



# Local Zoning Form

\_\_\_\_\_  
Date

(This form is to be completed by the local zoning office and not by the facility applicant.)

TO: The Agency for Health Care Administration  
Hospital and Outpatient Services Unit  
2727 Mahan Drive, MS# 31  
Tallahassee, FL 32308

Regarding: Facility Name Heritage House  
Street Address 1810 S. Belcher Rd  
City, State, & Zip Clearwater, FL 33764  
Applicant's Name (owner) ISM-Heritage House ALF, LLC

The local zoning ordinances for the above street address have been reviewed. It has been determined that the street address listed above does  does not  permit the operation of a Level I or Level II Residential Treatment Facility (RTF).

Signature of Zoning Official \_\_\_\_\_

Printed Name of Official \_\_\_\_\_

Title \_\_\_\_\_

Zoning Agency Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

If available, please staple a business card to this form as verification the form was completed by the zoning authority.