

**GROUP HOME FOR THE HANDICAPPED APPLICATION**

**Owner Information**

Owner's Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Email \_\_\_\_\_

**Contact Person**

Contact's Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Email \_\_\_\_\_

**Property Information**

Assessor's Parcel # \_\_\_\_\_  
 Subdivision \_\_\_\_\_  
 Unit # \_\_\_\_\_ Lot # \_\_\_\_\_  
 Address/Location \_\_\_\_\_  
 Zoning \_\_\_\_\_  
 Existing Land Use \_\_\_\_\_  
 Lot Size \_\_\_\_\_

**Group Home Request**

Please provide a brief description of your request, including number of occupants and employees.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**CERTIFICATION & ACKNOWLEDGEMENT**

I am applying for a Group Home for the Handicapped and this application is complete and accurate. I agree to abide by the regulations of this jurisdiction. I understand that by applying for this permit, I am requesting inspection of the permitted development and grant the Coconino County Community Development Department and their inspectors and regulators access and permission to perform inspections.

Incomplete or inaccurate submittals may result in delays, return of submittals, or denial of this application. This application is a supplemental permit and other permits may be required for this project. All required permits must be obtained prior to initiation of the use. The applicant is responsible for all changes and additional time required to correct plans and/or development as a result of differences between initial and final plans.

I am responsible for contacting the Coconino County Community Development at (928) 679-8850 to schedule all required inspections for this permit.

**Signature of Applicant**

\_\_\_\_\_ Date \_\_\_\_\_

**Signature of Property Owner (if not the applicant)**

\_\_\_\_\_ Date \_\_\_\_\_

**OFFICE USE ONLY**

Received By \_\_\_\_\_ Date \_\_\_\_\_  
 Receipt # \_\_\_\_\_ Fee \_\_\_\_\_  
 Case # \_\_\_\_\_  
 Related Cases \_\_\_\_\_

**DIRECTOR ACTION**

Approved with Conditions (see attachments)  Denied  
 Action By \_\_\_\_\_ Date \_\_\_\_\_  
 Expiration \_\_\_\_\_

## **GROUP HOME FOR THE HANDICAPPED APPLICATION**

### **SUBMITTAL REQUIREMENTS\*** (see attached guidelines for minimum requirements)

- ◇ Two copies of a site plan detailing property boundaries; existing improvements and uses; and proposed improvements and uses. The site plan shall also indicate the locations of driveways, pedestrian walks, landscaped areas, fences, walls, and parking areas including entrances and exits and the direction of traffic flow into and out of off-street parking areas.
- ◇ Two copies of Architectural drawings including floor plans and elevations of all existing and proposed structures as they will appear upon completion.
- ◇ A notarized statement that describe the maximum number of residents, the number of live-in staff and the number of employees on site at a time; the full range of disabilities the home serves; an outline of the Code of Conduct; and certification that residents fit the definition of Handicapped under the Fair Housing Act
- ◇ Signed Affidavit
- ◇ \*NOTE- The Director of Community Development may require additional information or plans, if they are necessary to enable a determination as to whether the circumstances prescribed for the granting of a Group Home for the Handicapped exist. The Director of Community Development may authorize omission of any or all of the plans and drawings required by this Section if they are not necessary.

### **SITE PLAN REQUIREMENTS** (continued on next page)

#### General Property Information: Required

1. Show the entire property (parcel) by the platted property lines; include all property dimensions; and streets labeled.
2. Show the minimum required setback lines (front, sides and rear) conforming to the zoning district. This information is available from Community Development.
3. Direction of slope on property and the direction of natural drainage - accurate topography may be required when necessary.
4. Slopes that exceed 15%, including any cut banks greater than 4' in height.
5. North arrow and site plan scale.
6. Streams, creeks, washes and floodplains.

#### Existing Property Improvements: Required

1. Location of all existing structures. Label all structures, show dimensions from structure to property lines and distances between structures
2. Location of all existing wells.
3. Location of all existing drainage facilities.
4. Location of all existing septic tanks, leach fields and sewer lines.
5. Location of all existing driveways.
6. Location of all ingress and egress easements and utility easements (when applicable).

## GROUP HOME FOR THE HANDICAPPED APPLICATION

### SITE PLAN REQUIREMENTS

#### *Proposed Property Improvements: Required*

1. Location and dimensions of all proposed structures in relation to property lines and other structures.
2. Label all proposed structures and cross hatch for clarity.
3. Location of all proposed wells.
4. Location of all new septic tanks, leach fields and sewer lines.
5. Location of all new driveways and road improvements including type of material.
6. Show all utility connections and line directions:
  - a. Septic tank and leach field location, reserve area and sewer line locations.
  - b. Water line location.
  - c. Gas line location.
  - d. Liquid propane gas tank location or natural gas meter location (dimension).
  - e. Underground liquid propane tank location (dimension).
  - f. Air conditioner location.
  - g. Electric meter location.
7. Retaining wall locations. Areas to be filled (fills in excess of 4' shall be engineered).
8. Fence locations. Describe type and height of fence.

### PERMIT REVIEW TIMEFRAMES\*

- ◇ Administrative completeness shall be determined within 10 calendar days of the submittal of a Group Home for the Handicapped Application. Applicants will be notified in writing of an incomplete application with a list of deficiencies. Notice in writing of application deficiencies shall suspend the administrative completeness timeframe until such time as all deficiencies have been addressed.
- ◇ Substantive review of all Group Home for the Handicapped Applications shall be completed within 30 calendar days from the determination that the Group Home Permit application is administratively complete. One written request for additional information may be made to the applicant during this review process.
- ◇ The total timeframe for the granting or denying of a Group Home for the Handicapped Application is 40 days.

**\*Note: Permit review timeframes are provided for compliance with A.R.S §11-1605. Actual timeframes based on a complete application may be considerably shorter.**

## **GROUP HOME FOR THE HANDICAPPED APPLICATION**

### **Qualifying Group Homes for the Handicapped**

In order to qualify for permitted use the property must meet each of the following standards:

1. *Separation.* The minimum separation between group homes shall be 1,200 feet, as measured from the closest property lines. No separation is required when Group Homes are separated by a utility Right-of-Way of at least 300 feet in width, or by a freeway, arterial Street, canal, or railroad.
2. *Occupancy.* The number of residents, excluding staff, shall not exceed 10.
3. *Exterior Appearance.* There shall be no sign or other exterior indication of a Group Home visible from a Street.
4. *Compliance with all Applicable Building, Environmental Health and Fire Safety Regulations.* If a Group Home has one or more non-ambulatory residents, building code requirements in addition to those applicable to Group Homes with no non-ambulatory residents, shall apply.
5. *Licensing.* Group Homes shall comply with applicable licensing requirements.
6. *Parking.* Any parking for the Group Home shall be on-site.
7. *Tenancy.* No Group Home shall house any person whose tenancy would constitute a direct threat to the health or safety of other individuals or would result in substantial physical damage to the property of others.

### **Uses Not Qualifying for Group Homes for the Handicapped**

Any property that does not meet the seven standards as outlined above and in Section 14.6 of the Coconino County Zoning Ordinance shall not be considered a Group Home for the Handicapped. Any group home which houses any individual whom either does not meet the definition of Handicapped or who poses a direct threat to the health, safety of other individuals shall not qualify. In such cases, provisions of the Zoning Ordinance regarding Other Group Homes shall apply.

### **Fair Housing Definition of "Handicapped":**

The Fair Housing Act prohibits discrimination on the basis of handicap. "Handicap" has the same legal meaning as the term "disability" which is used in other federal civil rights laws. Persons with disabilities (handicaps) are individuals with mental or physical impairments which substantially limit one or more major life activities. The term mental or physical impairment may include conditions such as blindness, hearing impairment, mobility impairment, HIV infection, mental retardation, alcoholism, drug addiction, chronic fatigue, learning disability, head injury, and mental illness. The term major life activity may include seeing, hearing, walking, breathing, performing manual tasks, caring for one's self, learning, speaking, or working. The Fair Housing Act also protects persons who have a record of such an impairment, or are regarded as having such an impairment.

Current users of illegal controlled substances, persons convicted for illegal manufacture or distribution of a controlled substance, sex offenders, and juvenile offenders, are not considered disabled under the Fair Housing Act, by virtue of that status.

The Fair Housing Act affords no protections to individuals with or without disabilities who present a direct threat to the persons or property of others. Determining whether someone poses such a direct threat must be made on an individualized basis, however, and cannot be based on general assumptions or speculation about the nature of a disability.

**GROUP HOME FOR THE HANDICAPPED APPLICATION**

**Affidavit of Compliance**

I understand the definition of a Group Home for the Handicapped as defined by the Fair Housing Act and hereby certify occupants of proposed home meet the standards of said definition. Should the property being used no longer meet the standards as outlined in Section 14.6 of the Coconino County Zoning Ordinance or if all occupants of the home no longer meet the intent of the Fair Housing Act this permit shall be considered void. In such cases, regulations for Other Group Homes shall apply.

Further it is stated that the Assessor's Parcel Numbers \_\_\_\_\_ is/are presently or will be used as a Group Home for the Handicapped.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE