

**Clay County Residential Group Home Verification  
Elderly Congregate Care**



**Items I. and III. to be completed by Applicant**

**I. Applicant & Property Information**

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

Name of Business: \_\_\_\_\_

Parcel ID #: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: (    ) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

**II. Official Use**

Current Zoning: \_\_\_\_\_ Current Land Use: \_\_\_\_\_ Application #: \_\_\_\_\_

**Does the Group Home Comply with Section 20.3-5 (w)**     Yes     No        **Fee Paid**   

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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

**III. Owners Acknowledgement**

I hereby acknowledge that I will be operating a Group Home at the aforementioned location and I acknowledge that it is my responsibility to be within compliance of Section 20.3-5 (w) and all other applicable Local, State and Federal Codes

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Print name

# **Property Ownership Affidavit**

Date: \_\_\_\_\_

## **Clay County Board of County Commissioners**

Division of Planning & Zoning

Attn: Zoning Chief

P.O. Box 367

Green Cove Springs, Florida 32043

Re: Certification of Ownership

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To Whom It May Concern:

I, \_\_\_\_\_ hereby certify that I am the Owner of the property described in the address and parcel number noted in the application.

\_\_\_\_\_  
Owners Signature