



**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 accompany the application.

TO: The Agency for Health Care Administration
Division of Health Quality Assurance
Bureau of Long Term Care Services
Assisted Living Unit
2727 Mahan Drive
Tallahassee, Florida 32308-5403

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

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

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

AHCA Form 3180-1021, September 1996

2727 Mahan Drive, MS#30
Tallahassee, Florida 32308



Visit AHCA online at
<http://ahca.myflorida.com>