



Prior to filing out this application and/or submitting this application to the Planning Division. Please ensure that you have submitted a Service Request (SR) to the Planning Division. This can be done by using the SR link below.

SERVICE REQUEST

PLEASE DO NOT SKIP this step. If this step is skipped then your application will not be processed. The SR allows the Planning Division to account for your request within our system, assigns you with a SR number, which then allows your request to be assigned a planner. I repeat if you skip submitting a service request your application will not be processed until it is assigned a SR number.

If you have any questions, comments, and/or concerns regarding this please do not hesitate to contact the Planning Division at **623-930-2800**.



ZONING REQUIREMENTS FOR GROUP HOMES AND SUPERVISORY CARE FACILITIES

The City of Glendale Zoning Ordinance, effective June 22, 2004, has specific regulations for Adult Care Homes, Juvenile Group Homes, Group Home for the Disabled and Supervisory Care Facilities, which are consistent with the Federal Fair Housing Amendments Act of 1988.

- No Group Home is located on a lot within one thousand three hundred twenty (1,320) feet, measured by a straight line in any direction, from the lot line of another Group Home;
- Where legally required, the Group Home is licensed by, certified by, approved by, registered with, or under contract with a Federal, State, or local government and evidence of such is provided to Planning within sixty (60) days of approval of Planning.
- No exterior change which would alter its residential character shall be made to the exterior of the building(s) and the grounds;
- The location of the Group Homes has been approved by Planning; and
- An administrative record of each Group Home shall be maintained with Planning.

A Group Home is defined as “a long-term residential care service functioning as a single housekeeping unit providing meals, supervision, and other support services for not more than ten (10) elderly, physically, emotionally, and/or mentally disabled individuals not related to the owner/manager of the group home.” A Supervisory Care Facility is a Group Home with eleven (11) or more residents and is included in multi-residence zoning districts.

Adult Care Home: A long-term residential care service, licensed by the State Department of Health Services functioning as a single housekeeping unit in an environment in which staff persons provide supervision, personal care, meals, education, and participation in community activities of not more than ten (10) adult residents who are unrelated to the manager or owner of the adult care home and who require the assistance of not more than one (1) person to walk to or transfer from a bed, chair or toilet, but who are able to self-propel a wheelchair. An Adult Care Home does not include Group Homes for the disabled, nursing homes, shelter facilities, medical institutional uses, alcoholism or drug treatment centers, or community correctional facilities. This definition shall not apply to a home for the developmentally disabled as regulated by A.R.S. §36-582 to the extent of State preemption of local zoning regulations.

Disabled: A person who (1) has a physical or mental impairment that substantially limits one or more of such person’s major life activities so that the person is incapable of living independently; (2) has a record of having such an impairment; or (3) is regarded with having such an impairment. However, disabled shall not include current illegal use of or addiction to controlled substances (as defined in Section 102 of the Controlled Substances Act [21 U.S.C. §802], nor shall it include any person whose residency in a Group Home 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.

Foster Care: A home occupied as a primary residence by an individual or individuals having the care or control of one (1) or more but not more than three (3) minor children, other than those related to each other by blood or marriage, or related to such individuals, or who are legal wards of such individuals. Such facility **MUST** be licensed by the Arizona Department of Economic Security.

Group Home for the Disabled: A dwelling shared as their primary residence by at least six (6) but not more than ten (10) handicapped or disabled persons who are not related to the owner or manager of the Group Home for the Disabled and who reside together as a single housekeeping unit, in which staff persons may provide supervision, personal care, meals, education, participation in community activities, counseling, treatment or therapy for the residents thereof, and which may be licensed by, certified by, registered with, or otherwise authorized, funded or regulated, in whole or in part, by an agency of the state or federal government. This definition shall include homes for the chronically mentally ill, group care agencies, and similar residential living arrangements for handicapped or disabled persons. A Group Home for the disabled does not include Adult Care Homes, Nursing Homes, Shelter Facilities, Medical Institutional uses, alcoholism or drug treatment centers, or community correctional facilities. This definition shall not apply to a home for the developmentally disabled as regulated by A.R.S. §36-582 to the extent of State preemption of local zoning regulations.

Handicapped: See Disabled.

Juvenile Group Home: A Foster Home suitable for the placement of more than three (3) but not more than ten (10) minor children that is licensed by the Arizona State Department of Economic Security; or a dwelling otherwise occupied as a primary residence by an individual or individuals having care, control or custody of more than three (3) but not more than ten (10) persons under the age of eighteen (18) who are not related to the owner or manager of the juvenile group and who reside together as a single housekeeping unit, in which staff persons may provide supervision, personal care, meals, education, participation in community activities, counseling, treatment or therapy for the residents thereof, and which may be licensed by, certified by, registered with, or otherwise authorized, funded or regulated, in whole or in part, by an agency of the state or federal government. Regular or ongoing on-site counseling, therapy or medical treatment is not permitted in a juvenile group home. A juvenile group home does not include shelter facilities, medical institutional uses, alcoholism or drug treatment centers, or community correctional facilities.

Adult Care Homes, Juvenile Group Homes and Group Home for the Disabled, are subject to administrative review as described in Sections 7.501 and 7.502 of the Zoning Ordinance of the City of Glendale, Arizona.

The ordinance requires that all new and existing Adult Care Homes, Juvenile Group Homes, Group Home for the Disabled and Supervisory Care Facilities in the City be registered with the Planning Division.

Application Process:

- Complete Property Research and Reservation Application Forms.
- Refer to the Planning Fee Schedule on the City of Glendale website at: <http://www.glendaleaz.com/planning/zoning.cfm>.
- Submit two checks made payable to the City of Glendale; one for property verification and one for reservation.

For further assistance, please contact the Development Services Center at (623) 930-2800.



PLANNING
Development Services Department

GROUP HOME PROPERTY RESEARCH

Internal Use Only

Date Filed: _____ Taken By: _____ Application No.: _____

Property Address: _____

Location: _____

Request: _____

Assessor's Parcel No: _____

PROPERTY OWNER:

Name: _____ Phone: _____ Fax: _____

Address: _____

City: _____ State: _____ Zip Code: _____

* This information will be verified upon research by city staff.

TO REPRESENT ME IN THIS APPLICATION, I GIVE AUTHORIZATION TO:

Name: _____ Phone: _____ Fax: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

TO BE COMPLETED BY PROPERTY OWNER:

(Print or type name of owner of record)

(Owner of record Signature)

(Date)

Internal Use Only

Zoning District: _____ Council District: _____

Application Received Date: _____ Taken By: _____

Approved: _____ Denied: _____ Date: _____



PLANNING
Development Services Department

GROUP HOME RESERVATION

Internal Use Only

Date Filed: _____ Taken By: _____ Application No.: _____

FACILITY INFORMATION:

Name of Facility: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Type of Facility (i.e. Adult, Alcohol, D.D., Drug, Youth): _____

Maximum # of residents: _____ # of Staff: _____

Contact Person: _____

Owner's Name: _____ Company: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Internal Use Only

Zoning District: _____ Council District: _____

Application Received Date: _____ Taken By: _____

Approved: _____ Denied: _____ Date: _____

Planner Signature