



## RECOVERY COMMUNITY & REASONABLE ACCOMMODATION

Effective 3/11/2022 with TA2020001 - Formerly known as 'Group Homes or Group Home Facilities'

### SUBMITTAL FORMS INDEX

APPLICATION INSTRUCTIONS & CHECKLIST
INFORMATION REQUIRED FOR SUBMITTAL & PROCESS TIMEFRAME
RECOVERY COMMUNITY LAND USE APPLICATION
EXAMPLE OF A TYPICAL RESIDENTIAL SITE PLAN
REASONABLE ACCOMMODATION APPLICATION (OPTIONAL)
REASONABLE ACCOMMODATION QUESTIONNAIRE (OPTIONAL)

**Note: As of December 31, 2012, all Land Use applications are subject to ARS § 1605.**

**- As of September 13, 2013 all Residential uses are excluded per ARS §11-1605 M.2**

**Recovery Community – is available as Electronic Document Review (EDR) - digital application submittal & review. The EDR Overview webpage includes information on how to get started with EDR submittal and processing.**

<https://www.maricopa.gov/4687/Electronic-Document-Review-EDR-Overview>

Download the EDR User Guide - Land Use and the Recovery Community Group Home application packet at the following website:

<https://www.maricopa.gov/4688/EDR-Guides-Tutorials-and-Applications#packets>

Any questions with EDR, please contact us at 602-506-8573 or use the On-line chat feature within the On-line Permit Manager click on **Let's Talk!**



## APPLICATION INSTRUCTIONS & CHECKLIST

The governing regulations that apply are: Maricopa County Zoning Ordinance, Chapter 12 Section 1207.

**RECOVERY COMMUNITY:** Multiple dwelling units located on a single parcel, or a series of adjacent lots under unified ownership, not to exceed a total area of three gross acres, providing a drug-free and alcohol-free living arrangement for people in recovery from substance use disorder, (i) that are not held out to the general public for rent or occupancy and, (ii) which taken together, do not emulate a single family and are under the auspices of a single entity or group of related entities. The term does not include any other group living arrangement for unrelated individuals who are not disabled nor does it include any shelter or halfway house, community residence, assisted living facility, rooming house, boarding house, transient occupancy, or other use as defined in this Ordinance. Medical treatment shall not comprise treatment beyond that which would be provided in the confines of a traditional family residential setting.

### Requirements

- Permitted in R-5, C-1, C-2, C-3, IND-1, IND-2 and IND-3 zoning districts. A proposed Recovery Community in the R-3 or R-4 zoning district requires a Special Use Permit per 1301.1.24.
- Located at least 1,200 linear feet from closest existing community residence, group care facility or recovery community as measured from nearest lot line of the proposed recovery community. (Reasonable Accommodation can be filed for distance - optional).
- Residents shall not be adjudicated.
- License or certificate from State of Arizona to operate recovery community or provisional certification by Arizona Recovery Housing Association and permanent certification within 180 days of the date of which provisional certification was granted;
- A “conditional” Oxford House Charter within 30 days of the date which first individual occupies the Oxford House and a ‘permanent’ Oxford House Charter within 180 days after the “conditional” charter was issued.
- Recovery Community shall receive a Certificate of Occupancy until the use or operator has been or will be issued license/certification/conditional or permanent Oxford House charter.

### Treatment

Medical treatment shall not comprise treatment beyond that which would be provided in the confines of a traditional family residential setting.

### Termination – Revocation – Nonrenewal – Suspension of license or certification

Recovery Community must be closed within 60 calendar days.



**a) Annual Documentation**

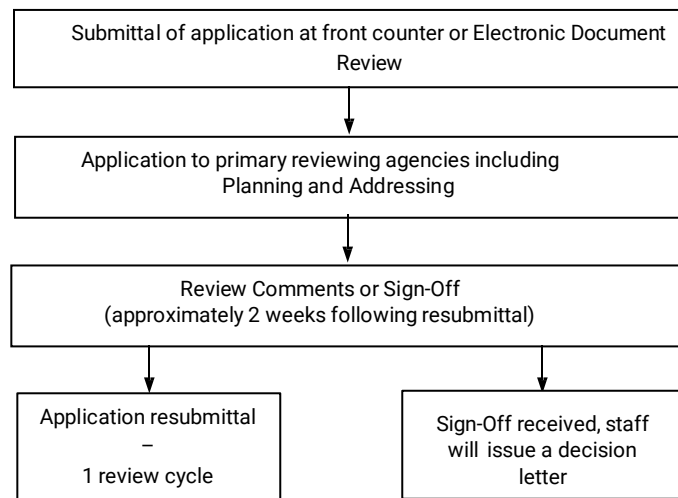
Operator/Owner of Recovery Community shall provide to PSB a copy of renewed license, certification, Oxford House Charter within 10 business days of the annual anniversary of zoning approval.

**Recovery Community Ownership and License/Permit is Non-transferable**

A license or permit issued for a Recovery Community is assigned to the owner of record or the principal or chief executive officer of legal entity in possession of the property. A license or permit issued by Planning Services for a recovery community is not transferable and does not run with the land.

**RECOVERY COMMUNITY LAND USE PROCESS FLOW CHART & PROJECTED TIMEFRAME -APPROX. 1 MONTH –**

Staff notes a Plan of Development application is required in conjunction with the Recovery Community land use application for sites in the R-5, C-1, C-2, C-3, IND-1, IND-2 and IND-3 zoning districts. Sites zoned R-3 and R-4 require a Special Use Permit.



The Recovery Community process consists of several applications through two Branches of Maricopa County Planning and Development and the State of Arizona or Arizona Recovery Housing Association – Oxford House. Initially, an applicant must obtain entitlement for the use through a Recovery Community Land Use application and then applicable building permits must be obtained. For questions on permitting requirements please call the On Call Building Plan Review Division at 602-506-3301.



Applications submitted to the Maricopa County Planning and Development Department shall include all of the exhibits, items and information listed in this checklist. An application will only be accepted by the Department when all of the items listed below are submitted, unless otherwise deemed unnecessary by staff. Applications determined to be incomplete shall not be processed by staff. Additional information, detail, and/or copies may be required after review by the assigned planner.

After it has been determined that the initial submittal is complete, the filing fee per Zoning Ordinance requirement is to be paid by the owner or owner's authorized agent (checks should be made payable to "Maricopa County Planning and Development"). A receipt will then be issued and a case number assigned.

As of September 13, 2013, the Land Use application process shall be subject ARS § 1605, a State statute that mandates establishment of timeframes to either approve or deny a "license" as defined by the statute. The full statute may be viewed at:

<http://www.azleg.gov/arstitle/>

The statute sets up two types of review timeframes: Administrative and Substantive. The Board of Supervisors (BOS) through the P-30 Licensing Timeframes Ordinance has adopted a 25 day administrative timeframe and a 75 substantive timeframe for Land Use applications. An application related to a residential use is not subject to the statute. An application that is part of design build project may establish negotiated time process during the pre-application meeting.

### **Administrative Review Period**

The statutes allow for multiple reviews during the administrative review period.

### **Substantive Review Period**

Only one review is allowed for the substantive review period. The County can amend the substantive review comments to address legal requirements not identified on the original substantive review comments.

The applicant can authorizes a 50% time increase. This authorization can be given at time of application or at any time during the process.

After receipt of an application, the administrative review period begins and staff will review for administrative completeness. The applicant will receive a formal response from their assigned planner and may be required to submit additional information. Once administrative comments have been given to the applicant, the timeframe clock will stop and will resume upon resubmittal of the application materials.



Once the application is deemed administratively complete, the planner will formally notify the applicant that the project has entered the substantive review period and technical comments will be given to the applicant within a reasonable timeframe. The substantive timeframe clock stops from receipt of comments until the applicant makes a formal resubmittal.

At any time during the process, an applicant can check the status of their application by viewing the Citizens Access Portal on the Planning and Developments website:

<https://accele.maricopa.gov/CitizenAccessMCOSS/>

The applicant's assigned planner can also be utilized as a resource for checking application status. If at any time comments are given to the applicant, a notation will be made as to the administrative or substantive timeframe remaining which will not resume until a resubmittal is made. **Note:** It is very important to return the planner's comment memo upon resubmittal so that the appropriate statutory timeframe can resume.

Depending on the comments received, the application materials may need revisions. The owner or authorized agent must submit revised materials to the OSS. The applicant's resubmittal must meet the County's technical requirements or it will be denied. Additionally, an administrative decision of denial can be made if the Director finds that it is not possible to grant the application within the timeframe or the applicant has not provided additional or supplemental information within 180 days (not working days) of a written or electronic request for said information.

Once staff is satisfied that technical requirements have been met, staff may approve or deny the request. At this time, the substantive timeframe clock will stop. After a decision has been made, a decision letter will be issued.

The conditions of approval of this Recovery Community may be appealed to the Hearing Officer pursuant to ARS § 11-832 and Maricopa County Ordinance Section 307 – Administrative Actions and Appeal. Provide request for appeal to the Hearing Officer Liaison at this address within 30 calendar days of the administrative/ministerial approval date to schedule an administrative hearing.

**Note:** If an applicant has not made a resubmittal of application materials in either administrative or substantive review periods after six (6) months, the application will be closed due to inactivity.



## INFORMATION REQUIRED FOR SUBMITTAL

1. **Recovery Community Application: completed and signed – 2 copies**
2. **Proof of ownership (recorded deed or unofficial copy) – 1 copy**
  - If applicable, lease agreement. If the subject property is part of a land lease, the Lease Agreement should include the terms of the lease, and the proposed use of the leased land. Additional information may be required after reviewing the Lease Agreement.
3. **Site Plan – 2 copies** (11"x17" or 8 1/2" x 14") of the property, indicating the following:
  - a) The site plan must be drawn to a recognizable scale, i.e. 1" = 20'.
  - b) North arrow and scale (written and graphic scale) shown on plan.
  - c) All property lines must be clearly shown and dimensions indicated.
  - d) Location and dimensions of all existing and proposed structures (including fences, signs and pools) from property lines and distance between structures.
  - e) Location and width of dedicated streets, recorded easements, (provide recording number) and patent easements on or adjacent to property (include names of streets if applicable).
  - f) All existing and proposed structures must be shown and dimensioned on the site plan.
4. **Floor Plan – 2 copies** (11"x17" or 8 1/2" x 14")
  - a) Identify the space to be used for the residents and live-in staff occupying each bedroom.
  - b) Include the dimensions of the room(s) and common areas.
  - c) Identify all entries/exits.
5. **Narrative Report – 2 copies, underlined wording indicates a section heading.**
  - a) Purpose of Request
  - b) Description of proposal – Include number of residents, number of live-in staff, number of bedroom(s), number of staff (not living on-site), hours of operation. Address ambulatory status of residents and evacuation procedure. Specify if residents are not adjudicated. Include description of any and all types of treatment to be provided.
  - c) Separation Distance – Indicate linear feet distance from other existing community residences, group care facilities or recovery communities regardless of jurisdictional boundaries.
  - d) Licensing / Certification – Address the status of obtaining licensing/certification with the State of Arizona or Arizona Recovery Housing Association. Provide a copy of license/certificate/evidence of application submittal with this application.
  - e) Relationship to surrounding properties
  - f) Circulation system (on & off-site) – including any proposed improvements.
  - g) Development Schedule
  - h) Public Utilities and Services – Address the utility providers for refuse, sewer, water, police, fire, etc.
6. **License / Certificate**



\* Staff will not provide any special letters or e-mails so that licensure or certification may be procured beyond the Staff Report (if approved) and Certificate of Occupancy.

- Certificate of Occupancy will not be issued until the following has been or will be issued. Application for community residence requires the following:
  - Submit license or certification from State of Arizona or documented evidence that operator has applied for licensure with the State of Arizona or certification with the Arizona Recovery Housing Association.
  - Provisional certification by Arizona Recovery Housing (permanent certification within 180 days of date from provisional certification granted).
  - “Conditional” Oxford House Charter within 30 days of date on which first individual occupies the Oxford House and “Permanent” Oxford House Charter within 180 days after “conditional” charter was issued.
  - **If applying for AZDHS licensure, please submit additional details about the type of AZDHS licensure and documents about the requirements associated.**

**7. Photographs**

- a) Submit photographs of the site, taken on all four corners of the property and looking inward to the property (minimum of four photographs).
- b) Please label each photograph with the view, direction and date.
- c) A site plan or key map may also be used in conjunction with the photographs with notations showing what direction the photograph faces and where it is taken.

**8. Request for Reasonable Accommodation for Recovery Community**

- a) Download the reasonable accommodation application packet for required application, supplemental questionnaire and supplemental material to be submitted with this application.

**9. Electronic copies of application materials saved as Adobe PDF files – 1 CD or jump drive.**

Example Narrative Report should be saved as **NARR-RPTS-1.pdf**

<b>Application Document</b>	<b>Required Naming Convention for the Adobe PDF documents</b>
Completed Application	APPL-FORM-1.pdf
Official recorded deed/unofficial deed	DEED-DETL-1.pdf
Land Lease (if applicable)	DETL-LEAS-1.pdf
Site Plan	SITE-PLAN-1.pdf
Floor Plan	FLOR-PLAN-1.pdf
Narrative Report	NARR-RPTS-1.pdf
Evidence of application submittal or issuance of License/Certification with the State of Arizona or Arizona Recovery Housing Association (if applicable)	EVID-DETL-1.pdf
Photographs	PHOT-DETL-1.pdf



## 10. Fees:

- Zoning Clearance (Residential) – **\$100**
- Addressing Review Fee of **\$10** to verify an existing address or **\$50** to assign an address (This fee is a separate fee but can be combined with the zoning clearance fee).
- Change to an application for a license in progress – **\$50**
- For an application to be added to an application for a license in progress – **\$50**
- To re-initiate application for a license administratively denied due to time (within 180 days) – **\$50**
- Appeal of administrative denial of a license due to time (within 30 days) – **\$150 – take this out and place in Appeal Form**

See Maricopa County Zoning Ordinance, Chapter 16 – ([www.maricopa.gov/planning](http://www.maricopa.gov/planning)) – Please be aware that an additional investigation fee equal to the zoning clearance fee will be charged when a request is related to an active zoning violation case. This investigation fee will be assessed upon implementation of a signed compliance agreement, or upon a Hearing Officer’s determination that the respondent(s) is/are responsible for the applicable code violation(s).

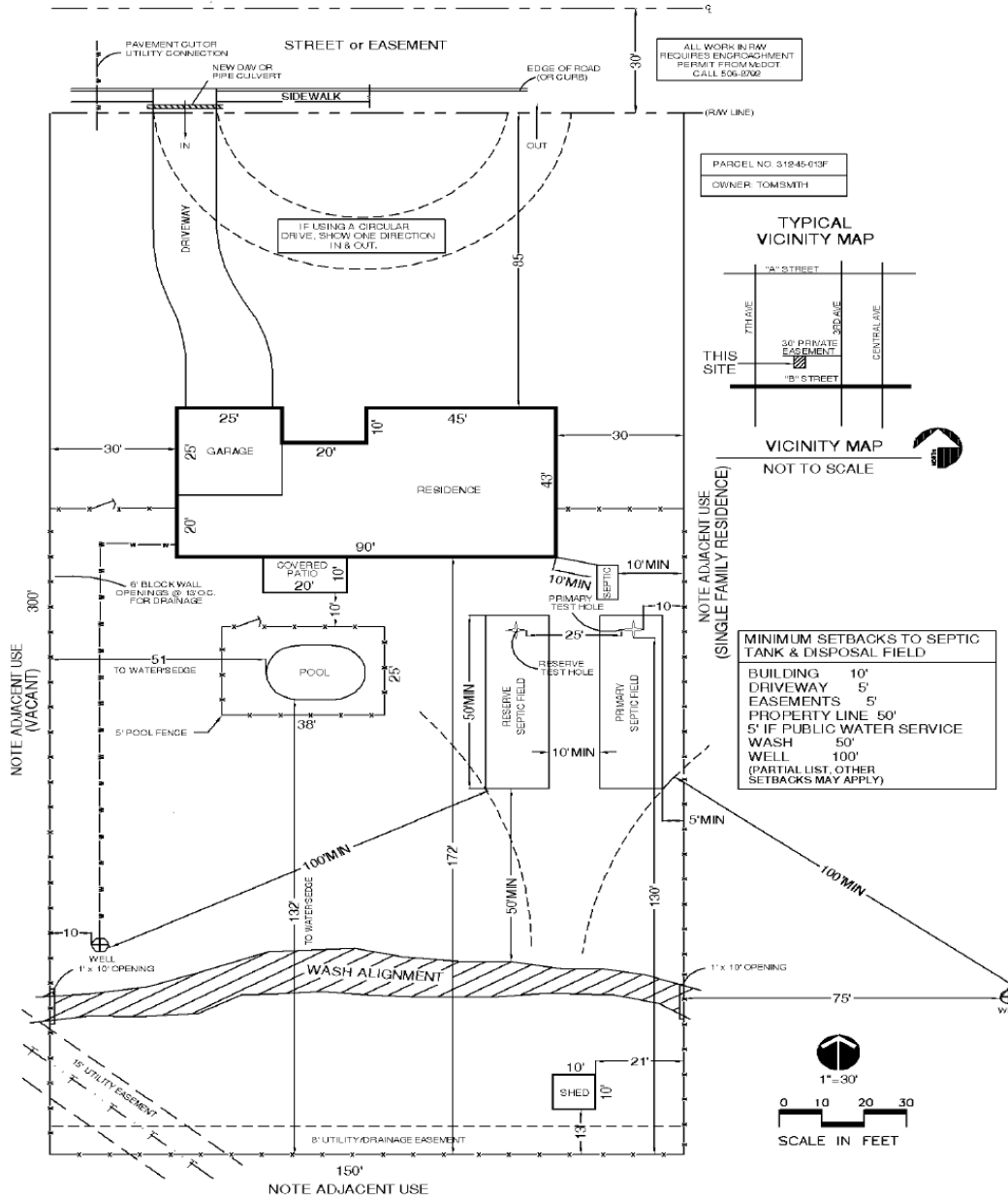




<b>REQUEST</b>			
Title of Project:			
Existing Use of Properties:		Existing Zoning District (R-5, C-1, C-2, C-3, IND-1, IND-2, IND-3):	
Number of Occupants: _____ (list number of residents and live-in staff)			
Proposed Recovery Community meets the requirement for at least 1,200 linear feet from community residence, group care facility, recovery community. <input type="checkbox"/> Yes <input type="checkbox"/> No			
License or Certification (check box of license/certificate that applies) Provide a copy of License/Certificate/Evidence of application with State of Arizona or Arizona Recovery Housing Association <input type="checkbox"/> State of Arizona <input type="checkbox"/> Provisional certificate by AZ Recovery Housing Association <input type="checkbox"/> "Conditional" Oxford House Charter <input type="checkbox"/> "Permanent" Oxford House Charter			
Residents Adjudicated: <input type="checkbox"/> No <input type="checkbox"/> Yes (not allowed with Recovery Community)			
REASONABLE ACCOMODATION REQUESTED <input type="checkbox"/> No <input type="checkbox"/> Yes (complete Reasonable Accommodation documentation)			
Assessor's Parcel Number(s):			
Address (if known):			
Size in Acres:		Square Feet:	
<b>OWNER'S AUTHORIZED AGENT INFORMATION</b>			
Name:		Contact:	
Address:			
City:	State:	Zip:	
Phone #:	Fax #:	E-mail Address:	
<b>PROPERTY OWNER INFORMATION</b>			
Name:		Contact:	
Address:			
City:	State:	Zip:	
Phone #:	Fax #:	E-mail Address:	
<b>PROPERTY OWNER AND OWNER'S AGENT AUTHORIZATION</b>			
I (property owner) _____ authorize (owner's agent) _____ to file this application on all matters relating to this request with Maricopa County. By signing this form as the property owner I hereby agree to abide by any and all conditions that may be assigned by the Maricopa County Board of Supervisors, Maricopa County Planning and Zoning Commission, or Maricopa County Planning and Development Department staff as applicable, as part of any approval of this request, including conditions, development agreements, and/or any other requirement that may encumber or otherwise affect the use of my property.			
<b>INSPECTIONS</b>			
By submitting this application, I am inviting County staff to conduct all site inspections they deem necessary.			
<b>PROPOSITION 207 WAIVER – Signature required</b>			
The property owner acknowledges that the approval being sought by this application may cause a reduction in the existing rights to use, divide, sell or possess the private property that is the subject of this application. The property owner further acknowledges that it is the property owner who has requested the action sought by the filing of this application. Therefore, pursuant to A.R.S. §12-1132 through 1138, the property owner does hereby waive any and all claims for diminution in value of the property with regard to any action taken by Maricopa County as result of the filing of this application.			
Property Owner Signature: _____		Date: _____	
<b>VERIFICATION OF APPLICATION INFORMATION – Signature required</b>			
I certify that the statements in this application and support material are true. Any approvals or permits granted by Maricopa County in reliance upon the truthfulness of these statements may be revoked or rescinded.			
Property Owner Signature: _____		Date: _____	
<b>ARS § 1605 TIMEFRAME EXTENSION</b>			
I authorize a 50% timeframe extension for the review of my application as adopted by the Board of Supervisors per ARS § 1605 and as amended.			
Property Owner Signature: _____		Date: _____	



# EXAMPLE OF A TYPICAL RESIDENTIAL SITE PLAN



**SAMPLE ONLY (DRAWING SHOWN IS NOT TO SCALE).  
ADDITIONAL DETAILED PLANS MAY BE REQUIRED**



<b>REASONABLE ACCOMMODATION FOR COMMUNITY RESIDENCE</b> (accommodation for number of people, separation distance and license/certification)		
<input type="checkbox"/> New Community Residence	<input type="checkbox"/> Accommodation to existing Community Residence (select ownership) <input type="checkbox"/> New Owner <input type="checkbox"/> Existing Owner	
<i>Check the boxes for Community Residence Reasonable Accommodation &amp; complete Supplemental Questionnaire</i>		
<input type="checkbox"/> Request Number of People	Proposed number of people ____ (includes residents & live-in staff)	
<input type="checkbox"/> Request for Separation Distance	List distances requested:	
<input type="checkbox"/> No State License or Certificate available		
<b>REASONABLE ACCOMMODATION FOR RECOVERY COMMUNITY</b> (accommodation for separation distance only)		
<input type="checkbox"/> New Recovery Community	<input type="checkbox"/> Accommodation to existing Recovery Community (select ownership) <input type="checkbox"/> New Owner <input type="checkbox"/> Existing Owner	
Recovery Community – Request for Reasonable Accommodation – Regulations (Complete this section and complete supplemental questionnaire)		
<input type="checkbox"/> Request for Separation Distance	List distances requested:	
<b>PROJECT &amp; PROPERTY OWNER INFORMATION - REQUIRED FOR COMMUNITY RESIDENCE AND RECOVERY COMMUNITY</b> (Complete section below and sign the application form)		
Title of Project:	Assessor's Parcel Number (s):	
Name:	Contact:	
Address:		
City:	State:	Zip:
Phone #:	Fax #:	
E-mail Address:		
<b>VERIFICATION OF APPLICATION INFORMATION - Signature required</b>		
I certify that the statements in this reasonable accommodation request and support material are true. Any approvals or permits granted by Maricopa County in reliance upon the truthfulness of these statements may be revoked or rescinded.		
Property Owner Signature: _____		Date: _____

**Reasonable Accommodation documents for upload with Community Residence or Recovery Community – Land Use Application**

Reasonable Accommodation (RA) Documents	Required Naming Convention for the Adobe PDF documents
Completed Application - <b>REQUIRED</b>	REAS-FORM-1.pdf
Supplemental Questionnaire - <b>REQUIRED</b>	QUES-DETL-1.pdf
Map for separation barrier request - <b>REQUIRED</b> If requesting RA applicable for community residence or recovery community	DIST-DETL-1.pdf
Study or Letter on additional residents - <b>REQUIRED</b> if requesting RA (applicable for community residence)	INCR-LTTR-1.pdf
Letter/E-mail on licensure/certification - <b>REQUIRED</b> (applicable for community residence)	DELA-LTTR-1.pdf



## REASONABLE ACCOMMODATION SUPPLEMENTAL QUESTIONNAIRE

1. **Separation Distance** for community residence or recovery community (See 1207.3.7).

Provide written explanation on the following (1.1, 1.2 and 1.3):

1. The proposed community residence or recovery community is separated from the closest existing community residence or recovery community by an interstate, freeway, canal, or other right-of-way at least 300 feet wide.

*Submit a map identifying community residence or recovery community and separation barrier.*

2. The proposed community residence will not interfere with the use of neighbors without disabilities as role models and the normalization and community integration of the residents of the closest existing community residence or recovery community, and that the presence of other community residences and/or recovery communities will not interfere with the normalization and community integration of the residents of the proposed community residence or recovery community.

3. The proposed community residence in combination with any existing community residences and/or recovery communities will not alter the residential character of the surrounding neighborhood by creating an institutional atmosphere or by creating or intensifying an institutional atmosphere or de facto social service district by clustering community residences and/or recovery communities on a block face or concentrating them in a neighborhood.



## REASONABLE ACCOMMODATION SUPPLEMENTAL QUESTIONNAIRE

2. **Exceed number of residents, live-in staff for community residence (only).** This is not applicable to a proposed recovery community. Provide written explanation on the following (2.1, 2.2, and 2.3):

1. The proposed number of residents greater than ten is necessary to ensure the therapeutic and/or financial viability of the Community Residence.

*Submittal Item: Study or recommendation from AZRHA and/or AZDHS (E-mail or Letter) Stating Number of Additional Residents Recommended & Describing the Type of Therapy in Detail Requiring the Additional Residents – Note, County Staff cannot and will not negotiate with either organization upon an applicant’s behalf and documentation is to be submitted upon application for this accommodation or the accommodation shall be denied.*

2. The proposed community residence will emulate a biological family and operate as a functional family rather than as a boarding or rooming house, nursing home, short term rental, continuing care facility, motel, hotel, detoxification center, treatment center, rehabilitation center, institutional use, group care facility, or assisted living facility that does not comport with the definition of “community residence,” or any other nonresidential use; and

3. Allowing the requested number of residents in the proposed community residence will not interfere with the normalization and community integration of the occupants of any existing community residence or recovery communities and the use of neighbors without disabilities as role models.



## REASONABLE ACCOMMODATION SUPPLEMENTAL QUESTIONNAIRE

3. **License or Certificate for community residence (only).** This is not applicable to a proposed recovery community. When the State of Arizona does not offer a license or certification for the type of community residence proposed and the population it would serve, the Arizona Recovery Housing Association does not offer certification, or the proposed community residence is not eligible to be granted an Oxford House Charter, a reasonable accommodation may be issued only when it is found that the applicant has demonstrated by a preponderance of the evidence that all of the following standards are met:

1. The proposed community residence will be operated in a manner essentially similar to that of a licensed or certified community residence.

2. Staff who reside and/or work at the community residence will be adequately trained in accordance with standards typically required by state licensing or certification for a community residence.

3. The community residence will emulate a biological family and be operated to achieve normalization and community integration.



## REASONABLE ACCOMMODATION SUPPLEMENTAL QUESTIONNAIRE

4. The rules and practices governing how the community residence operates will actually protect the residents from abuse, exploitation, fraud, theft, neglect, insufficient support, use of illegal drugs or alcohol, and misuse of prescription medications.

### Additional Comments

