



Adult Family Care Home LOCAL ZONING FORM

This form is to be completed by the local zoning office and not by the adult family care home (AFCH) applicant. A copy of this form completed by the appropriate zoning official must be submitted with your licensure application.

TO: **The Agency for Health Care Administration**
Division of Health Quality Assurance
Assisted Living Unit
2727 Mahan Drive, Mail Stop #30
Tallahassee, FL 32308

REGARDING: Name of Provider: _____
Street Address: _____
City, State & Zip: _____

We have reviewed the status of the above referenced AFCH and find that is properly zoned according to local codes. The maximum capacity of the AFCH is _____ residents.

Signature of Zoning Official: _____
Printed Name of Official: _____
Title: _____
Agency Name: _____
Street Address: _____
City and Zip: _____
Telephone: _____
Date: _____