

Care Home Application

Zoning/spacing approval is contingent upon proof of state license. This approval will expire after 180 days if a license has not yet been obtained from the AZ Department of Health Services and a copy of said license provided to the City of Scottsdale Current Planning Department.



Purpose:

The purpose of the Care Home application is to initiate a request for a Care Home of up to ten (10) disabled adults in a single family residential zoning district in the City of Scottsdale. In order to obtain City of Scottsdale Zoning approval for a Care Home the applicant is required to submit evidence that the home is licensed as a health care institution under Arizona law, and in which on-site supervisory or other care services are provided.

Submittal requirements:

1. This application with all information completed and signed.
2. A floor plan which shows all existing and proposed roofed structures on the property and includes the net lot area and gross floor area for all roofed structures in square feet. **NOTE: The total Floor Area Ratio may not exceed 35%.**
3. Signed Affidavit of Authority to Act as the Property Owner form and a written letter of approval from the current vested property owners confirming their understanding that the residence will be used as a Care Home.

Project/Care Home Name: _____
Will the location be used as a sober living home as defined by ARS Sect. 9.500.40.C.2.? Yes <input type="checkbox"/> No <input type="checkbox"/>
Property Address: _____
A.P.N.: _____ Zoning: _____
Name of Property Owner: _____
Name of Operator/Applicant (if different from property owner): _____
Company Name (if applicable): _____
Address of Property Owner: _____
Contact Phone: _____
Contact Email: _____
Emergency Contact Name and Phone: _____

Planning and Development Services

7447 E Indian School Road Suite 105, Scottsdale, AZ 85251 ♦ www.ScottsdaleAZ.gov

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Summary

City of Scottsdale Care Home Process:

1. Owner/Applicant shall submit a Pre-Application Request along with the associated fee. Owner/Applicant will then be contacted by city staff via e-mail with additional paperwork required along with the contact information for the city Planner assigned. The Owner/Applicant works with the city Planner and provides all required paperwork. Once the city Planner can verify that the proposed Care Home complies with the applicable sections of the Zoning Ordinance, Section 5.012.A.2 or 5.102.A.2, a care home (AC) case will be created and the property will be mapped. **NOTE: Please be advised that City of Scottsdale zoning/spacing approval (AC case) is contingent upon state licensing. City of Scottsdale zoning approval (AC case) will expire after 180 days if the applicant has failed to submit proof of license from the Arizona Department of Health Services.**
2. Owner/Applicant will then pay for a "Certificate of Occupancy for Existing Building" permit at the One Stop Shop 7447 E Indian School Road, Suite 105. The proposed Care home is required to undergo a Building and Fire inspection within 24 hours of obtaining a "C of O for Existing Building" permit. Care homes housing five or fewer are classified as R-3 occupancy and care homes with 6 to 10 residents are classified as R-4 occupancy. **Please be advised, this permit is valid for 180 days from the date of the zoning approval (AC case).**
3. The City of Scottsdale Building Inspector and Fire Inspector signify approval of the "C of O for Existing Building" permit and will issue a new Certificate of Occupancy (C of O).
4. Owner/Applicant submits the new C of O along with all other required materials to the Arizona Department of Health Services.
5. Owner/Applicant shall provide a copy of the Arizona Department of Health Services license certificate to the city Planner within 180 days of zoning approval (AC case). If Owner/Applicant fails to provide the license within a 180-day window the property will be removed from the Care Home map layer and a Code Compliance Inspector may visit the property.
6. Owner/Applicant shall submit evidence of a Business Registration License from the City of Scottsdale to the city Planner within the 180-day window of the zoning approval (AC case).

Owner/Applicant shall initial and date to signify that they have read and understand process

How many disabled adults will live on site at this care home?

How many staff will live on site at this care home?

Provide the license type you are seeking from the AZDHS (i.e. Behavioral Health, Assisted Living, Supervisory, Personal, Directive):

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I attest that I am the owner or authorized agent of the property at _____.

I understand that in order for this property to be classified as a Care Home by the City of Scottsdale that I must provide proof of license by the State of Arizona as a health care institution prior to the commencement of operations.

I acknowledge that the minimum length of stay for all residents of the care home will be 30 days or longer.

Owner /Applicant Signature

Date

Required Notice

Pursuant to A.R.S. §9-836, an applicant/agent may request a clarification from the City regarding an interpretation or application of a statute, ordinance, code or authorized substantive policy, or policy statement. Requests to clarify an interpretation or application of a statute, ordinance, code, policy statement administered by the Planning and Development Services Department, including a request for an interpretation of the Zoning Ordinance, shall be submitted in writing to the One Stop Shop to the attention of the Planning and Development Services Department Administrator. All such requests must be submitted in accordance with the A.R.S. §9-839 and the City's applicable administrative policies available at the Planning and Development Services One Stop Shop, or from the city's website: <http://www.ScottsdaleAZ.gov> search: "application forms".

City Use Only:

_____-PA-_____

Occupancy: R-3 R-4

_____-AC-_____

- Approved for 'C of O for Existing Building' permit issuance

Staff signature and date

- Copy of AZ Dept. of Health Services License received

Staff signature and date

- Copy of Business Registration License received

Staff signature and date

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