

**Mission:**

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



**Rick Scott**  
Governor

**John H. Armstrong, MD, FACS**  
State Surgeon General & Secretary

**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.

DATE: \_\_\_\_\_ PROPOSED # OF RESIDENTS: \_\_\_\_\_ PROPOSED # OF STAFF: \_\_\_\_\_

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 applicable.

\_\_\_\_\_ 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.

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

\_\_\_\_\_  
Representative & Date

Revised 02122014