ORANGE COUNTY ZONING DIVISION
201 South Rosalind Avenue, 1st Floor, Orlando, Florida 32801
Phone: (407) 836-3111 Email: **Zoning@ocfl.net**
www.orangecountyfl.net
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 | Facility/Provider
☐ Adult Family Care Home (Five (5) residents max/State of Florida); FloridaHealthFinder | Facility/Provider
☐ APD-Licensed Community Residential Homes; contact Lisa.thompson@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 _____