

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.

Please submit materials requested below (digitally or in-person):

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.

Submit digitally at: <https://eservices.scottsdaleaz.gov/bldgresources/Cases/DigitalMenu>

_____ PA # _____ Key Code _____

Once received your project coordinator will follow up on the next steps in the process.

Or, submit in person: call **480-312-7767** to schedule a meeting with your project coordinator to go over your next steps in the process.

Project/Care Home Name: _____
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. A project coordinator will be assigned to you. Your project coordinator will provide owner/applicant an application and submittal requirements. Owner/Applicant shall submit all required materials digitally or in person. Once staff verifies 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 apply for a “Certificate of Occupancy for Existing Building” permit and pay the fee at the One Stop Shop located at 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 project coordinator 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 project coordinator within the 180-day window of the zoning approval (AC case). A Business Registration is not required for Sober Living Facilities.

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? _____

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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> and search: "application forms".

City Use Only:	
-PA- _____	Occupancy: R-3 R-4 _____
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 (not applicable to Sober Living Facilities)	_____ Staff signature and date

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Affidavit of Authorization to Act for Property Owner



1. This affidavit concerns the following parcel of land:

- a. Street Address: _____
- b. County Tax Assessor's Parcel Number: _____
- c. General Location: _____
- d. Parcel Size: _____
- e. Legal Description: _____

(If the land is a platted lot, then write the lot number, subdivision name, and the plat's recording number and date. Otherwise, write "see attached legal description" and attach a legal description.)

- 2. I am the owner of the land or I am the duly and lawfully appointed agent of the owner of the land and have authority from the owner to sign this affidavit on the owner's behalf. If the land has more than one owner, then I am the agent for all of the owners, and the word "owner" in this affidavit refers to all of them.
- 3. I have authority from the owner to act for the owner before the city of Scottsdale with regard to any and all reviews, zoning map amendments, general plan amendments, development variances, abandonments, plats, lot splits, lot ties, use permits, building permits and other land use regulatory or related matters of every description involving the land, or involving adjacent or nearby lands in which the owner has (or may acquire) an interest, and all applications, dedications, payments, assurances, decisions, agreements, legal documents, commitments, waivers and other matters relating to any of them.
- 4. The city of Scottsdale is authorized to rely on my authority as described in this affidavit until three work days after the day the owner delivers to the Director of the Scottsdale Planning & Development Services Department a written statement revoking my authority.
- 5. I will immediately deliver to the Director of the city of Scottsdale Planning & Development Services Department written notice of any change in the ownership of the land or in my authority to act for the owner.
- 6. If more than one person signs this affidavit, each of them, acting alone, shall have the authority described in this affidavit, and each of them warrant to the city of Scottsdale the authority of the others.
- 7. Under penalty of perjury, I warrant and represent to the city of Scottsdale that this affidavit is true and complete. I understand that any error or incomplete information in this affidavit or any applications may invalidate approvals or other actions taken by the city of Scottsdale, may otherwise delay or prevent development of the land, and may expose me and the owner to other liability. I understand that people who have not signed this form may be prohibited from speaking for the owner at public meetings or in other city processes.

Name (printed)	Date	Signature
_____	_____, 20__	_____
_____	_____, 20__	_____
_____	_____, 20__	_____
_____	_____, 20__	_____

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