

PLN _____

Due By: _____

Group Home Registration

Facility Address: _____ Mesa, AZ 85 _____

Facility Name: _____ No. of Licensed Beds: _____

Applicant/Operator: _____

Mailing Address: _____ Phone: _____

City, State, Zip: _____ Cell: _____

Email Address: _____

Property Owner: _____ Phone: _____

Mailing Address: _____ City, State, Zip: _____

Property Owner's Signature: _____

Licensing Agency: ADHS ADES City of Mesa Other

Type of License: _____

ADHS Licenses: Personal Care Supervisory Care Directed Care

Residents will be: Capable of Self-Preservation Incapable of Self-Preservation

I CERTIFY THAT ALL INFORMATION PROVIDED ON THIS FORM IS TRUE AND CORRECT.

Applicant's Signature: _____ Date: _____

ZONING	Application Approved By: _____ Date : _____ <input type="checkbox"/> 1200' Separation <input type="checkbox"/> Exception Zoning District: _____ Fee: _____
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BUILDING OFFICIAL	Application Approved By: _____ Date : _____
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FIRE	Fire Inspection Completed On: ____ / ____ / ____ Approved By: _____ #: _____
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ZONING	Registration Approved By: _____ Date : _____ (Registration cannot not be approved until the Fire Inspection has been successfully completed and the Building Official signs off.)
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THIS REGISTRATION FORM PROVIDES ZONING CLEARANCE ONLY.