



Chandler • Arizona
Where Values Make The Difference

Residential Care Home / Group Home Legal Non-Conforming Registration

For Residential Care Homes and Group Homes legally operating prior to December 8, 2013. No Registration Fee.

Applicant's Name	Facility Name
Applicant's Phone Number	Applicant's Email
Property Address	City, State, Zip Code
Mailing Address	City, State, Zip Code
Property Owner	Phone Number
Property Owner Address	City, State, Zip Code
Applicant's Signature	Date

Type of Group Home Facility:

- Assisted Living for the Elderly
- Behavioral Health
- Sober Living
- Other (please specify) _____
- Halfway house for non-disabled residents
- Dormitory, fraternity, or sorority
- Boarding house

Resident and Staff Information:

Maximum capacity (number of residents receiving care): _____

Number of residents not receiving care (family and/or staff): _____

Number of staff not residing at the facility: _____

Date Facility Commenced Operations: _____

Copy of License: Please provide a copy of the license issued by the State or other governmental authority.

If the facility is not governed by the State or other governmental authority, please provide a brief description of the facility below. The description should include the date the facility commenced operation, size of home, number of bedrooms, number of parking spaces on the property and number of residents able to drive:

Brief Description: *Only provide if your facility is not licensed by the State or other governmental authority.*

For City Use Only		
Date Filed	Zoning Clearance No	Assigned to