



CITY OF HUNTINGTON BEACH

COMMUNITY DEVELOPMENT DEPARTMENT

(714) 536-5271

community.development@surfcity-hb.org

SPECIAL USE PERMIT APPLICATION

For a Group Home or Sober Living Home Facility

Serving 6 or Fewer Residents

NOTE: This application, including all required signatures and checklist items, must be completed to be accepted for processing.

FOR OFFICE USE ONLY

SUP Number

Date Received

Zone

APN

Receipt Number

Reasonable Accommodation?

Yes No

PART 1: FACILITY LOCATION

Property Address

Type of Facility (select one):

Group Home: a facility that is being used as a supportive living environment for persons who are considered disabled under State or Federal law. A group home operated by a single operator or service provider (whether licensed or unlicensed) constitutes a single facility, whether the facility occupies one or more dwelling units. Group homes do not include the following: (1) residential care facilities; (2) any unit operating as a single housekeeping unit.

Sober Living Home: a group home for persons who are recovering from a drug and/or alcohol addiction *and* who are considered disabled under State or Federal law. Sober Living Homes do not include the following: (1) residential care facilities; (2) any unit operating as a single housekeeping unit.

Facility Description: Describe your facility and attach additional pages as necessary.

At minimum, the description should include the facility's target population, number of rooms, and number of beds.

PART 2: FACILITY OWNER/OPERATOR INFORMATION*

**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 230.28 (B)(1)(ii) of the HBZSO. See Page 4. Attach additional pages as necessary for complete information.*

Name of Facility Owner/Operator (Individual or corporation):

Check if supplemental Facility Owner/Operator Information is Attached

Mailing Address

Phone Number

Email Address

Driver's License Number

DL Type

State

Exp. Date

PART 3: PROPERTY OWNER INFORMATION **

*** If the group home operator is not the property owner, written approval from the property owner to operate a group home at the property.*

Owner Name(s):

Check if Property Owner approval is Attached

Mailing Address

Phone Number

Email Address

PART 4: HOUSE MANAGER INFORMATION

Provide a complete list of all House Manager who will be responsible for the facility 24 hours/day 7 days/week. Attach additional pages as necessary for complete information.

Name of live-in House Manager:

Check if supplemental Facility Owner/Operator Information is Attached

Mailing Address

Phone Number

Email Address

PART 5: LICENSE AND PERMIT HISTORY

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 pages as necessary.

Street Address, City

Type of Use

Bed Capacity

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) of the California Department of Social Services – Community Care Licensing?

Yes No

If Yes, provide the address of the property and the date the license was surrendered, denied, suspended, or revoked of each applicable facility. Attach additional pages as 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 or another community?

Yes No

If Yes, provide the date the use permit (or similar) was surrendered, denied, suspended, or revoked for each applicable facility. Attach additional pages as necessary.

Reason for revocation, surrender, denial or appeal:

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

Yes No

If Yes, provide the date the certification was surrendered, denied, suspended, or revoked for each applicable facility. Attach additional pages as necessary.

Reason for revocation, surrender, denial, or suspension:

PART 6: REQUIRED DOCUMENTS FOR SPECIAL USE PERMIT (SUP) APPLICATIONS

Please note that each applicant for a Special Use Permit must complete an on-site Code Enforcement inspection prior to action by the Director of Community Development. Your project planner will coordinate this requirement with you.

Initial the first column below acknowledging submittal of each item.

	1. Current copy of the Group Home Rules and Regulations
	2. Current copy of the Written Intake Procedures
	3. Copy of the Relapse Policy
	4. Blank forms that all residents and potential residents are required to complete
	5. Application Fee

PART 7: AFFIRMATION

Please read carefully:

I understand that as defined by Section 17.10.030 of the Huntington Beach Municipal Code (HBMC), I am deemed the responsible party for any violation(s) of the Huntington Beach 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 Home facility will adhere, unless exempt through a reasonable accommodation approval, to all the requirements listed under Section 230.28 (B)(1)(a) through (i) of the Huntington Beach Zoning and Subdivision Ordinance (HBZSO).

I certify that this Group Home and Sober Living Home facility is not, and will not be, operated as an “integral facility” or an “integral use” as defined in HBZSO Section 203.06.

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.

Signatures – Property Owner and Facility Owner/Operator must both sign this application form.

PROPERTY OWNER

Print Name: _____

Signature: _____

Date: _____

(See Next Page)

FACILITY OWNER/OPERATOR (If same as Property Owner, write "Same" below)

Print Name: _____

Signature: _____

Date: _____

If the applicant is a partnership, corporation, firm, or association, such persons shall also sign the application. 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.

END OF APPLICATION