



## ALF LOCAL ZONING FORM

### TO BE COMPLETED BY THE LOCAL ZONING OFFICE

TO: The Agency for Health Care Administration  
Division of Health Quality Assurance  
Bureau of Long Term Care  
Long Term Care Services  
2727 Mahan Drive  
Tallahassee, Florida 32308-5403

REGARDING: Name of Facility \_\_\_\_\_

Street Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

We have reviewed the status of the above referenced Assisted Living Facility (ALF) and find that it is properly zoned according to local codes.

Building #1 Max. resident capacity \_\_\_\_\_; \_\_\_\_\_

	Street Address	City	Zip
NOTE: When more than one building is being licensed on the same property, or connecting property, each building and its resident capacity must be listed below.			

Building #2 – Max. resident capacity \_\_\_\_\_; \_\_\_\_\_

	Street Address	City	Zip
Building #3 – Max. resident capacity _____; _____			

	Street Address	City	Zip
Attach additional sheets if necessary.			

	Street Address	City	Zip

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

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

Title \_\_\_\_\_

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

Street Address \_\_\_\_\_

City and Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Date \_\_\_\_\_