

Affidavit for Medical or Dental Offices
Town of Lake Clarke Shores Zoning Division
Lake Clarke Shores Code of Ordinances – Chapter 86 Zoning

ZONING IN PROGRESS/TEMPORARY MORATORIUM:

In order for the Town of Lake Clarke Shores to evaluate the use and implement new regulations, notice is being given, pursuant to Ordinance 2010-3, that no applications or other requests for Zoning approvals for Pain Management Clinics will be approved until the first to occur of the expiration of the moratorium, or the adoption of amended Zoning regulations governing Pain Management Clinics. In order to comply with the moratorium, applicants for Medical or Dental Offices must demonstrate, by substantial competent evidence satisfactory to the Town, that they are not and will not operate as Pain Management Clinics based on the following definitions:

Medical or Dental Office: an establishment where patients, who are not lodged overnight, are admitted for examination or treatment by persons practicing any form of healing or health-building services whether such persons be medical doctors, chiropractors, osteopaths, chiropodists, naturopaths, optometrists, dentists, or any such profession, the practice of which is lawful in the State of Florida. **A pain management clinic shall not be considered a medical or dental office.**

Pain Management Clinic: all privately owned pain management clinics, facilities, or offices, which advertise in any medium for any type of pain management services, or employ a physician who is primarily engaged in the treatment of pain by prescribing or dispensing controlled substance medications, and are required to register with the Florida Department of Health pursuant to Sec. 458.309 or Sec. 459.005 FL Statutes (2009). A physician is primarily engaged in the treatment of pain by prescribing or dispensing controlled substance medications when the majority of the patients seen are prescribed or dispensed controlled substances medications for the treatment of chronic nonmalignant pain. Chronic nonmalignant pain is pain unrelated to cancer which persists beyond the usual course of the disease or the injury that is the cause of the pain or more than 90 days after surgery.

AFFIDAVIT

Before me, the undersigned Notary Public, personally appeared _____, who having been first duly sworn, deposes and says:

I have read the above definitions for a Medical or Dental Office, and Pain Management Clinic. I clearly understand the uses are separate and distinct uses. I am aware that the Business Tax Receipt I am applying for is only that of a Medical or Dental Office, and not a Pain Management Clinic. I am also aware of my responsibilities for the use of Medical or Dental Office on the property; and further understand that any violation of this affidavit and/or operation of a pain management clinic at the business address contained in this affidavit will be a violation of the Zoning in Progress or Moratorium and will result in code enforcement action and/or revocation of the Business Tax Receipt. The business to be operated at the address stated below is a Medical or Dental Office and not a Pain Management Clinic, as defined above. I declare under penalty of perjury that the statements in this Affidavit are true and correct.

Physician or Operating Corporation Representative: _____

Business Name: _____

Business Address: _____

Type of Business: _____

Signature of Applicant: _____ Date: _____

STATE OF FLORIDA
COUNTY OF PALM BEACH

The foregoing affidavit was sworn and subscribed before me this _____ day of _____, 20__0,
by: _____, who is personally known to me, or who has
produced _____ as identification.

NOTARY SEAL OR STAMP

Notary Public, State of Florida

Printed Name
My Commission Expires on: _____