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@apdcares.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
AIRPORT HAZARD EVALUATION

(Effective October 13, 2015)

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
870-7863 tmantegna@tampaairport.com

Revised on 11/30/2015