



**GROUP HOME APPLICATION**

TO BE COMPLETED BY APPLICANT  
(ALL INFORMATION MUST BE PROVIDED)

<b>- OFFICE USE ONLY -</b>	
Date Received:	_____
<input type="checkbox"/> Approved	
Date Issued:	_____
<input type="checkbox"/> Denied	
Date Denied:	_____
Reason for denial:	_____
	_____
	_____
	_____

This permit application is reviewed for completeness by the Planning and Community Development Department. Please review the application for required submittal documents and review procedures. If there are deficiencies in the permit application requirements, the applicant will be notified during the review process or upon completion of the initial review.

The review of this permit application will be based upon the City of Safford Municipal Code as well as all other associated Building Codes as adopted by the City of Safford, and any clarification on statutes, ordinances, codes or policy may be directed to the Planning and Community Development Department. The review of this application may take up to two to four weeks. Upon approval of this application, inspections may be required by the Planning and Community Development Department, Utility Department, Public Works Department, and/or Engineering Department and may be requested by the applicant at any time. By signing the permit, you are giving the City of Safford permission to conduct any and all inspections required. For questions or information concerning this application, please contact the Planning and Community Development Department at 928-432-4140.

If applicant wishes to appeal a denial of a permit, applicant may appeal to the City of Safford Board of Adjustments according to Section 17.88.030 of the City of Safford Municipal Code.

DATE OF APPLICATION \_\_\_\_\_

NAME OF GROUP HOME \_\_\_\_\_

ADDRESS/LOCATION \_\_\_\_\_

GROSS AREA (ARES/SQ.FT.) \_\_\_\_\_ NET AREA (ACRES SQ.FT.) \_\_\_\_\_

PARCEL NUMBER \_\_\_\_\_

**PROPERTY OWNER** \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

**CONTRACTOR** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP CODE** \_\_\_\_\_

**PHONE NUMBER** \_\_\_\_\_

**CONTACT NAME** \_\_\_\_\_

**EMAIL ADDRESS** \_\_\_\_\_

This Home Application has been provided with the following items included and understood:

- A. The application must be completed and signed by the authorizing agent.
- B. A Site Plan showing adequate parking to accommodate employees and patrons.
- C. No such home is located on a lot that is within 1,200 feet of another group home for the handicapped or elderly care.
- D. No such home contains more than ten (10) residents.
- E. Such home is licensed by the state of Arizona department of health.
- F. Such home is registered with the community development department which shall verify compliance with the requirements of this ordinance.

**APPLICANT'S SIGNATURE:** I hereby certify that I have read this application and state that the above information is correct and that I am the owner or duly authorized representative of the above mentioned property.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**City of Safford Official:** \_\_\_\_\_ **Date Issued:** \_\_\_\_\_

**Additional Stipulations:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_