



201 N. Stone Avenue, 1st Floor
Tucson, Arizona 85701-1207
(520) 740-6740

***INFORMATION
FOR
ASSISTED LIVING HOME APPLICATION***

Pima County will complete the bottom portion of the Zoning Clearance form supplied to you by the State Health Department. The form will be returned to you for submission to the State Department of Health **after** the items listed below are submitted to this division:

Required documents for Zoning clearance:

1. Letter of Authorization if applicant is not the property owner
2. Applicant must provide proof of 2,000 square feet or more if six to ten clients (*we can assist you with the documentation requirement if you are unable to access the assessor's information*)
3. Notarized Statement of Compliance (*see attached*)
4. An approved Building Codes compliance letter (requires separate fee and inspection)
5. Zoning Use Permit Fee - \$137.00 (*make check payable to Pima County Treasure*)

Required documents for Zoning Permit:

1. State Department of Health Services license
2. Updated Assessor's property information print out (**if ownership has changed**)

Operating an Assisted Living Home prior to obtaining a Zoning Use Permit is considered a *VIOLATION* of the Pima County Zoning Code.



ASSISTED LIVING HOME APPLICATION

NAME OF THE ASSISTED LIVING HOME CARE PROVIDER (please print): _____ **PHONE:** _____

MAILING ADDRESS: _____ **CITY:** _____ **ZIP:** _____

APPLICANTS NAME: _____ **PHONE:** _____

MAILING ADDRESS: _____ **CITY:** _____ **ZIP:** _____

HOME OWNERS NAME (if different): _____ **PHONE:** _____

NUMBER OF CLIENTS: _____

I agree to provide Pima County with proof of approval from the State Health Department to operate an Assisted Living Home at, _____, and to provide a copy of the State License once it has been issued.

Signature

Date

In accordance with Chapter 18.09.020.A.2 and 18.09.020.I, Pima County allows an assisted living home in all rural and residential zones, except TH (Trailer Homesite Zone)

OFFICE USE ONLY

Case #: _____ Zone: _____ Square Feet, if more than 5 clients: _____

**ASSISTED LIVING HOME
STATEMENT OF COMPLIANCE**

I, _____ have made application with the Arizona Department of Health Services for an Assisted Living Home at the following address:

According to Pima County Records, the property has the correct zoning for an Assisted Living Home. The Pima County Zoning Permit for an Assisted Living Home **will not** be issued until proof of licensing has been provided to Pima County.

Dated this _____ day of _____, 20____

Signature: _____

STATE OF ARIZONA)
COUNTY OF PIMA)

This instrument was acknowledged before me on _____, 20____

by (Applicant) _____

My Commission Expires: _____

Notary Public

Arizona Department of Health Services

ASSISTED LIVING FACILITY
LETTER OF COMPLIANCE

THIS DOCUMENT IS TO CERTIFY THAT THE HOME OF:

Name of Provider: _____

Name of Adult Care: _____

Street Address: _____

City: _____ State: _____ Zip: _____ County: _____

SAMPLE

Lower half to be completed by city or county representative.

1. Is in compliance with all building code requirements of the county of _____ to establish an Assisted Living Facility, and
2. Is approved to care for a maximum of _____ residents.
3. The facility listed above was originally built according to local codes and standards as evidenced by construction permits and inspections on file at this city/county office

YES NO OTHER

Name: _____

Date: _____

Title: _____

Phone: _____

Office: _____

This document is to provide the Department of Health Services with evidence that Assisted Living Facility services can be approved in your city/county. Since various cities and counties within Arizona do not provide special building inspections or require the installation of particular devices for the approval of an Assisted Living Facility, we are requesting from those cities/counties completion of this document to show that your city/county is aware of this project and approves. If there are questions, please contact the Office of Assisted Living Licensure at (602)674-9779. This document is not meant to represent zoning approval

PERMIT APPLICATION
Arizona Department of Health Services

ZONING CLEARANCE

INSTRUCTIONS FOR THIS PAGE. All facilities applying for initial licensure must provide evidence of proper zoning. You as the applicant, will complete the top portion of this page. You are responsible for having the lower half of this page completed by a representative of the local zoning authority having jurisdiction. Contact your local city planning and zoning department. If you facility is outside the city limits, contact the county planning and zoning department

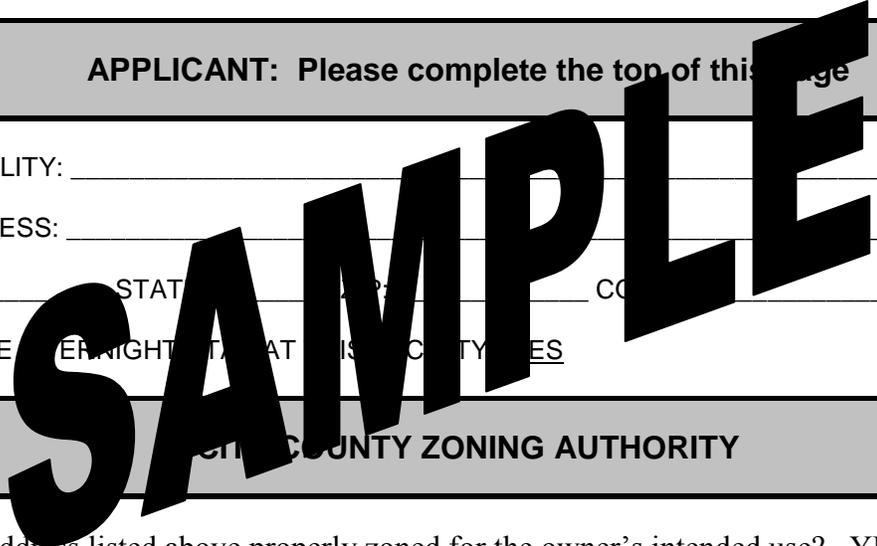
APPLICANT: Please complete the top of this page

NAME OF FACILITY: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTY: _____

WILL THERE BE A SPECIAL USE PERMIT AT THIS FACILITY? YES [] NO []



CITY/COUNTY ZONING AUTHORITY

1. Is the address listed above properly zoned for the owner's intended use? YES [] NO []

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

3. If a Special Use Permit is necessary, has one been issued and does it authorize the intended use above? YES [] NO [] N/A []

Name: _____

Date: _____

Signature: _____

Phone: _____

Title: _____

Office: _____