



Construction Services Department
401 Clematis St
West Palm Beach Florida 33401
Telephone: (561) 805-6700
Fax: (561) 805-6676

"The Capital City of the Palm"

TYPE I GROUP HOME AFFIDAVIT

BEFORE ME personally appeared _____ who, being first duly sworn,
And says that:

1. I am over the age of eighteen (18) and this Affidavit is based upon my own personal knowledge.
2. I have applied for an Occupational License to operate a Type I Group Home in West Palm Beach, Florida.
3. I affirm that the Type I Group Home that I plan to operate will comply with the West Palm Beach Zoning Code and all other applicable City, County, State and Federal regulations.
4. The Group Home will have no more than six (6) residents and will 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.
5. The Group Home will not be located within a radius of 1,000 feet of another Type I Group Home or within a radius of 1200 feet of a Type II, Type III, or Type IV Group Home.

Further Affiant Sayeth Not.

Group Home Operator
Print Name:

STATE OF FLORIDA
COUNTY OF PALM BEACH

I HEREBY CERTIFY that on the _____ day of _____, 20____,
before me, an officer Authorized in the State aforesaid and in the County aforesaid to take
acknowledgments, personally appeared ____, who is personally known to me _____ or presented
_____ as identification and who did/did not take an oath.

State of Florida
Print Name:
My Commission Expires: