



City of Costa Mesa, Development Services Department
 77 Fair Drive, P.O. 1200 Costa Mesa, CA 92628-1200
 Phone: (714) 754-5245 Fax: (714) 754-4856 www.costamesaca.gov

SPECIAL USE PERMIT (SUP) APPLICATION

PART 1 – PROPOSED FACILITY LOCATION

Property Address _____

PART 2 – PROJECT DESCRIPTION [Please check type of SUP being requested]

- Group Home
- Sober Living Home

[Describe your proposed facility and attach additional pages if necessary. At a minimum, your description should include the number of beds, number of rooms and target population]

PART 3 – FACILITY OWNER/OPERATOR INFORMATION* (CMMC Sec. 13-311 (a)(1)(i) and Section 13-29 (a)(1)(ii))

Name of Facility Operator/Owner: *[Individual or corporation]*

Phone _____

Address _____ Email _____

City _____ State _____ Zip Code _____

Driver's License Number _____ Type _____ State _____ Exp. Date _____

Supplemental Operator/Owner Information Attached

**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 13-311(a)(1)(ii) of the CMMC. Please attach additional sheets if necessary.*

PART 4 – PROPERTY OWNER INFORMATION

Property Owner	Phone	
Address	Email	
City	State	Zip Code

PART 5 – HOUSE MANAGER INFORMATION (CMMC Sec. 13-311 (a)(1)(iv))

Name of Live-in Manager			
Phone			
Address	Email		
City	State	Zip Code	
Driver's License Number	Type	State	Exp. Date

Supplemental House Manager Information Attached

** Provide a complete list of all House Managers who will be responsible for the Group Home 24-hours/7-days per week.

PART 6 – LICENSE AND PERMIT HISTORY (CMMC Sec.13- 9(a)(1)(iii))

A. Have you or your firm or any entity or person affiliated with you or your firm operated, managed, or owned other group homes or licensed residential care facilities in this or any other jurisdiction?

Yes No

If yes, summarize the license and permit history of each facility the applicant has managed, owned or operated either pursuant to a State license or a permit by a locality (attach additional sheets if necessary):

Street Address, City	Type of Use	Bed Capacity
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B. Has the applicant ever voluntarily surrendered, had a denial, suspension, or revocation of a residential license for an alcoholism or drug abuse recovery or treatment facility or a facility licensed by the California Department of Health Care Services (DHCS) or the California Department of Social Services - Community Care Licensing?

Yes No

If yes, provide the address of the property and date license was surrendered, denied, suspended, or revoked of each applicable facility (attach additional sheets if necessary):

Reason for revocation, surrender, denial, or suspension:

C. Has the applicant ever voluntarily surrendered, had a denial, suspension, or revocation of a Special Use Permit or similar permit for a group residential use in this community or another community?

Yes No

If yes, the date Use Permit (or similar) was surrendered, denied, suspended, or revoked for each applicable facility (attach additional sheets if necessary):

Reason for revocation, surrender, denial, or suspension:

D. Has the applicant ever voluntarily surrendered, had a denial, suspension or revocation of a certification by any public or private agency other than California Department of Health Care Services (DHCS) or the California Department of Social Services-Community Care Licensing for a group residential use in this community or another community?

Yes No

If yes, the date Use Permit (or similar) was surrendered, denied, suspended, or revoked for each applicable facility (attach additional sheets if necessary):

Reason for revocation, surrender, denial, or suspension:

Part 7-REQUIRED DOCUMENTS FOR FACILITIES LOCATED IN R1 (SINGLE FAMILY) ZONES

Application must include all of the following attachments:

1. Copy of the Group Home Rules & Regulations (CMMC Sec. 13-311 (a)(1)(v))
2. Copy of the Written Intake Procedures (CMMC Sec. 13-311 (a)(1)(vi))
3. Copy of the Relapse Policy (CMMC Sec. 13-311 (a)(1)(vii))
4. Blank forms that all residents and potential residents are required to complete (CMMC Sec. 13-311 (a)(1)(ix))

Enclose Noticing Materials (see application cover page for further instructions):

1. Mailing Labels
2. Certification Letter

PART 8 – REQUIRED DOCUMENTS FOR A GROUP HOME INCLUDING A SOBER LIVING HOME IN R2-MD, R2 -HD AND R3 RESIDENTIAL ZONES AND THE PDR - LD, PDR - MD, PDR - HD, PDR - NCM, PDC, AND PDI ZONES

1. All documents listed in Part 7.
2. Copy of completed Live Scan service form** for the house manager and/or operator of the group home. (CMMC Sec. 13-322 (a)(2))

**The Live Scan service must be completed using the form with the City of Costa Mesa ORI code for Group Home permits. A copy of the appropriate Live Scan Service form may be obtained by City of Costa Mesa Development Services Staff at 714-754-5618.

PART 10-Affirmation

Please read carefully:

I understand that as defined by Title 1 section 1-35 (I) of the Costa Mesa Municipal Code (CMMC), I am deemed the responsible party for any violation(s) of the Costa Mesa 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 facility will adhere, unless exempt through a reasonable accommodation approval, to all the requirements listed under Section 13-311 (a) (1) through (10) of the CMMC.

I certify that this Group Home or Sober Living facility is not, and will not be, operated as an “integral facility” or an “integral use” as defined in CMMC 13-6.

I declare under PERNALTY 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.

Property Owner

Print Name: _____

Signature: _____ **Date:** _____

If the applicant is a partnership, corporation, firm or association, the such persons shall also sign the application (CMMC Section 13-29 (a)(3)) (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

PART 11 – REASONABLE ACCOMMODATION APPLICATION *(CMMC Sec. 13-200.62)*

Requests for a reasonable accommodation must be submitted in writing and provide the following information:

1. The zoning code provision, regulation, policy, or condition from which accommodation is being requested;
2. The basis for the claim that the individuals are considered disabled under state or federal law, and why the accommodation is necessary to provide equal opportunity for housing and to make the specific housing available to the individuals;
3. Documentation that the applicant is: (a) an individual with a disability; (b) applying on behalf of one (1) or more individuals with a disability; or (c) a developer or provider of housing for one (1) or more individuals with a disability;
4. Documentation that the specific exception or modification requested by the applicant is necessary to provide one (1) or more individuals with a disability an equal opportunity to use and enjoy the residence;
5. Any other information that the director reasonably concludes is necessary to determine whether the findings required by City of Costa Mesa Municipal Code section 13-200.62(e) can be made, so long as any request for information regarding the disability of the individuals benefited complies with fair housing law protections and the privacy rights of the individuals affected.

The Director of Development Services may require additional information to evaluate a request for reasonable accommodation. The City must be able to make all of the following findings to approve a reasonable accommodation:

1. The accommodation is requested by or on the behalf of one (1) or more individuals with a disability protected under the fair housing laws.
2. The requested accommodation is necessary to provide one (1) or more individuals with a disability an equal opportunity to use and enjoy a dwelling.
3. The requested accommodation will not impose an undue financial or administrative burden on the city, as "undue financial or administrative burden" is defined in fair housing laws and interpretive case law.
4. The requested accommodation is consistent with surrounding uses in scale and intensity of use.
5. The requested accommodation will not, under the specific facts of the case, result in a direct threat to the health or safety of other individuals or substantial physical damage to the property of others.
6. If economic viability is raised by the applicant as part of the applicant's showing that the requested accommodation is necessary, then the City must make a finding that the requested accommodation is necessary to make facilities of a similar nature or operation economically viable in light of the particularities of the relevant market and market participants generally, not just for that particular applicant.
7. The existing supply of facilities of a similar nature and operation in the

community is not sufficient to provide individuals with a disability an equal opportunity to live in a residential setting.

- 8. The requested accommodation will not result in a fundamental alteration in the nature of the city's zoning program.

WHEN COMPLETED, PLEASE RETURN ALL COPIES TO COMMUNITY IMPROVEMENT DIVISION

PART 12 BELOW – “OFFICE USE ONLY”

Date Application Received: _____ By: _____ Zoning: _____

Date Application Determined Complete: _____ By: _____

Assigned Case No.: _____ Reasonable Accommodation Included?

Yes

No