Development Services Division
18605 NW 27th Ave
Miami Gardens, Florida 33056
Phone: (305) 622-8023
Fax: (305) 626- 4220
www.miamigardens-fl.gov

Office Use Only
Date Received: _____
Process No. _____

Community Residential Home (CRH)
Distance Verification Form

All requests for a CRH distance verification must be submitted in person.
A fee of **$441.60 Plus 15% city surcharge fee (NO REFUNDS)** is applied to EACH folio number requested

TYPE OF APPLICATION (check all that apply):

☐ Adult Family Care Home 6 **PERSONS MAX** *(Home owner must reside with the client being served)*

☐ Assisted Living Facility (ALF) **6 PERSONS MAX**

☐ Community Residential Home (CRH) **6 PERSONS MAX**

APPLICANT INFORMATION:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone#: _____

Fax: _____ Email: _____

GROUP HOME FACILITY INFORMATION:

Facility Folio Number: _____

Facility Address: _____

City: _____ State: _____ Zip: _____ Phone#: _____

Fax: _____ Email: _____

I understand that the City of Miami Gardens assumes no financial or other liability in the event an error has been made in calculating, measuring or certifying that this facility meets these distance requirements. Assisted Living Facility (ALF) and Community Residential Home with more than **six (6)** residents requires a public hearing.

Signature**:** _____

OFFICE USE ONLY

_____ I certify that the facility address referenced above is not located within a 1000 ft. radius of another such facility and therefore **SATISFIES** the distance criteria of Section 34-288 of the City's Land Development Regulations.

_____ I certify that the facility address referenced above is located within a 1000 ft. radius of an existing facility located at _____ and therefore **DOES NOT SATISFY** the zoning code criteria.

Authorized Signature: _____ VERIFICATION Date: _____
GM 9/11 /2025