



**COMMUNITY RESIDENCE APPLICATION**

Property address: \_\_\_\_\_

Zoning of property: \_\_\_\_\_

Property owner's name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Name of applicant if different: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Operator of facility: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

24 hour contact for facility: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

What type of community residence is the proposed facility?

- \_\_\_\_\_ Personal Care Home
- \_\_\_\_\_ Child Caring Institution
- \_\_\_\_\_ Community Living Arrangement
- \_\_\_\_\_ Recovery residence
- \_\_\_\_\_ Structured housing
- \_\_\_\_\_ Transitional housing
- \_\_\_\_\_ Miscellaneous rooms for rent (boarding/lodging/rooming)
- \_\_\_\_\_ None of the above

Number of residents per floor: \_\_\_\_\_

Services to be provided, if any: \_\_\_\_\_

Description of remodeling/construction: \_\_\_\_\_

The following information is required for zoning certification and occupational tax certificate (OTC):

- A copy of the recorded plat for the property;
- A site plan showing proposed site improvements including landscaping and parking;
- A floor plan of each floor of the building drawn to an acceptable architectural scale and shall show all stairs, halls, the location and size of all windows, the location and size of habitable rooms and the exits of each floor to be occupied. The intended use of every room must be indicated. For residences with 7 or more occupants (excluding employees or managers) complete architectural plans signed by a registered architect are required.

**NOTE: Once the zoning is certified, a conditional OTC may be issued. Proof of licensing by the state (if required) must be presented within 6 months to convert the conditional OTC to permanent status. Failure to provide this documentation will void the conditional OTC.**

The annual renewal of an OTC for a community living arrangement is contingent upon satisfactory operation and upkeep of the facility. The facility must not negatively impact the character of its surroundings. Exterior maintenance must be such that the structure's outward appearance is that of a residence, so as not to detract from the residential character of the neighborhood. The overall goal is that of a non-institutional setting for these types of residences. Any property that becomes a nuisance is subject to non-renewal of its OTC.

I have read and understand the above statement. Further, I also hereby depose and say that all statements herein, and attached statements submitted are true and accurate to the best of my knowledge and belief.

Sworn to and subscribed before me this \_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Signature of applicant: \_\_\_\_\_

Notary Public: \_\_\_\_\_ My commission expires: \_\_\_\_\_