



Vision: To be the Healthiest State in the Nation

**DH use only:** Check No. \_\_\_\_\_ Check Amount \_\_\_\_\_  
Date Received \_\_\_\_\_ Receipt No. \_\_\_\_\_  
Permit No. \_\_\_\_\_ Date Issued \_\_\_\_\_

## **GROUP CARE FACILITY REQUIREMENTS**

**Reason for Application:** ☐ new facility ☐ change of ownership ☐ change to facility (please check)

This sheet must be completed for all group care facilities. If this is a change of ownership, you must also complete this form but you will be held to the plumbing code at the original time of permitting until the facility is expanded or changes use.

**DATE:** \_\_\_\_\_ **PROPOSED MAXIMUM CAPACITY:** \_\_\_\_\_ **PERMIT #:** \_\_\_\_\_

**FACILITY NAME & ADDRESS:** \_\_\_\_\_

**OWNERSHIP NAME AND ADDRESS:** \_\_\_\_\_

**PERSON TO CONTACT:** \_\_\_\_\_ **PHONE #:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

\_\_\_\_\_ Wastewater system (septic or city sewer) Interagency Coordination Form for sewer and water verification

\_\_\_\_\_ Water supply (public water or well) Interagency Coordination Form for sewer and water verification

\_\_\_\_\_ Primary Licensing Agency (AHCA, DACS, DCF, APD)

\_\_\_\_\_ Floor plans of facility provided and drawn to scale. Scale must be shown on the floor plan.

\_\_\_\_\_ 1 toilet shown on floor plan for every 10 patrons.

\_\_\_\_\_ 1 shower or bathtub shown on floor plan for every 8 patrons.

\_\_\_\_\_ 1 hand wash sink shown on floor plan for every 10 patrons.

\_\_\_\_\_ Number of beds / Number of bedrooms.

\_\_\_\_\_ Mop sink shown on floor plan (**Only for Tier III kitchen**).

\_\_\_\_\_ Is this facility providing 24-hour care, limited nursing care or mental health care?

\_\_\_\_\_ Does the facility have a swimming pool? If yes, provide community water safety course certification

\_\_\_\_\_ Does this facility prepare or serve catered meals? If yes, fill out the appropriate section below.

### **Group care facility kitchen sink requirements. Applicable kitchen sinks must be shown on floor plan.**

_____ Tier I- 5 or fewer residents	1 sink required in kitchen
_____ Tier II- 6-10 residents	1-compartment sink and residential dishwasher <b>or</b> a 2-compartment sink with a hand wash sink in kitchen
_____ Tier III- 11 or more residents	<b>64E-11 FOOD PERMIT required.</b> Hood vent system, and hand washing sink in kitchen. Also, either 2-compartment sink and a mechanical dishwasher capable of sanitization <b>or</b> a 3-compartment sink in the kitchen.

\_\_\_\_\_  
**Owner Signature & Date**

\_\_\_\_\_  
**Representative Signature & Date**