

## OFFICE OF ASSISTED LIVING LICENSING

Please complete, sign as required and return the following documents:

### **CITY/COUNTY AUTHORITY CLEARANCE\***

#### **\*ZONING DEPARTMENT CLEARANCE**

Contact your local authority that is responsible for zoning approvals (usually called “Planning and Zoning”). A representative from that office must complete the lower half of the form.

To assist you in completing the DHS license application, the following major city and county government offices can provide the zoning information of your health care facility. Visit the local government office with this form and they will complete it.

Chandler – Planning & Development	215 E. Buffalo St.	(480) 782-3000
Flagstaff – Community Development Planning & Zoning	211 W. Aspen Ave.	(928) 779-7631
Mesa – Building Utilities & Zoning-BUZ Center	55 N. Center St.	(480) 644-4450
Peoria – Building Safety	8401 W. Monroe St.	(623) 773-7200
Phoenix – Planning Department	200 W. Washington	(602) 262-7131
Scottsdale – Planning & Development	7447 E. Indian School Rd.	(480) 312-2500
Tempe – Planning & Zoning	31 East St.	(480) 350-8331
Tucson – Planning Department-Zoning	201 N. Stone – 2 <sup>nd</sup> Floor	(520) 791-5550
Yuma – Development Service-Planning & Zoning	1 City Plaza	(928) 373-5000
Maricopa County – Planning & Development Department	501 N. 44 <sup>th</sup> St. – 2 <sup>nd</sup> Floor	(602) 506-3301
Pima County – Development Services-Planning & Zoning	201 N. Stone Ave. – 2 <sup>nd</sup> Floor	(520) 740-6800

#### **\*BUILDING SAFETY DEPARTMENT CLEARANCE**

The building safety department clearance form accomplishes two objectives. One, it alerts the city or county having jurisdiction over your home, that a residential elderly care home exists. This allows the city/county to determine whether there are any building codes or standards that you must meet in order to be approved. Second, it provides you, the provider, adequate evidence to submit to the Department of Health Services documenting that your facility is in compliance with all local applicable codes and standards.

Assisted Living Facility providers with a facility in a city or county that finds that their local building permits and inspections office:

Will not perform a special inspection at your facility or no longer has original inspection records of your facility on file or will not release existing building inspection records for your facility; you will be required to use the Department of Health Services city/county authority clearance.

Most cities and counties have procedures in place for inspection of assisted living facilities. They will inform you of what is required and will issue a variety of documents that show approval. Some of these documents are called: construction permits, building inspections, letter of compliance, certificate of occupancy, etc.

Contact the local authority in your area that issues building permits and perform building inspections. Identify yourself as an assisted living provider and request that appropriate procedures to be inspected and approved.

#### **\*FIRE DEPARTMENT CLEARANCE/FIRE INSPECTION REPORT**

Contact your local fire department to schedule a fire inspection of the facility. The inspection report must be violation free.

### **FLOOR PLAN**

If you are applying for licensure of an assisted living home for ten or fewer residents, a drawing to scale, of your facility, is required.

**Arizona Department of Health Services / Division of Licensing Services  
Offices of Assisted Living & Special Licensing / Architectural Review Unit  
CITY / COUNTY AUTHORITY CLEARANCE**

*This section to be filled out by Licensing Applicant*

Assisted Living HOME (1-10 beds)     Assisted Living CENTER (11 or more beds)    ADHS License: \_\_\_\_\_  
*(existing facilities only)*

Assisted Living Facility Name \_\_\_\_\_

*(health care institution)*

Facility Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_, Arizona, Zip \_\_\_\_\_

Service Type:     Directed Care     Personal Care     Supervisory Care  
Total # of persons to be receiving care: \_\_\_\_\_ Total # of family and overnight staff: \_\_\_\_\_

Facility Owner Name \_\_\_\_\_ Owner's Phone \_\_\_\_\_

Owner's Mailing Address \_\_\_\_\_

Facility Contact Name \_\_\_\_\_ Contact's Phone \_\_\_\_\_

Contact's Mailing Address \_\_\_\_\_

Contact's E-Mail address(es) \_\_\_\_\_

*This section to be filled out by Local Officials*

**ZONING DEPARTMENT CLEARANCE:**

This structure at the Facility Address (noted above) is cleared or otherwise authorized for occupancy by residents who are:

**INCAPABLE** of self-preservation    **OR**     **CAPABLE** of self-preservation ONLY.

Is the Facility Address (noted above) properly zoned for the owner's intended use?  YES     NO    If "NO" was checked, what requirements will have to be met before the zoning clearance can be obtained?

Has a Special Use Permit been issued?  YES     NO If "YES" was checked, does it authorize the intended use?  YES     NO

Any Stipulations? \_\_\_\_\_

Official's Name \_\_\_\_\_ Official's  
(printed) \_\_\_\_\_ Signature \_\_\_\_\_

Official's \_\_\_\_\_ Official's  
Title \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

**BUILDING SAFETY DEPARTMENT CLEARANCE:**

This structure at the Facility Address (noted above) is cleared or otherwise authorized for occupancy by residents who are:

**INCAPABLE** of self-preservation    **OR**     **CAPABLE** of self-preservation ONLY.

Any Stipulations? \_\_\_\_\_

Official's Name \_\_\_\_\_ Official's  
(printed) \_\_\_\_\_ Signature \_\_\_\_\_

Official's \_\_\_\_\_ Official's  
Title \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

**FIRE DEPARTMENT CLEARANCE:**

This structure at the Facility Address (noted above) is cleared or otherwise authorized for occupancy by residents who are:

**INCAPABLE** of self-preservation    **OR**     **CAPABLE** of self-preservation ONLY.

Any Stipulations? \_\_\_\_\_

Official's Name \_\_\_\_\_ Official's  
(printed) \_\_\_\_\_ Signature \_\_\_\_\_

Official's \_\_\_\_\_ Official's  
Title \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

**Please attach a copy of the Fire Inspection Report**