



## **GROUP HOME APPLICATION**

TO BE COMPLETED BY APPLICANT (ALL INFORMATION MUST BE PROVIDED)

This permit is issued by the Planning and Community Development Department and is reviewed for completeness at time of submittal; please review the application for required submittal documents and review procedures. If there are deficiencies in the permit application requirements, applicant will be notified by phone or email during the review process or upon completion of the initial review and will have the opportunity to resubmit as many times as necessary. The review of this permit application will be based upon the City of Safford Municipal Code as well as all other associated Building Codes as adopted by the City of Safford and any clarification on statutes, ordinances, codes or policy may be directed to the Community Development Department. The review of this application may take up to two to four weeks. If applicant wishes to appeal a denial of a permit, applicant may appeal to the City of Safford Board of Adjustments according to Section 17.88.030 of the City of Safford Municipal Code. Upon approval of this application, inspections may be required by the Community Development Department, Utility Department, Public Works Department, and/or Engineering Department and may be requested by the applicant at any time and by signing the permit you are giving the City of Safford permission to conduct any and all inspections required for the acceptance or closure of the permit or project. For further questions or information concerning this application please contact the Community Development Department at 928-432-4140.

DATE OF APPLICATION: \_\_\_\_\_

NAME OF GROUP HOME: \_\_\_\_\_

ADDRESS/LOCATION: \_\_\_\_\_

GROSS AREA (ARES/SQ.FT.): \_\_\_\_\_ NET AREA (ACRES SQ.FT.): \_\_\_\_\_

PARCEL NUMBER: \_\_\_\_\_

PROPERTY OWNER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

CONTRACTOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

This Home Application has been provided with the following items included and understood:

- A. The application must be completed and signed by the authorizing agent.
- B. A Site Plan showing adequate parking to accommodate employees and patrons.
- C. No such home is located on a lot that is within 1,200 feet of another group home for the handicapped or elderly care.
- D. No such home contains more than ten (10) residents.
- E. Such home is licensed by the state of Arizona department of health.
- F. Such home is registered with the community development department which shall verify compliance with the requirements of this ordinance.

APPLICANT'S SIGNATURE: I hereby certify that I have read this application and state that the above information is correct and that I am the owner or duly authorize representatives of the City of Safford to enter upon the above mentioned property for inspection purposes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**City of Safford Official:** \_\_\_\_\_ **Date Issued:** \_\_\_\_\_

**Additional Stipulations:**

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