

Zoning Application Form



"Planning with People for a Better Phoenix"

City of Phoenix
PLANNING & DEVELOPMENT DEPARTMENT

Disability Accommodation Request Form

– COMPLETE THE FOLLOWING INFORMATION –

REGISTRATION NO.: _____ DATE: _____ TIME: _____

1. PROPERTY INFORMATION

Property Address: _____ Zip Code: _____

Legal Description: _____

Tax Parcel Number: _____

Maximum number of residents: _____ Circle one: Existing Proposed

2. APPLICANT INFORMATION

Applicant Name: _____

Address: _____

City, State & Zip Code: _____

Email: _____ Phone Number: _____

– PLEASE READ AND COMPLETE THE FOLLOWING –

A. Disability Accommodation (Reasonable Accommodation) – Request for Group Home for the Handicapped (6-10 residents)

Administrative review for a disability accommodation from a separation requirement that prohibits an assisted living, residential care, or sober living home ("Group Home for the Handicapped") for persons with disabilities on a lot. The Planning and Development Department Director's designee may administratively approve such requests if there are no more than five Group Homes for the Handicapped with six to 10 residents within a half mile area (2,640-foot radius), including the proposed Group Home for the Handicapped. Group Homes for the Handicapped that are separated by a natural or man-made barrier can be excluded from the half mile area (major canal, railroad, freeway, municipal open space 10-acres or greater).

1. How many Group Homes for the Handicapped are within a half mile from the proposed Group Home for the Handicapped and what are the addresses? _____

2. Are there any natural or man-made barriers within a half mile from the proposed Group Home for the Handicapped, and if so what are the features?

3. How many Group Homes for the Handicapped are within a half mile from the proposed Group Home for the Handicapped, excluding those separated by either a natural or man-made barriers and what are the addresses?

FOR STAFF USE:

Staff will respond within
3 business days.

Approved

Insert map

Denied

Printed Name _____

Signature _____

Date _____

B. Disability Accommodation (Reasonable Accommodation) – Appeal

In the event that the above criteria cannot be met an appeal may be requested. Please include sufficient facts to allow the Planning and Development Department Director to make an individualized determination of the needs of the proposed Group Home for the Handicapped, to address the city’s safety and welfare concerns, and to assure compliance with this section. No fees are required for this appeal. The Director will respond in writing within 5 business days.

The information required on this form may be provided in an alternative format as long as all of the information below is provided.

1. Explain why this accommodation is required pursuant to the Fair Housing Act: _____

2. Explain how you will ensure that approval of this this accommodation will not negatively impact public safety and welfare, and the residential character of the neighborhood: _____

The disability accommodation shall be made only to the extent necessary to comply with the Fair Housing Act. The Director’s determination constitutes a final administrative action.

– PLEASE READ THE FOLLOWING CAREFULLY –

The undersigned hereby certifies as follows:

1. The undersigned is the owner or operator of the existing or proposed use or is authorized to file this form on behalf of the owner or operator.
2. The owner or operator of the existing or proposed use is the owner or lessee of the property on which the use is or will be conducted or is otherwise authorized by the property owner to file this form.
3. If the use does not presently exist, but is proposed to be established, as of the date of the filing of this form, the proposed use complies with applicable Zoning Ordinance separation requirements.
4. The proposed structure and lot meet all applicable development standards of the Phoenix Zoning Ordinance, including but not limited to, **providing sufficient off-street parking** (minimum of two spaces, unless the home was built prior to 1981 in which case one space is required) **which are not within the front yard setback, meeting minimum setback requirements** for primary and secondary structures, and **complying with** maximum lot coverage.
5. **The proposed lot does not have any outstanding Zoning or Building Code violations.**
6. The undersigned agrees to comply with the requirements established for the operation of a registered care home.
7. All information provided on this form is true and correct and to the best of his/her knowledge.

Printed Name

Signature

Date

Upon request this publication will be made available in alternate formats including large print, Braille, audiotape or computer disk to accommodate a person with a disability if given reasonable advance notice. Please contact Tamra Ingersoll at voice number (602) 534-6648 or via the City TTY Relay at 7-1-1.