



City of Miramar
Community Development Department

ALF Distance Separation Inquiry

PLEASE ALLOW THREE BUSINESS DAYS FOR YOUR INQUIRY TO BE PROCESSED.

Inquiry Date: _____

Applicant Name: _____

Facility Name: _____

Applicant Address: _____

Applicant Phone: _____

Proposed location address: _____

Proposed location zip code: _____

Number of Residents: _____

License Type – circle one: ALF AFCH GH

Fee: inquiries for ALFs with **six or fewer** residents - **\$20.00**

Inquiries for ALFs with **seven or more** residents requires a zoning confirmation letter - **\$214.00**

Distance requirements pursuant to Miramar LDC 713.8 and Florida Statute 419:

For ALFs with six or fewer residents, the distance separation is **1000 feet.**

For ALFs with seven or more residents, the distance separation is **1200 feet.**

Approved ____ **Denied** ____ **Date** _____ **By** _____

Approval/Denial Letter send date _____