



City of Costa Mesa, Development Services Department
 77 Fair Drive, P.O. 1200, Costa Mesa, CA 92628-1200
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Zoning
 Office to Assign



SPECIAL USE PERMIT (SUP) APPLICATION

PART 1 – PROPOSED FACILITY LOCATION

Property Address _____ City _____ State _____ Zip _____

PART 2 – PROJECT DESCRIPTION [Please check type of SUP you are requesting]

- Group Home
- Sober Living Home

[Describe your proposed facility and attach detailed description and required submittal information]

PART 3 – FACILITY OWNER/OPERATOR INFORMATION (CMMC Sec. 13-311 (a)(1)(1))

Name of Facility Operator/Owner: *[Individual or corporation]* _____

Phone _____ Fax _____

Address _____ Email _____

City _____ State _____ Zip Code _____

Driver's License Number _____ Type _____ State _____ Exp. Date _____

- Supplemental Operator/Owner Information Attached

** Provide a complete list of Owners/Corporate Officers including titles and indicate those involved in Group Home Operational Tasks.*

PART 4 – PROPERTY OWNER INFORMATION

PROPERTY ADDRESS: _____ APN: _____

Property Owner _____ Phone _____ Fax _____

Address _____ Email _____

City _____ State _____ Zip Code _____

PART 5 – HOUSE MANAGER INFORMATION (CMMC Sec. 13-311 (a)(1)(2))

Name of Live-in House Manager _____

Phone _____ Fax _____

Address _____ Email _____

City _____ State _____ Zip Code _____

Driver's License Number _____ Type _____ State _____ Exp. Date _____

Supplemental House Manager Information Attached

** Provide a complete list of all House Managers who will be responsible for the Group Home 24-hours/7-days per week.

PART 6 – REQUIRED DOCUMENTS FOR R1 (Single Family Home zones)

Application must provide the following attachments:

1. Copy of the Group Home Rules & Regulations (CMMC Sec. 13-311 (a)(1)(3))
 2. Copy of the Written Intake Procedures (CMMC Sec. 13-311 (a)(1)(4))
 3. Copy of the Relapse Policy (CMMC Sec. 13-311 (a)(1)(5))
 4. Blank forms that all residents and potential residents are required to complete. (CMMC Sec. 13-311 (a)(1)(7))
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PART 7 – REQUIRED DOCUMENTS FOR A GROUP HOME INCLUDING A SOBER LIVING HOME WITH SIX OR FEWER OCCUPANTS IN R2-MD, R2 -HD AND R3 RESIDENTIAL ZONES AND THE PDR - LD, PDR - MD, PDR - HD, PDR - NCM, PDC, AND PDI (Planned Development Zones) ZONES

1. All documents listed in Part 6.
2. Copy of completed Live Scan service form* for the house manager and/or operator of the group home. (CMMC Sec. 13-322 (a)(2))

*The Live Scan service must be completed using the form with the City of Costa Mesa ORI code for Group Home permits. A copy of the appropriate Live Scan Service form may be obtained by City of Costa Mesa Development Services Staff.

PART 8 – REASONABLE ACCOMMODATION REQUEST (CMMC Sec. 13-200.62)

Are you requesting Reasonable Accommodation?*

- Yes
 No

**If you are requesting reasonable accommodation, you must complete Part 9 starting on Page 4.*

PART 9 - Affirmation

Please read carefully:

I understand that as defined by Title 1 section 1-35(l) that I am deemed the responsible party for any violation(s) of the Costa Mesa Municipal Code that may arise at the proposed facility location.

I also affirm that only residents (other than the house manager) who are handicapped as defined by state and federal law shall reside at the group home.

I also understand that the operation of this Group Home or Sober Living facility will adhere, unless exempt through a reasonable accommodations approval, to all the requirements listed under section 13-311(a)(1) through (10) of the CMMC.

I certify that this Group Home or Sober Living facility is not, and will not be, operated as an “integral facility” or an “integral use” as defined in CMMC 13-6.

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.

Facility Owner/Operator

Print Name: _____

Signature: _____ Date: _____

Property Owner

Print Name: _____

Signature: _____ Date: _____

PART 10 – REASONABLE ACCOMMODATION APPLICATION

If you are applying for a reasonable accommodation request, you must provide the following information:

1. Please explain which zoning code provisions, regulations, policies or conditions from which the accommodation is being requested. If you need to include more information, please attach a separate sheet of paper.

2. Please explain the basis for the claim for which the individuals are considered disabled under state or federal law, and why the accommodation is necessary to provide equal opportunity for housing and to make the specific housing available to the individuals. If you need to include more information, please attach a separate sheet of paper.

3. Please identify any other information that the director reasonably determines is necessary for evaluating the request for reasonable accommodation. If you need to include more information, please attach a separate sheet of paper.

4. Please provide documentation that the applicant is: (a) an individual with a disability; (b) applying on behalf of one or more individuals with a disability; or (c) a developer or provider of housing for one or more individuals with a disability. If you need to include more information, please attach a separate sheet of paper.

5. Please provide the specific exception or modification to the Zoning Code provision, policy, or practices request by the applicant. If you need to include more information, please attach a separate sheet of paper.

6. Please provide documentation that the specific exception or modification requested by the applicant is necessary to provide one or more individuals with a disability an equal opportunity to use and enjoy the residence. If you need to include more information, please attach a separate sheet of paper.

7. Please provide any other information that the Hearing Officer reasonably concludes is necessary to determine whether the findings required by Section (e) can be made, so long as any request for information regarding the disability of the individuals benefited complies with fair housing law protections and the privacy rights of the individuals affected. If you need to include more information, please attach a separate sheet of paper.

PART 11 BELOW – “OFFICE USE ONLY”

Date Application Received: _____ By: _____

Date Application Determined Complete: _____ By: _____

Assigned Case No.: _____

Reasonable Accommodation Included?

Yes

No