To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Ron DeSantis
Governor

Scott A. Rivkees, MD State Surgeon General

Vision: To be the Healthiest State in the Nation

GROUP CARE FACILITY REQUIREMENTS Reason for Application: new facility change of ownership change to facility (please circle)

This sheet must be completed for all new 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. PROPOSED # OF RESIDENTS: _____ PROPOSED # OF STAFF: ___ DATE: _____ PROJECT NAME: ____ ADDRESS: PERSON TO CONTACT: PHONE #: Floor plans of facility provided and drawn to scale. Scale must be shown on the floor plan. Utility bill showing sewer charges or letter of sewer connection provided. If facility is on septic, answer next line. Facility is on septic. Must fill out Existing System Verification OR modify existing annual operating permit if Water supply (public water or well) Plan Review fee & Annual Permit fee paid Primary Licensing Agency (e.g. AHCA, DCF, APD, etc.) 1 toilet shown on floor plan for every 10 patrons. 1 shower or bathtub on floor plan for every 8 patrons. 1 hand wash sink shown on floor plan for every 10 patrons. 1 mop sink shown on floor plan. Number of beds / Number of bedrooms. _Y / N Is this facility providing 24-hour care, limited nursing care or mental health care? _Y / N Does this facility prepare or serve catered meals? If yes - provide intended menu, name of caterer Group care facility kitchen sink requirement. Applicable kitchen sinks must be shown on floor plan. 5 or fewer residents, 1 sink required in kitchen. 6 - 10 residents, 1 compartment sink and a mechanical dishwasher capable of sanitization and 1 hand wash sink or a 2 compartment sink with a hand wash sink in the kitchen. 11 or more residents, 2 compartment sink and a mechanical dishwasher capable of sanitization and 1 hand wash sink or a 3 compartment sink with a hand wash sink in the kitchen.

Florida Department of Health in Orange County

Division of Environmental Health 1001 Executive Center Drive Suite 200, Orlando, FL 32803 PHONE: 407/858-1497 • FAX 407/228-1468 or 407/228-1467 http://orange.floridahealth.gov

Owner Signature & Date

Revised 08/11/16



Representative Signature & Date

Mission:

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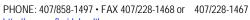
Vision: To be the Healthiest State in the Nation

ORANGE COUNTY HEALTH DEPARTMENT PLANS REVIEW ROUTING SHEET

DATE:	P	LANS ROUTING NUMBER:		
PAYMENT TYPE:	AMOUNT:	CHECK NUMBER:		
you will be charged an additio	eview is \$53 per hour. If your plants and \$53 per hour before approve e of these conditions. By signing	al. Please sign below to acknow	vledge your	
SIGNATURE:		DATE:_		
FACILITY NAME:				
FACILITY ADDRESS:				
BILLING ADDRESS:				
TYPE OF FACILITY: NUMBER OF CLIENTS, STUDE METHOD OF SEWAGE DISPO	ENTS, CUSTOMERS OR SEATIN SAL:	_ NUMBER OF EMPLOYEI G CAPACITY: WATER SUPPLY:	ES:	
PERSON TO CONTACT:		PHONE #:		
	FOR OFFICE U	SE ONLY		
UTILITY REVIEWER:		DATE:		
REMARKS:		_ APPR	OVAL STAMP	
FACILITY REVIEWER:		DATE:		
REMARKS:				
SIGNATURE:				
Revised: 08/11/16				

Florida Department of Health in Orange County

Division of Environmental Health 1001 Executive Center Drive, Suite 200, Orlando, FL 32803



http://orange.floridahealth.gov





STATE OF FLORIDA DEPARTMENT OF HEALTH

Certificate Number

APPLICATION FOR SANITATION CERTIFICATE

AUTHORITY: Chapter 381.0072, Florida Statutes

Instructions: 1. Complete the information requested below. 2. Sign the application and return along with a completed set of plans drawn to scale and required fee (do not send cash), to the Environmental Health (EH) office of the County Health Department. A new application is not required for annual renewal unless the information below changes.

		<u> </u>		
NAME OF FACILITY				
LOCATION				
LOOATION	Street	City	State	ZIP Code
OWNER'S NAME		EMAIL ADDRESS		
OWNER'S ADDRESS	Street	City	State	ZIP Code
OWNER'S PHONE		BUSINESS PHONE		
Type of Food Service Subtypes Select One:				
Adult Day Care		Afterschool Meal	Assisted Living Facility	
Bar/Lounge		Civic/Fraternal Organization	Crisis Stabilization Unit	
Detention Facility		Domestic Violence Shelter	Home for Special Services	
Hospice		Intermediate Care Facility	Migrant Labor Camp	
Movie Theater		Prescribed Pediatric Extended Care Center (PPEC)	Recreational Camp	
Residential Treatment Faci	lity	School	Short Term Residential Treatment (DCF)	
Transitional Living Facility		Other:		
Food Service Operations Select One:				
Afterschool Meal		Bakery	Boarding School	
Canteen		Caterer	College/University Cafeteria	
Concession Stand		Culinary Education	Deli/Sandwich Shop	
Main Operation		Mobile Food Unit	Non-Alcoholic Beverage	
Restaurant		Retail Food Store	Satellite Kitchen	
School (9 months or less)		School (greater than 9 months)	Temporary Eve	nt Sponsor
Temporary Event Vendor		Vending Machine (TCS/PHF)	Other:	
Comment/Special Instructions:				
FOR EH USE ONLY: Annual Fee for Y				
Please make check or money order pay	yable to: Florida	a Department of Health in Co	ounty.	
accordance with the requirements information contained in this applic	of Chapter 38 ation, which s	hereby agrees to operate the food establish 81.0072, Florida Statutes, and Chapter 64E serves as the basis for licensure, is true and , or failure to comply with sanitary standard	i-11, Florida Administ d correct. I understan	rative Code,. The d that any

Date

Signature (Facility Owner/Owner's Representative)
DH 4086, 02/18
Rule 64E-11.013(2)(a), F.A.C.

Signature (EH Official)

Date