



**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 after receipt of payment. Review of the application does not begin until all the fees have been paid. Instructions on how to pay online through Fast Track Online Services will be sent via email once the application is entered into the system.

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](http://floridahealthfinder.gov/facilitylocator/facloc.aspx)
- Adult Family Care Home (Five (5) residents max/State of Florida); [floridahealthfinder.gov/facilitylocator/facloc.aspx](http://floridahealthfinder.gov/facilitylocator/facloc.aspx)
- APD-Licensed Community Residential Homes; contact [charles.steen@apdcares.org](mailto:charles.steen@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 \_\_\_\_\_