



**INTENT TO ESTABLISH COMMUNITY RESIDENTIAL HOME LOCATION  
AND  
AFFIDAVIT OF COMPLIANCE WITH CHAPTER 419, FLORIDA STATUTES**

*\*Includes homes of six or fewer residents which otherwise meets the definition of a community residential home*

FACILITY NAME:

APPLICANT NAME:

LICENSING ENTITY (CHECK  ONE):

ACHA

DCF

APD

ADDRESS:

PHONE NUMBER:

EMAIL ADDRESS:

THE FACILITY IS LOCATED IN AN AREA ZONED (CHECK  ONE):

Single-Family

Multi-Family

MAXIMUM NUMBER OF RESIDENTS:

APPLICANT'S SIGNATURE

DATE OF APPLICATION

**DOCUMENTS REQUIRED:**

Obtain a list of all community residential homes within the City of Tamarac from the following licensing entities:

- Agency for Health Care Administration (ACHA)
- Department of Children and Families (DCF)
- Agency for Persons with Disabilities (APD)

***Please complete the Affidavit on Next Page***

# AFFIDAVIT OF COMPLIANCE WITH CHAPTER 419, FLORIDA STATUTES

*Please read each point below and initial in the box provided.*

I have complied with the following to establish a community residential home location in the City of Tamarac:

	I have provided the City of Tamarac with the most recently published data compiled by the Agency for Health Care Administration, Department of Children and Families, and the Agency for Persons with Disabilities identifying all community residential homes within the City of Tamarac.
	For facilities with six (6) or fewer residents, I certify that this facility is not located within a 1,000-foot radius of another existing facility with six (6) or fewer residents or within a 1,200-foot radius of another existing facility with seven (7) to fourteen (14) residents.
	For facilities with seven (7) to fourteen (14) residents, I certify that this facility is not located within a 1,200-foot radius of another existing facility with seven (7) to fourteen (14) residents or within a 500-foot radius of a single-family zoning district.
	I further certify that notification of intent to establish this facility's location has been made to the City of Tamarac through the Intent to Establish Community Residential Home Location and Affidavit of Compliance with Chapter 419, Florida Statutes.
	I understand that the issuance of a Business Tax Receipt from the City of Tamarac's Business Revenue Division is required prior to operation of the facility.
	I understand that the issuance of a Certificate of Occupancy from the City of Tamarac Building Department, which includes approval from the City of Tamarac Fire Department, is required prior to occupancy of the facility.
	At the time of occupancy of the facility, I will provide proof of licensing from the circled licensing entity on the Intent to Establish Community Residential Home Location to the City of Tamarac Zoning Official.
	I understand that I assume all financial or other liability in the event an error has been made in calculating, measuring or certifying that this facility meets the requirements of Chapter 419, Florida Statutes.

***The undersigned affirms that the information submitted on the Intent to Establish Community Residential Home Location is true and correct.***

\_\_\_\_\_   
 Applicant Signature

\_\_\_\_\_   
 Date

<p><b>STATE OF FLORIDA</b>  <b>COUNTY OF _____</b></p> <p>The foregoing instrument was acknowledged before me by means of _____ physical presence or _____ online notarization this _____ day of _____, 202__ by _____</p> <p>_____  Signature of Notary Public - State of Florida</p> <p>_____  Name of Notary Typed, Printed, or Stamped</p> <p>Personally Known _____ OR Produced Identification _____  Type of Identification Produced: _____</p>
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