



GH- \_\_\_\_\_

# PINAL COUNTY COMMUNITY DEVELOPMENT

## GROUP HOME APPLICATION

STREET ADDRESS \_\_\_\_\_

ASSESSOR'S PARCEL #: BOOK \_\_\_\_\_ MAP \_\_\_\_\_ PARCEL \_\_\_\_\_

PROPERTY OWNER(S) \_\_\_\_\_ PHONE \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

APPLICANT (IF NOT OWNER) \_\_\_\_\_ PHONE \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

EXISTING USE: \_\_\_\_\_

TOTAL NUMBER OF RESIDENTS: \_\_\_\_\_ NUMBER OF EMPLOYEES \_\_\_\_\_

NUMBER OF PARKING SPACES REQUIRED \_\_\_\_\_ PARKING SPACES AVAILABLE \_\_\_\_\_

IS THERE ANOTHER GROUP HOME WITHIN 1200 FEET? YES \_\_\_ NO \_\_\_

SITE PLAN SUBMITTED \_\_\_\_\_

**Definition of Assisted living/Group home:** a licensed home suitable for accommodating 7 to 10 adults or minor children who require special care for physical, mental, or developmental disabilities.

I HEREBY CERTIFY THAT THIS APPLICATION PERTAINS TO THE ABOVE DESCRIPTION OF AN ASSISTED LIVING OR GROUP HOME AND ALL SUBMITTALS ARE TRUE AND CORRECT.

\_\_\_\_\_  
SIGNATURE OF OWNER/AGENT

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

CONTACT PHONE NUMBER WHEN PERMIT IS READY FOR PICK-UP \_\_\_\_\_

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AREA                    N S E W                    ZONING                    \_\_\_\_\_ ZONING FEES \_\_\_\_\_ INVOICE # \_\_\_\_\_

DISTRICT                    1 2 3 4 5

ZONING REVIEWER 1 \_\_\_\_\_

ZONING REVIEWER 2 \_\_\_\_\_