

FACILITY OWNER/OPERATOR INFORMATION*

*If the operator is a partnership, corporation, firm, or association, then the applicant/operator shall provide the additional names and addresses required pursuant to Section.. See Page 4. Attach additional pages as necessary for complete information.

Name of Facility Owner/Operator (Individual or corporation):

Check if supplemental Facility Owner/Operator Information is Attached

Mailing Address:

Phone Number:

Email Address:

Driver License Number:

DL Type:

State Exp.:

Exp. Date:

PROPERTY OWNER INFORMATION **

** If the group home operator is not the property owner, written approval from the property owner to operate a group home at the property

Owner Name(s):

Check if Property Owner approval is Attached

Mailing Address:

Phone Number:

Email Address:

HOUSE MANAGER INFORMATION

Provide a complete list of all House Manager who will be responsible for the facility 24 hours/day 7 days/week. Attach additional pages as necessary for complete information.

Name of live-in House Manager:

Check if supplemental Facility Owner/Operator Information is Attached

Mailing Address:

Phone Number:

Email Address:

REQUIRED DOCUMENTS FOR SPECIAL USE PERMIT (SUP) APPLICATIONS Please note that each applicant for a Special Use Permit must complete an on-site Code Enforcement inspection prior to action by the Director of Community Development. Your project planner will coordinate this requirement with you

Initial the first column below acknowledging submittal of each item.

| | |
|--|---|
| | 1. Current copy of the Group Home Rules and Regulations |
| | 2. Current copy of the Written Intake Procedures |
| | 3. Copy of the Relapse Policy |
| | 4. Blank forms that all residents and potential residents are required to complete |
| | 5. Application Fee |
| | 6. Floor plan detailing all rooms, identify beds and location of house manager quarters |
| | 7. Live scan of house manager or operator required in R2, GH, R3 & R4 zones |
| | |

AFFIRMATION

Please read carefully:

I understand that as defined by Section of the Fountain Valley Municipal Code Ordinance (FVMC), I am deemed the responsible party for any violation(s) of the Fountain Valley Municipal Code that may arise at the proposed facility location.

I also affirm that only residents (other than the house manager) who are disabled as defined by state and federal law shall reside at the group home.

I also understand that the operation of the Group Home or Sober Living Home facility will adhere, unless exempt through a reasonable accommodation approval, to all the requirements listed under Section Fountain Valley Municipal Code Ordinance (FVMC).

I certify that this Group Home and Sober Living Home facility is not, and will not be, operated as an “integral facility” or an “integral use” as defined in FVMC Section .

I declare under PENALTY OF PERJURY under the laws of the State of California that the foregoing statements are true and correct and that any permit issued based on false or misleading statements will be deemed invalid. Signatures – Property Owner and Facility Owner/Operator must both sign this application form.

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PROPERTY OWNER

Print Name: _____

Signature: _____

Date: _____

(See Next Page)

FACILITY OWNER/OPERATOR (If same as Property Owner, write "Same" below)

Print Name: _____

Signature: _____

Date: _____

If the applicant is a partnership, corporation, firm, or association, such persons shall also sign the application. If necessary, copy this affirmation page:

- a. Every general partner of the partnership;
- b. Every owner with a controlling interest in the corporation;
- c. The person designated by the officers of a corporation as set forth in a resolution of the corporation that is to be designated as the permit holder.

END OF APPLICATION

For office use only

Date Application Deemed Complete: _____

Time: _____

Approved By: _____

Date _____