



COMMUNITY CARE FACILITY, UNLICENSED (SMALL) & SOBER LIVING HOME (SMALL) APPLICATION

PLANNING SERVICES DIVISION

INTRODUCTION

The purpose of the regulatory permit is to provide for Planning Director review of applications relating to Community Care Facilities, Unlicensed (Small) and Sober Living Homes (Small) to ensure that they meet the intent of the Zoning Code and General Plan. These permits do not require review by the Planning Commission or any other hearing body.

PROCEDURES

Applications will be processed according to the Regulatory Permits Processing Schedule listed on the last page of this application. The Planning Director will make a decision on the request within ten business days of receipt. This decision will be final and effective ten (10) days following the date of the decision unless an appeal is filed within that time. A letter will be provided to the applicant describing the decision and any conditions of approval applicable to the project.

APPEALS

Anyone dissatisfied with the decision of the Planning Director may file an appeal. When an appeal is filed, the Administrative Permit will be scheduled for a hearing before the City Employee Hearing Officer. All appeals shall be made in writing and filed with the Planning Department within ten (10) days of the decision of the Planning Director. The appeal must be submitted to the Planning Department with payment of an applicable appeal fee and should clearly identify the appellant(s), shall specify the decision appealed and the reasons for appeal.

Submittal Requirements:

The following minimum information and materials required for the processing of Administrative Permits. All plans must comply with the [E-plan Submittal Requirements](#) and [Sheet Numbering Guidelines](#). Submittal requirements are as follows depending on the type of request:

If you have obtained this application through our website, please contact a planner at 714-765-5139 to confirm applicability of the submittal items.

OPERATOR'S REGISTRATION APPLICATION

Sober Living Homes (Small) *with* the Adult Alcohol and Drug Sober Living Facilities Certification from the Orange County Sheriff's Department (OCSD).

- 1. OPERATOR'S REGISTRATION APPLICATION Form with all required notarized acknowledgements.
- 2. FEE - Payment amount identified in the [Planning and Zoning Fee Schedule](#).
- 3. SIGNED COPY OF LEASE – Only required if the applicant is not the record owner of the property where the proposed facility would operate.
- 4. SITE PLAN.
- 5. FLOOR PLAN.
- 6. COPY OF OCSD CERTIFICATION.
- 7. [SUPPLEMENTAL OWNER/OPERATOR INFORMATION FORM](#) – Only required if owner/operator is a partnership, corporation, firm or association.
- 8. PROOF OF OPERATION PRIOR TO OCTOBER 29, 2020 – Only required if the Operator's Registration is for an existing facility requesting an exemption from the separation requirement. Submit a minimum of two supporting documents, such as a lease agreement and utility account information.
- 9. [ADDITIONAL CERTIFICATION FOR EXISTING FACILITIES](#) - Only required if the requested Operator's Registration is for an existing facility requesting an exemption from the separation requirement.

OPERATOR'S PERMIT APPLICATION

All Community Care Facilities, Unlicensed (Small), and Sober Living Homes (Small) *without* Adult Alcohol and Drug Sober Living Facilities Certification from the Orange County Sheriff's Department.

- 1. OPERATOR'S PERMIT APPLICATION Form with all required notarized acknowledgements.
- 2. FEE - Payment amount identified in the [Planning and Zoning Fee Schedule](#).
- 3. SIGNED COPY OF LEASE – Only required if the applicant is not the record owner of the property where the proposed facility would operate.
- 4. SITE PLAN.
- 5. FLOOR PLAN.
- 6. [SUPPLEMENTAL OWNER/OPERATOR INFORMATION FORM](#) – Only required if owner/operator is a partnership, corporation, firm or association.

*COMMUNITY CARE FACILITY, UNLICENSED (SMALL) & SOBER LIVING HOME (SMALL)
PERMIT SUBMITTAL CHECKLIST*

- 7. [FACILITY OWNER/OPERATOR EMPLOYMENT AND CRIMINAL HISTORY INFORMATION SHEET.](#)
- 8. [FACILITY EMPLOYEE INFORMATION SHEET](#) with all required notarized acknowledgements.
- 9. [BACKGROUND CHECK \(LIVE SCAN\).](#)
- 10. DETAILED DESCRIPTION OF FACILITY OPERATIONS.
- 11. PROOF OF OPERATION PRIOR TO OCTOBER 29, 2020 – Only required if the Operator’s Permit is for an existing facility requesting an exemption from the separation requirement. Submit a minimum of two supporting documents, such as a lease agreement and utility account information.
- 12. [ADDITIONAL CERTIFICATION FOR EXISTING FACILITIES](#) - Only required if the requested Operator’s Permit is for an existing facility requesting an exemption from the separation requirement.

Applications will be processed according to the [Administrative and Regulatory Permit Filing Schedule](#).

OPERATOR'S REGISTRATION APPLICATION FORM

*Sober Living Homes (Small) with a Certification from the Orange County Sheriff's Department
(Facilities with 6 or Fewer Persons)*

CITY OF ANAHEIM – PLANNING AND BUILDING DEPARTMENT

PART 1. FACILITY INFORMATION:

Facility Name:

Orange County Sheriff's Department Adult Alcohol and Drug Sober Living Facilities Certificate Number:

Facility Status: New Facility
(check one) Existing Facility (currently in operation at the facility address)

If an existing facility, are you requesting an exemption from the separation requirement?
only applicable if the application is submitted prior to April 27, 2021

Yes No

Number of Residents:

Facility Address:

City: State: Zip:

Facility Phone Number: Fax Number: E-Mail Address:

Mailing Address:

City: State: Zip:

PART 2. PROPERTY OWNER INFORMATION:

Name: Company Name:

Phone No: Fax No: E-mail Address:

Address:

City: State: Zip:

I HEREBY CERTIFY that I am the legal property owner of record or his/her authorized representative and acknowledge and authorize the person(s) named above as applicant and agent to represent me and bind me in all matters concerning this Application for Operator's Permit. I approve of the action requested. ATTACH THE NOTARIZED ACKNOWLEDGEMENT.

Name of the Property Owner

Signature

Date

PART 3. APPLICANT INFORMATION (Facility owner/operator):

Name:		Company Name:	
Alias or Maiden Name:			
Phone No:	Fax No:	E-mail Address:	
Home Address:		City:	Zip Code:
Driver's License No.	Type:	State:	Exp. Date:

Supplemental Operator/Owner Information Attached

**If facility owner/operator is a partnership, L.L.C. or corporation, the Supplemental Owner/Operator Information form must be completed.*

APPLICANT CERTIFICATION

- I hereby certify the information contained in this application and supplemental information forms is true and correct and understand that providing false information or withholding information, including any criminal record, is grounds for denial or revocation of my permit and may subject me to criminal prosecution.
- I understand that I am deemed the responsible party for any violation(s) of the Anaheim Municipal Code (AMC) that may arise at the proposed facility location.
- I affirm that only residents who are disabled as defined by State and Federal law shall reside at the proposed facility (except for any employee of the facility).
- I understand that the operation of the proposed facility specified in this application will adhere, unless exempt through a reasonable accommodation approval, to all the operational standards of Section 18.38.123 of the AMC, including maintenance and implementation of the required written procedures and policies list under Section 18.38.123.020.0209 and 18.38.123.020.210 (if applicable).
- I understand that I may not conduct the activity applied for until a permit has been granted, and that a copy of the City Ordinances regulating unlicensed Community Care Facilities is available to me in the City Clerk's Office or over the Internet at www.anaheim.net (Chapters 18.16 and 18.38 of the AMC).
- I do hereby authorize the City of Anaheim, its agents and employees to seek verification of the information contained on this application and to conduct inspections to determine that the provisions of Chapters 18.16 and 18.38 or other applicable laws are met.

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. ATTACH THE NOTARIZED ACKNOWLEDGEMENT.

Name of the Applicant	Signature	Date
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If the applicant is a partnership, L.L.C. or corporation the such persons shall also sign the application (if necessary, copy this certification page):

1. Every general partner of the partnership.
2. Every owner with a controlling interest in the corporation.
3. 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.

OPERATOR'S PERMIT APPLICATION FORM

Community Care Facilities, Unlicensed (Small) and Sober Living Homes (Small) (Unlicensed Facilities with 6 or Fewer Persons)

CITY OF ANAHEIM – PLANNING AND BUILDING DEPARTMENT

PART 1. FACILITY INFORMATION:

Facility Name:

Type of Facility: Community Care Facility - Unlicensed (Small)
(check one) Sober Living Home (Small)

Facility Status: New Facility
(check one) Existing Facility (currently in operation at the facility address)

If an existing facility, are you requesting an exemption from the separation requirement?
only applicable if the application is submitted prior to April 27, 2021

Yes No

Number of Residents:

Facility Address:

City

State

Facility Phone Number:

Fax Number:

E-Mail Address:

Mailing Address:

City

State

PART 2. PROPERTY OWNER INFORMATION:

Name:

Company Name:

Phone No:

Fax No:

E-mail Address:

Address:

City:

State

Zip

I HEREBY CERTIFY that I am the legal property owner of record or his/her authorized representative and acknowledge and authorize the person(s) named above as applicant and agent to represent me and bind me in all matters concerning this Application for Operator's Permit. I approve of the action requested. ATTACH THE NOTARIZED ACKNOWLEDGEMENT.

Name of the Property Owner

Signature

Date

PART 3. APPLICANT INFORMATION *(Facility owner/operator):*

Name:		Company Name:	
Alias or Maiden Name:			
Phone No:	Fax No:	E-mail Address:	
Home Address:		City:	Zip Code:
Driver's License No.	Type:	State:	Exp. Date:

Supplemental Operator/Owner Information Attached

**If facility owner/operator is a partnership, L.L.C. or corporation, the Supplemental Owner/Operator Information form must be completed.*

APPLICANT CERTIFICATION

- I hereby certify the information contained in this application and supplemental information forms is true and correct and understand that providing false information or withholding information, including any criminal record, is grounds for denial or revocation of my permit and may subject me to criminal prosecution.
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- I do hereby authorize the City of Anaheim, its agents and employees to seek verification of the information contained on this application and to conduct inspections to determine that the provisions of Chapters 18.16 and 18.38 or other applicable laws are met.

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. ATTACH THE NOTARIZED ACKNOWLEDGEMENT.

Name of the Applicant

Signature

Date

If the applicant is a partnership, L.L.C. or corporation the such persons shall also sign the application (if necessary, copy this certification page):

4. Every general partner of the partnership.
5. Every owner with a controlling interest in the corporation.
6. 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 4. AGENT INFORMATION (IF APPLICABLE):

Applicant Name:		Company Name:	Relationship to Applicant:
Phone No:	Fax No:	E-mail Address:	
Address:		City:	Zip Code:

I have read and understand the obligations regarding the filing and processing of the attached application. Further, the information submitted as part of this application, including maps, plans, drawings, statements and answers contained herein, are in all respects true and correct.

Name of the Agent

Signature

Date