



ARIZONA DEPARTMENT OF CHILD SAFETY  
Office of Licensing and Regulation (OLR)  
**REQUEST FOR ZONING AUTHORITY CLEARANCE**  
*Child Welfare Agency operating a Group Home and/or Shelter Home*

**Instructions for Licensee Applicant**

Do not use this form for more than one (1) locations. Make copies of this form as necessary. Submit this form with official zoning clearance documents completed by 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 on this form may not constitute official zoning clearance.** This form, when fully completed, signed and dated by the zoning authority, must accompany all applications for the original licensing, and all requests for change in use or increase in number of residents.

**1. Requesting Agency Information ~Completed by Licensee seeking Zoning Clearance.**

_____ <i>Name of Agency</i>			
_____ <i>Agency Contact Person</i>		_____ <i>Phone Number</i>	
_____ <i>Mailing Address</i>	_____ <i>City</i>	_____ <i>State</i>	_____ <i>Zip</i>
_____ <i>Address of Property</i>	_____ <i>City</i>	_____ <i>State</i>	_____ <i>Zip</i>

**Proposed use?** ..... **Group Home**      **Shelter Home**

**Proposed number of residents?** .....      **1-5 Children**      **6-10 Children**      **More than 10 Children. Specify total:** \_\_\_\_\_

**2. Zoning Authority Information ~Completed by Licensee seeking Zoning Clearance.**

\_\_\_\_\_  
*Zoning District*

Is the address/location and legal description properly zoned for the proposed use? .....      **Y**      **N**

If not, what requirements will have to be met before zoning clearance can be obtained.

_____ <i>Signature of Zoning Authority</i>	_____ <i>Date</i>
_____ <i>Printed Name and Title</i>	_____ <i>Phone Number</i>



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