



PLANNING DIVISION
Community Development Department

GROUP HOME PROCESS GUIDE

May 2009



GROUP HOME PROCESS GUIDE FOR ZONING APPROVAL

Introduction

The City of Peoria has established requirements for those uses commonly referred to as “Group Homes”. As part of the requirements for State Certification, the applicant must obtain zoning approval from the local municipality. Before a Zoning Compliance Letter is granted, the applicant must obtain several items as identified below in the requirements portion. For those homes that are registered with Maricopa County through the Foundation of Senior Living, zoning approval from the City is required. The following is a guide that outlines the steps necessary to obtain a Zoning Compliance Letter.

Additionally, based upon the different types of group homes and the variety of zoning districts within the City, it is recommended that you obtain a copy of the specific zoning regulations for the proposed group home within a specific zoning district. Copies of the applicable regulations can be obtained from the Planning Division counter within the Development and Community Services Building, 9875 North 85th Avenue, or by contacting the Planning Division at 623-773-7200.

NOTE: THIS GUIDE IS INTENDED ONLY TO PROVIDE INFORMATION RELATIVE TO THE ZONING PROCESS TO REGISTER A GROUP HOME WITH THE PLANNING DIVISION OF THE CITY OF PEORIA. ADDITIONAL APPROVALS ARE REQUIRED FROM THE BUILDING SAFETY DIVISION, FIRE PREVENTION DEPARTMENT, AND SALES TAX DIVISION. IT IS RECOMMENDED THAT YOU CONTACT THESE DEPARTMENTS AT THE PHONE NUMBERS BELOW:

***BUILDING SAFETY DIVISION 623-773-7225, option 1
FIRE DEPARTMENT 623-773-7279
SALES TAX DIVISION 623-773-7160***

Review and Approval Process

Upon submittal of a complete application, Planning staff will review the proposed facility for conformance with City of Peoria Zoning Ordinance. The following information is required to constitute a complete submittal.

Planning Application Requirements:

- A. Application Form.
- B. Ownership Verification Form
- C. Zoning Clearance Form (with building inspector sign off)
- D. Department of Health License Number
- E. City of Peoria Business License Number

F. Building Safety Inspection (separate from fire inspection)

The primary review of the application is to determine if there is another group home or group care facility within **1,320 feet of the parcel boundaries** of the proposed location.

The Planning Division also maintains a map of group homes which have fulfilled registration requirements which may be consulted. The State, County, and City records must both be researched by the applicant prior to submittal of the application to further ensure compliance with all regulations. In addition, depending upon the type of group home and the number of occupants, there may be additional requirements.

License Revocation or Termination

In the event that the appropriate state licensing agency revokes or terminates an applicant's license, the certification of registration filed with the city shall be deemed to be revoked as of the date of the license revocation or termination.

In the event that the use is discontinued by the applicant, it shall be the responsibility of the owner/operator to notify the City of the discontinuation of the use.

APPROVALS FROM OTHER DIVISIONS, DEPARTMENTS, AND AGENCIES (if not available at the time of registration) MUST BE PROVIDED TO THE PLANNING DIVISION UPON COMPLETION AND NO LATER THAN 90 DAYS AFTER REGISTRATION OF THE HOME OR ELSE REGISTRATION WILL BE REVOKED.

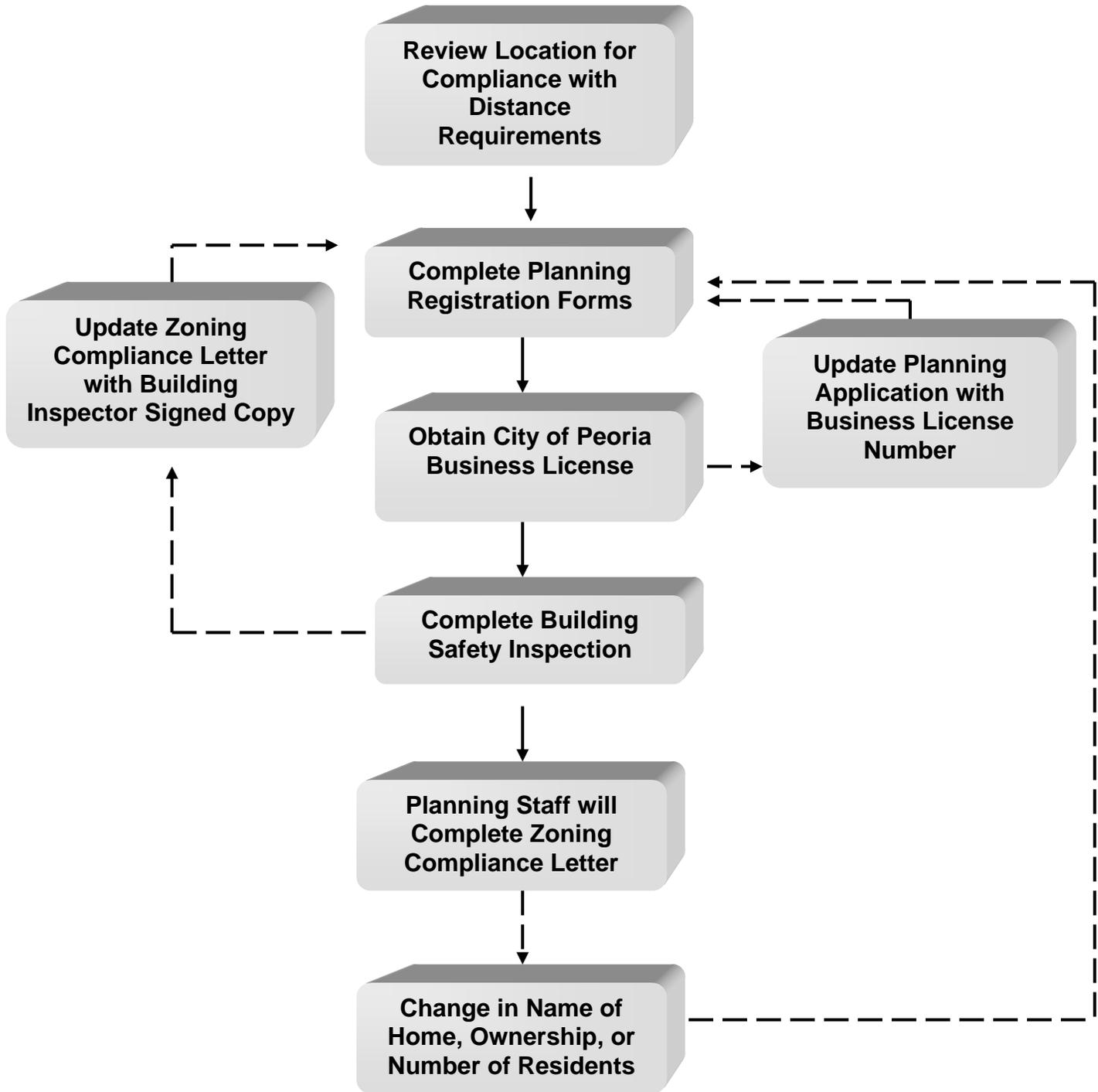
Other Approvals

After the Planning Division has registered the home, the applicant shall obtain the appropriate approvals from the Building Safety and Sales Tax Divisions, Fire Department, as well as the Arizona Department of Health listed under Planning Application Requirements.

NOTE:

REGISTRATION FEES ARE DUE AT THE TIME OF SUBMITTAL. FEES ARE ASSESSED ON A PER ADDRESS BASIS AND ARE NOT TRANSFERABLE TO OTHER ADDRESSES. PLEASE VISIT THE GROUP HOME MAP ON OUR WEBSITE AT WWW.PEORIAAZ.GOV/PLANNING OR CONTACT THE PLANNING DIVISION TO DETERMINE THE ELIGIBILITY OF A PARTICULAR ADDRESS/HOME BEFORE SUBMITTING THE REGISTRATION APPLICATION.

GROUP HOME PROCESS





Community Development Department
Group Home Registration
Planning Division

Type of Facility: Elderly Home Juvenile Home Recovery Home
 Other _____

NAME OF FACILITY: _____

ADDRESS: _____

CITY/STATE: _____ **ZIP CODE:** _____

PHONE: _____ **FAX:** _____

NAME OF APPLICANT: _____

ADDRESS: _____

CITY/STATE: _____ **ZIP CODE:** _____

PHONE: _____ **FAX:** _____

APPLICANT'S SIGNATURE: _____

PROPERTY OWNER: _____

ADDRESS: _____

CITY/STATE: _____ **ZIP CODE:** _____

PHONE: _____ **FAX:** _____

OWNER'S SIGNATURE: _____

NUMBER OF OCCUPANTS: _____

LICENSING AGENCY: : _____

LICENSE NUMBER: _____

(PLEASE ATTACH COPY/OR PROOF OF APPLICATION TO LICENSING AGENCY)

PEORIA BUSINESS LICENSE NUMBER: _____ **BUILDING SAFETY PERMIT** _____

OWNERSHIP VERIFICATION

It is requested that a _____ application be accepted by the Current Planning for property generally located: _____

Said property is owned by:

AND

Phone Number: _____

Phone Number: _____

The subject property is legally described as:

_____ (or see attached).

The subject property contains _____ gross acres (includes right-of-way to the centerline of adjacent street or alley)

AND _____ net acres (excludes adjacent perimeter right-of-way).

Tax Parcel Number: _____

Attached is a map/survey which accurately portrays the parcel configuration and property dimensions, as reflected in the legal description.

I hereby certify that the above information and information submitted as part of the requested application is correct, and that I am authorized to file an application on said property, being either the owner of record or authorized to file on behalf of the owner. (If not owner of record, attach written authorization from owner.)

Applicant's Signature

Date



**ZONING /BUILDING
LETTER OF COMPLIANCE**

This document is to certify that the home of:

Facility Name: _____

Street Address: _____

Contact Person: _____

Mailing Address: _____

Phone Number: _____

Type of Home: _____

Number of Residents: _____

Sprinklers Required YES NO

The property has complied with all building code requirements for a group home.

BUILDING SAFETY STAFF:

Name _____
Date

Title

The property meets the zoning requirements as required for the type of group home, and maximum of number of residents as listed above.

PLANNING STAFF:

Name _____
Date

Title

THIS DOCUMENT IS TO PROVIDE THE DEPARTMENT OF HEALTH SERVICES WITH EVIDENCE THAT A GROUP HOME CAN BE APPROVED IN THE CITY OF PEORIA. COMPLETION OF THE PLANNING & BUILDING SAFETY PORTION OF THIS DOCUMENT IS TO VERIFY THAT THE CITY IS AWARE OF THIS PROJECT AND APPROVES.