORT FOR BILLING AND INSURANCE; AND
- POLICE STATEMENTS AND ARRESTS FOR VERIFICATION OF IDENTITY

Each individual who provides a social security number to the City of Mascotte shall be provided with a copy of this statement. Additional copies of this social security policy statement may be obtained by contacting City Hall, located at 100 E. Myers Blvd. Mascotte, Florida 34753. *\*This social security policy statement has been prepared by the City of Mascotte in compliance with §119.071(5), Florida Statutes (2022).*

### **CHAPTER 119 (2022) – 119.071(5) (2a) Other Personal Information**

2. a. An agency may not collect an individual's social security number unless the agency has stated in writing the purpose for its collection and unless it is: (I) specifically authorized by law to do so; or (II) Imperative for the performance of that agency's duties and responsibilities as prescribed by law. b. Social security numbers collected by an agency may not be used by that agency for any purpose other than the purpose provided in the written statement.

3. An agency collecting an individual's social security number shall provide that individual with a copy of the written statement required in subparagraph 2.

4. a. Each agency shall review whether its collection of social security numbers is in compliance with subparagraph 2. If the agency determines that collection of a social security number is not in compliance with subparagraph 2, the agency shall immediately discontinue the collection of social security numbers for that purpose. b. Each agency shall certify to the President of the Senate and the Speaker of the House of Representatives its compliance with this subparagraph no later than Jan. 31, 2008.

5. Social security numbers held by an agency are confidential and exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution. This exemption applies to social security numbers held by an agency before, on, or after the effective date of this exemption.

6. Social security numbers may be disclosed to another agency or governmental entity if disclosure is necessary for the receiving agency or entity to perform its duties and responsibilities.

**SOCIAL SECURITY NUMBER:**

**Signature of Applicant / Date:**

**Print Name:**



# Emergency After Hours Contact

Mascotte Businesses Information for Mascotte Police & Fire Departments

[www.cityofmascotte.com](http://www.cityofmascotte.com)

*(return to City Clerk via mail, e-mail, or hand delivery)*

<b>Original Date Received by City:</b> (to be filled out by City)		<b>Update Received by City:</b> (to be filled out by City)	
<b>SECURITY SYSTEM</b>		<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>SECURITY DOG(S)</b>		<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>BUSINESS NAME:</b>			
<b>ADDRESS:</b>		<b>PHONE NUMBER(S):</b>	
<b>EMERGENCY CONTACT PERSON(S)</b>			
<b>NAME(S):</b>		<b>PHONE NUMBER(S):</b>	
<b>ALTERNATE CONTACT METHOD</b>			
<b>NAME(S):</b>		<b>PHONE NUMBER(S):</b>	
<b>EMERGENCY – 911 Mascotte POLICE Department (352) 429-3393. Mascotte FIRE Department (352) 383-1200</b>			

Signature of Applicant / Date: