



CITY OF MIAMI
ASSISTED LIVING FACILITIES (ALF)
ZONING VERIFICATION
 Office of Zoning
 444 SW 2 Avenue, 4th Floor
 Miami, FL 33130
 305.416.1499

ALF VERIFICATION APPLICATION

Fee: \$200.00

This is to request that the subject facility be verified by the City of Miami to be in compliance with applicable zoning regulations. Signature below by the Zoning Administrator or designee will only serve to establish compliance with said regulations as set forth by Miami 21, the Zoning Ordinance of the City of Miami.

Applicant Name	_____	Address	_____
City / State / Zip	_____	Phone / Fax	_____
	_____	Email	_____
Zoning District:	_____		
Licensee or Provider:	_____		
Proposed facility address:	_____		
Nature of proposed use:	_____		
Licensed bed capacity	<input type="checkbox"/> 0 to 6 <input type="checkbox"/> 7 to 14 <input type="checkbox"/> 14 to 50 <input type="checkbox"/> 50 or more		
Distancing requirement:	_____		

The following is attached in support or explanation of this application:

- a) AHCA form completed
- b) Distancing survey(s)
- c) Other (specify)

SECTION 6.2. COMMUNITY RESIDENCES AND SIMILAR HOMES/FACILITIES REGULATIONS.

Homes of six (6) or fewer residents, which otherwise meet the definition of Community Residence (as defined in Article 1) must be located at least one thousand feet (**1,000'**) from any existing Community Residence of six (6) or fewer residents, measured from the nearest point of the property line of the existing facility to the nearest point of the property line of the proposed facility.

Homes of seven (7) to fourteen (14) residents, which otherwise meet the definition of Community Residence (as defined in Article 1) must be located at least five hundred feet (**500'**) from a T3-R or T3-L Transect Zone and must be located at least one thousand two hundred feet (**1,200'**) from any existing Community Residence of seven (7) to fourteen (14) residents, measured from the nearest point of the property line of the existing facility or Transect Zone to the nearest point of the property line of the proposed facility.

Complete Application

Signed: _____

Date: _____