



REQUEST FOR ZONING AUTHORITY CLEARANCE

REQUESTING AGENCY INFORMATION (Completed by licensee seeking zoning clearance)

Name of Agency: _____

Mailing Address of Agency: _____

Agency Contact Person: _____

Phone number: _____

Address of Property: _____

Proposed Use:

- Group home:
- Shelter Home
- Outdoor Experience Program

Proposed Number of Residents:

- 1-5 Children
- 6-10 Children
- More than 10 Children. Specify total: _____

ZONING AUTHORITY INFORMATION (Completed by zoning authority)

Zoning District: _____

Is the address/location and legal description properly zoned for this proposed use? YES NO

If no, what requirements will have to be met before zoning clearance can be obtained?

Signature of zoning authority

Telephone Number

Printed Name and Title

Date

Instructions to Licensing Applicant:

1. Make as many copies of this form as necessary.
2. Submit this form with official zoning clearance documents completed by the zoning authority, appropriate to each location you are seeking to have licensed for the first time, or for which you are requesting either a change of use or an increase of population. ZONING'S SIGNATURE OF THIS FORM MAY NOT CONSTITUTE OFFICIAL ZONING CLEARANCE.
3. This form, when fully completed, signed and dated by the zoning authority, must accompany all applications for the original licensing, and all requests for changes in use or increase in number of residents.