



Residential Care Home / Group Home Zoning Clearance / Registration Process

The City of Chandler recently revised its requirements for “residential care home” and “group home” uses, as defined in the Zoning Code. An applicant for a residential care or group home use located in a single family zoning district is required to register with and apply to the City for a zoning clearance and must comply with standards set out in Zoning Code Sections 35-2211(3) and 35-2212(3), which include, without limitation, that the number of residents, excluding staff, do not exceed five (5) persons and that the facility is at least 1,200 feet from other registered residential care homes and group homes. There are some limited exceptions to the separation requirement. Applicable definitions and standards are set out in the Zoning Code [Chapter 35 of the City Code], which can be found on line at: <http://www.chandleraz.gov/zoningcodeamendments>. Strict compliance with the standards applicable to residential care homes, but not to those for group homes, may be subject to a reasonable accommodation waiver obtained from the Planning Division under a separate, waiver application process. An applicant must contact the Tax and License Office at 480-782-2280 to obtain any required City business license.

1. Contact the Planning Division at 480-782-3000 to see if your home meets the required 1,200 feet separation from another registered Residential Care Home / Group Home.
2. Submit a completed Zoning Clearance Form together with all of the required documentation listed on the application to the Planning Division office located at 215 E Buffalo Street. An application fee of \$120.00 will be collected at the time you submit the registration form.
3. If a reasonable accommodation waiver is requested for a Residential Care Home, then complete and submit a Reasonable Accommodation Waiver Application Form. The time frame for the Zoning Clearance review will be suspended until the Reasonable Accommodation Waiver review process is complete, at which time, the review for the Zoning Clearance process will resume.
4. The Zoning Clearance submittal will be reviewed for completeness within 20 business days of the submittal date. You will be issued in writing either (i) a notice of completion or (ii) a notice of deficiency listing the specific deficiencies that must be cured before the application is deemed complete. The 20 day review period will be suspended until the missing information needed to cure the deficiencies has been received.
5. After the Zoning Clearance submittal has been verified to be complete, the Zoning Clearance Form and required documentation will be reviewed by the Planning Division (480-782-3000), Building Plan Review (480-782-3000) and Fire Prevention (480-782-2121) offices. Within 30 business days of the date when the submittal is determined to be complete, not including days waiting for the applicant to resubmit changes, if any, the Zoning Administrator will issue a tentative zoning clearance letter to Residential Care Homes/Group Homes that are licensed by the State or other governmental agency upon confirming compliance with standards. Residential Care Homes/Group Homes that are not licensed by the State or other governmental agency will receive a zoning clearance letter after the Zoning Administrator has determined the application is in compliance with standards.
6. Residential Care Homes/Group Homes that are licensed by the State or other governmental agency must submit to the Planning Division a copy of the license issued by the State or other governmental agency within 90 days of receiving the tentative zoning clearance, or the registration will be withdrawn.
7. Residential Care Homes/Group Homes that are not licensed by the State or other governmental agency must commence operation of the facility within 90 days of receiving the zoning clearance, or the zoning clearance will expire and registration will be withdrawn.
8. Residential Care Homes/Group Homes must notify the Planning Division when they cease operations at which time, registration of the home will be withdrawn.

Required Notice:

Pursuant to A.R.S. §9-836, notice is hereby given that an applicant/agent may request a clarification from the City regarding an interpretation or application of a statute, ordinance, code or authorized substantive policy statement. Requests to clarify an interpretation or application of a statute, ordinance, code or authorized substantive policy statement administered by the Planning Division, including a request for an interpretation of a Zoning Code provision, shall be submitted in writing to the Planning Division, to the attention of the Zoning Administrator. All such requests must be submitted in accordance with requirements of A.R.S. §9-839(A) and the City's administrative policies available from the Planning Division, or from the City's website at: <http://www.chandleraz.gov/content/TDRequestforClarification.pdf>

Mailing Address:
P.O. Box 4008, MS 105
Chandler, Arizona 85244-4008

**Transportation & Development Dept. Planning
Division
215 E. Buffalo St., Chandler Arizona 85225**

Telephone: (480) 782-3000
Fax: (480) 782-3075
www.chandleraz.gov
Form No: UDM-167/Planning
Rev: 01-27-16



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Where Values Make The Difference

Residential Care Home / Group Home Zoning Clearance Form

The fee for this application is \$120.00

Subject Property Address	Facility Name
Applicant's Name	Current Use of Property
Applicant's Address	City, State, Zip Code
Applicant's Phone Number	Applicant's Email
Property Owner's Name	Property Owner's Phone Number
Property Owner's Address	City, State, Zip Code
Applicant Signature	Date

This application is for a:

- Residential Care Home Group Home

Resident and Staff Information:

Proposed number of residents receiving care: _____
 Proposed number of residents not receiving care (family and/or staff): _____
 Proposed number of staff not residing at the facility: _____

The following documents must be submitted together with this application:

- _____ A current form of property owner verification.
- _____ Written authorization from the property owner if anyone other than the owner of the property is acting as the applicant.
- _____ Site Plan clearly depicting driveways, parking spaces, street frontages, and the general layout of the home on the site.
- _____ Floor Plan clearly depicting bedrooms, gathering areas, and garage. Provide dimensions for all sleeping rooms and the garage.
- _____ Narrative describing the proposed use, number of residents and employees, typical daily schedule/activities, number of residents able to drive, and compliance with standards listed in Zoning Code Sections 35-2211(3) or 35-2212(3), whichever is applicable.
- _____ Form(s) from other government agencies to be completed by City of Chandler staff (if applicable).
- _____ If a reasonable accommodation waiver is requested, the applicant shall complete the waiver process and receive a Notice of Grant of Reasonable Accommodation Waiver from the City before the review of this application can be completed.
- _____ Residential Care Home / Group Home Departmental Registration Form

For City Use Only			
Date Filed	Zoning Clearance No	Assigned to	GIS

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Subject Property Address	Facility Name
Applicant's Name	Current Use of Property
Applicant's Address	City, State, Zip Code
Applicant's Phone Number	Applicant's Email
Property Owner's Name	Property Owner's Phone Number
Property Owner's Address	City, State, Zip Code
Applicant Signature	Date

This application is for a:

- Residential Care Home Group Home

Licensing Agency:

- ADHS ADES Other(s)_____

ADHS Licenses:

- Personal Care Supervisory Care Directed Care

Residents will be:

- Capable of self-preservation Incapable of self-preservation

For City Use Only	
Zoning (This form is not Zoning Clearance)	
Application Reviewed By: _____	Date: _____
Name/Title: _____	
Building Review	(Building Official signature only required when a reasonable accommodation waiver request to have more than 5 residents receiving care is submitted)
Approved By: _____	Date: _____
Name/Title: _____	
Fire	
Approved By: _____	Date: _____
Name/Title: _____	Inspection Date: _____

Once the form has been signed by all departments it must be returned to the Planning Division

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