



**Department of Economic and Development Services  
Planning & Zoning Division**

P.O. Box 1366, Green Cove Springs, FL 32043  
Phone: (904) 284-6300  
[www.claycountygov.com](http://www.claycountygov.com)



**CLAY COUNTY RESIDENTIAL GROUP HOME – CONDITIONAL USE VERIFICATION**

Owner's/Applicant's Name:		
Parcel ID Number:		
Business Name:	Number of Total Persons within the Household:	
Physical Address:		
Mailing Address:		
Phone Number:	Email:	
<b>Notice</b>		
<p><b>Residential Group Homes</b> are Private facilities, primarily single-family homes, with the exception of homes that provide care for the developmentally disabled, located within a residential community, providing care for no more than eight related individuals. Residential group homes must be located such that the distance between any two group homes is not less than 1,000 feet.</p> <p align="center"><b><u>NON-GROUP HOMES</u></b></p> <p><b><u>RESIDENTIAL GROUP HOMES DO NOT INCLUDE: ADULT TREATMENT FACILITIES, CHILD CARE FACILITIES, DELINQUENT YOUTH HOMES, DETENTION CENTERS, DRUG AND ALCOHOL ABUSE CENTERS, INTERMEDIATE CARE FACILITIES, SPOUSE ABUSE HOMES, &amp; YOUTH HALFWAY HOMES.</u></b></p>		
<b>Owner's Affidavit</b>		
<p>I hereby affirm that I will be operating a Residential Group Home at the aforementioned location and I acknowledge that I am not operating a non-group home as listed above and it is my responsibility to be within compliance of Section 20.3-5 (Z) and all other applicable Local, State, &amp; Federal Codes. I also affirm that I am the owner of the real property within this application either personally or within a legal entity or I have attached a property ownership affidavit form whereby the owner of the property has given consent for this application.</p> <p><b><i>I hereby certify that I have read and examined this affidavit and know the same to be complete and correct.</i></b></p>		
_____ <b>Signature of Applicant:</b>	_____ <b>Date:</b>	
Sworn to and subscribed before me this _____ day of _____ A.D. 20 _____		
Personally known _____ or produced I.D. Type of I.D. produced _____ & number (#): _____		
_____ <b>Signature of Notary</b>	_____ <b>Date:</b>	<b>SEAL</b>
<b>Official Use</b>		
Application Number:	Zoning:	Land Use:
Approved By:	Print Name:	Date:

**County Manager: Howard Wanamaker**

**District 1**  
**Mike Cella**

**District 2**  
**Wayne Bolla**

**District 3**  
**Diane Hutchings**

**District 4**  
**Gavin Rollins**

**District 5**  
**Gayward F. Hendry**