



# LOCAL ZONING FORM

## Assisted Living and Adult Family Care Homes

**AUTHORITY:** In accordance with section 429.11(1)(b), Florida Statutes, regarding assisted living facilities and section 429.67(5), F.S. regarding adult family care homes, the provider must supply the location of the facility for which a license is sought and documentation, signed by the appropriate local government official, which states that the applicant has met local zoning requirements.

*This form must be completed by the local zoning office, **not** by the assisted living or adult family care home applicant.*

**TO:** Agency for Health Care Administration  
 Division of Health Quality Assurance  
 Bureau of Long Term Care Services  
 Assisted Living Unit  
 2727 Mahan Drive, MS # 30  
 Tallahassee, FL 32308-5403

**REGARDING:**

<b>Name of Assisted Living Facility or Adult Family Care Home:</b>	
<b>Street Address:</b>	<b>City / State / Zip:</b>

**Assisted Living Facilities Only:** please complete the following information.

*When an ALF is licensing more than one building on the same property, or connecting property, each building and its resident capacity must be listed.*

Building #	Maximum Resident Capacity	Street Address	City	Zip
1				
2				
3				

We have reviewed the status of the above referenced assisted living facility (ALF) or Adult Family Care Home and find that it is properly zoned according to local codes.

\_\_\_\_\_  
Signature of Zoning Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Zoning Official

\_\_\_\_\_  
Agency Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number