



Zoning Verification Request Form

The Zoning Manager reserves the right to determine whether this application is complete and accurate. Incomplete applications will not be processed and will be returned to the applicant. The processing time may take up to thirty (30) days.

Name: _____ Date: _____

Company: _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Contact Person Name: _____

Phone Number: _____ or _____

Email Address: _____

Property Information:

Address (subject property): _____

Parcel ID#: _____

General Request:

Please clearly write the specific question(s) that you would like to be addressed in the letter. Include details regarding the proposed use for this property: _____

Community Residential Home Letter Request:

Florida Statutes require the applicant to provide printouts to local zoning authorities 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, showing that the proposed facility is not located within 1,000 feet from another facility.

Please check the appropriate box and answer the questions below:

- Community Residential Home (e.g., Assisted Living Facility (ALF)); floridahealthfinder.gov/facilitylocator/facloc.aspx
Adult Family Care Home (Five (5) residents max/State of Florida); floridahealthfinder.gov/facilitylocator/facloc.aspx
APD-Licensed Community Residential Homes; contact Pamela.Gordon@apdcares.org or Joyce.Leonard@apdcares.org

Day Care Home/Center Letter Request:

- Day Care Home (check one) ___Adult ___ Child
Day Care Home – Family Day Care Home
Day Care Center (check one) ___Adult ___ Child

- How many adults/children are you providing service? #Adults ___ #Children ___
Is this your home address? Yes ___ No ___
Do you rent or own? Rent ___ Own ___
What are the days and hours of operation? Days ___ Hours ___

FOR OFFICE USE ONLY:

OFP Number: _____ Date: _____