TOWN OF DAVIE TOWN COUNCIL AGENDA REPORT

Item Number: 31.

To: Mayor and Councilmembers

From: David Ouigley, Planning and Zoning Manager (954-797-1075)

David Quigley, Planning and Zoning Manager (954-797-1075) - Planning Zoning **Prepared By:**

Ordinance **Subject:**

Affected

Town Wide **District:**

Item

Schedule for Council Meeting **Request:**

Title of Agenda

Item:

MINIMUM HOUSING STANDARDS - AN ORDINANCE OF THE TOWN OF DAVIE, FLORIDA, AMENDING CHAPTER 6, CODE ENFORCEMENT SPECIAL MAGISTRATE, ARTICLE II, MINIMUM HOUSING AND PROPERTY MAINTENANCE STANDARDS CODE, SECTION 6-34, MINIMUM STANDARDS FOR AREA, USE AND LOCATION

REOUIREMENTS. PROVIDING FOR CODIFICATION: PROVIDING FOR CONFLICTS; PROVIDING FOR SEVERABILITY; AND PROVIDING FOR AN EFFECTIVE DATE.{Approved on first reading on June 10, 2015. In a roll call vote, the vote was as follows: Mayor Paul - yes; Vice Mayor Starkey - yes; Councilmember Hattan - yes; Councilmember Caletka - yes; Councilmember

Luis - ves.} (Motion Carried 5-0).

Executive Summary: The proposed ordinance is provided in response to comments by Councilmember Caletka at the February 4, 2015 Council meeting concerning the use of recreational vehciles as living quarters and the movement of such vehcles from home to home to evade housing and zoning standards.

Key Points:

- The Town Code already includes "Minimum Housing Standards" which, among other things, prohibits living, sleeping and the preparation or eating of meals within rooms that do not meet the minimum standards for "habitable rooms". The Code already prohibits the "improper use of recreational vehicles" but the provision lacks the specificity necessary for consistent enforcement.
- The proposed ordinance specifies activities that constitute "inappropriate use" of a recreational vehicle, whether on public or private lands.
- The proposed requirement would not negatively affect lawfully established recreational vehicle parks, including those that may have been brought into the Town by annexation.

Previous Actions:	None.		
Concurrences:	None.		
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Fiscal Impact:			
Has request been budgeted?		N/A	
If yes expected c	ost:		
Account name ar	nd number:		
If no, amount nee	eded:		
Account name fu	ınds will be approp	riated from	
Additional Comr	nents		
Recommendation	on: Motion to app	prove	