COMMUNITY RESIDENTIAL HOME LOCAL ZONING FORM SIGN OFF APPLICATION

Applicant's name: _____________________________________________ Date: _________________________

Applicant’s e-mail: ____________________________ Applicant’s phone number: _____________________

Facility address: _____________________________________________________________________________

Facility Name: ____________________________________ Tax Folio Number: __________________________

Please provide the following items:

☐ 1. **This sheet** with the completed information (above), applicant’s signature and date (below). To obtain the Folio Number of the property visit [www.hcpafl.org](http://www.hcpafl.org).

☐ 2. The printed listing of the existing community residential homes from the **Agency for Health Care Administration (AHCA)** located within 1,000 feet radius from the proposed Facility address. To obtain this information, visit [www.floridahealthfinder.gov](http://www.floridahealthfinder.gov). Print the results related to the following types of facilities: Assisted living facilities, Adult family care homes, Residential treatment facilities and Intermediate care facilities.

☐ 3. A printed e-mail or letter from the **Department of Children and Families (DCF)** stating if “any of their licensed group homes are within a 1,000-1,200 foot radius”. To obtain this letter, please contact: Rosebelle Segarra at Rosebelle.Segarra@myflfamilies.com or (813) 494-4801 or Connie Richards at Connie.Richards@myflfamilies.com or 813-337-5866. Per DCF, please allow up to 3 working days for a response.

☐ 4. The complete and current listing of community residential homes from the **Agency for Persons with Disabilities (APD)**. To obtain this information, please contact: Myra Leitold at Myra.Leitold@apdcare.org or (813) 233-4356. APD listings are not available online.

☐ 5. **In the event** the State Agency (AHCA, DCF or APD) requires an **extra form** to be signed by this office (local zoning), the applicant must provide it with this application package. It is the applicant’s responsibility to submit the correct and accurate forms to this office.

*Any re-signature or re-verification will require new and current State Agency letters, listings, application and fees.*

_________________________________________  ____________________________
Signature of Applicant                     Date
Properties located within the map areas depicted below may be subject to a separate Airport Height Zoning Permit approval process of the Hillsborough County Aviation Authority (HCAA), pursuant to the HCAA’s Airport Zoning Regulations. Additionally, pursuant to an Interlocal Agreement between the HCAA and Hillsborough County, any Land Development Proposal within proximity to Tampa International Airport and Tampa Executive Airport and Educational facilities and landfills located with certain mapped areas will be transmitted to HCAA for review.

For additional information and questions:

Tampa International Airport Information Link:  http://www.tampaairport.com/airport-height-zoning

Contact: Tony Mantegna / Tampa International Airport

Phone: (813) 870-7863

Email: tmantegna@tampaairport.com

Revised on 11/30/2015