

DEVELOPMENT SERVICES DEPARTMENT
PLANNING AND DEVELOPMENT DIVISION



COMMUNITY RESIDENTIAL HOME AFFIDAVIT OF COMPLIANCE WITH CHAPTER 419,
FLORIDA STATUTES

SECTION 1

Name of License Applicant: Arrows Unlimited Fl Inc / Carol McIntyre

Address of Proposed Facility: 2825 Waldens Pond Cv

City: Longwood State: FL Zip: 32779

Number of Licensed Beds: 6

Will this home be a foster care facility (3 beds or less) with a live-in caregiver? Yes ___ No
If yes, go directly to Section 3 (since Section 2 would not apply to you).

SECTION 2

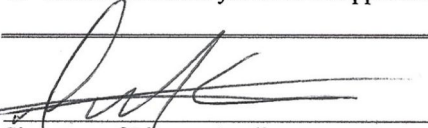
1. I have provided the local zoning authority with the most recently published data compiled by the Agency for Health Care Administration, Agency for Persons with Disabilities, and Department of Children and Families identifying all community residential homes within the jurisdiction of the local zoning authority.
2. I further certify that notification of intent to establish this facility has been made to the local zoning authority.
3. At the time of home occupancy, I will notify local government that the facility is licensed.
4. I understand that the Agency for Persons with Disabilities assumes no financial liability or other liability in the event an error has been made in calculating, measuring or certifying that this facility meets Chapter 419 requirements.

(6 or fewer beds): I certify that the proposed facility is not located within a 1,000 foot radius of another community residential home or has an approved variance* from the local zoning authority.

(7-14 beds): I certify that this facility is not located within a 1,200 foot radius of another community residential home or within 500 feet of an area zoned single-family or has an approved Special Expectation* from the local zoning authority.

*Check this box if you have an approved Special Expectation from local zoning and please attach a copy.

SECTION 3


Signature of License Applicant

STATE OF FLORIDA
COUNTY OF SEMINOLE

I HEREBY CERTIFY that on this day, before me by means of physical presence OR online notarization, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared Carol McIntyre who is personally known to me OR produced identification
Type of identification produced FL Drivers license

and who executed the foregoing instrument.

WITNESS my hand and official seal in the County and State last aforesaid this 26 day of October, 2024.


Notary Public

