CITY OF KINGMAN DEVELOPMENT SERVICES
310 North Fourth Street
Phone: 928.753.8130
Email: buildingadmin@cityofkingman.gov

GROUP HOUSING REGISTRATION CHECKLIST

If you are applying for a Business License for any type of group home, assisted living, residential care, or institutional residential use**,** this Group Housing Registration Application is mandatory and must be submitted **prior** to any state license application.

This registration is required under Section 3-80.390 of the Kingman Zoning Code for all Institutional Residential uses, including (but not limited to):

- Group Homes
- Assisted Living Homes and Centers
- Behavioral Health Homes
- Sober Living Homes
- Foster Care and Residential Care Facilities
- Homeless Shelters
- Custodial and Supervisory Care Facilities

The City must verify that your submission complies with the requirements of Section 3-80.390:

- No institutional residential use may be located within 1,200 feet of another institutional residential use of the same type, measured from the closest property boundaries of each site. Dormitories and convents or monasteries are exempt from this requirement.
- A minimum 300 square feet of living space shall be provided for each resident.
- An automatic fire sprinkler system shall be installed, as determined by the Fire Marshal.

If a state license or business license lapses**,** a new Group Housing Registration Application must be submitted and will be reviewed under current separation standards**.**

Process

1. Submit Group Housing Registration Packet with all required attachments
2. Review and issuance of Approval/Denial letter (Approved, Conditionally Approved, Denied). Applications will be routed to the Development Services Department (Planning & Zoning and Building), Fire Department, and Police Department for review and comment.
3. If Approved or Conditionally Approved, Applicant may submit for a state license and city business license. The approval letter must accompany the business license application.
4. Applicant shall provide a copy of the applicable state license to the Development Services Department within six (6) months of the date of application to the city.

Submittals

Include all of the following with your application:

- ☐ Completed Group Housing Registration Application
- ☐ Copy of State License or State License Application (if applicable)
- ☐ Project Narrative
- ☐ Site Plan showing detailed floorplan including dimensions

Your Business License cannot be approved until the Group Housing Registration has been reviewed and found compliant with zoning requirements. Incomplete submittals will delay or prevent issuance of your Business License.

Submitting this form does not replace any required state licensing or fire/building safety approvals—it is a zoning and land-use compliance requirement**.**

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GROUP HOUSING REGISTRATION APPLICATION

In accordance with Section 3-80.390 of the Kingman Zoning Code, all Institutional Residential uses shall comply with the stated supplemental standards along with the subject property's zoning requirements. See Institutional Residential definition in Title 5 of the Zoning Code to determine type of license.

Per Section 3-80.390.B.2 of the Zoning Code, no Institutional Residential use may be within **1,200 feet** of another institutional residential us of the same type. Should the state license or business license lapse, a new registration form will be required and will be subject to current separation requirements.

Please complete the requested items below and provide requested attachments.

Applicant

Name: _____ E-Mail: _____

Phone: _____ Cell: _____

Address: _____ City, State, Zip: _____

Emergency / After-Hours Contact

Name _____ Phone: _____

Title/Position: _____

Property Owner

Name: _____

Address: _____

Phone: _____ E-Mail: _____

Property Information

APN: _____

Address: _____ City, State, Zip: _____

Structure: ☐ New ☐ Existing

Business Information

Business Name:

Licensing Agency: ☐ ADHS ☐ ADES ☐ OTHER

Type of License:

☐ Assisted Living (10 residents or less)
☐ Assisted Living Center (11 or more residents)
☐ Assisted Living Facility
☐ Convent or Monastery
☐ Custodial Care Facility
☐ Dormitory
☐ Group Foster Care (more than 5, less than 10 children)
☐ Group Home (8 or less unrelated residents)

☐ Homeless Shelter

☐ Supervisory Care Services

Residential Healthcare Facility:

☐ Adult Behavioral Health Therapeutic Home
☐ Adult Foster Care Home
(1 but not more than 4 adults)

☐ Residential Care Institution

☐ Sheltered Care Facility
(nine to sixteen unrelated residents)

☐ Adult Day Health Care Facility
(5 or more adults)

☐ Behavioral Health Respite Home
☐ Sober Living Home
(as defined by A.R.S. §36-2061)

Do Residents Require Custodial Care: ○ Yes ○ No

ARE THERE ANY PERSONS IN THE BUILDING RECEIVING CUSTODUAL CARE WHO REQUIRE LIMITED VERBAL OR PHYSICAL ASSISTANCE WHILE RESPONDING TO AN EMERGENCY SITUATION TO COMPLETE BUILDING EVACUATION? ○ Yes ○ No

I, THE UNDERSIGNED APPLICANT, CERTIFY THAT THE INFORMATION ON THIS APPLICATION IS TRUE AND CORRECT. I ALSO CERTIFY THAT I HAVE REVIEWED THE PROVISIONS OF THE CITY OF KINGMAN ZONING ORDINANCE PERTAINING TO THIS APPLICATION.

_____ _____
Applicant (Print Name) Applicant Signature

I, THE UNDERSIGNED PROPERTY OWNER, CERTIFY THAT THE INFORMATION ON THIS APPLICATION IS TRUE AND CORRECT AND CONSENT TO THIS APPLICATION

_____ _____
Property Owner (Print Name) Property Owner Signature

NOTICE: By participating in any correspondence, telephone conversation, discussion, meeting, or any other communication with a City of Kingman employee, you agree and acknowledge that: (1) any information provided in a format other than a formal written determination by the designated Zoning Administrator is preliminary in nature and shall not be relied upon for any purpose by the recipient or any other person or entity; (2) any information provided by a City of Kingman employee is not the equivalent of a title report or a real estate survey; (3) you are responsible for independently researching and verifying the information; (4) a City of Kingman employee is not authorized to bind the City of Kingman in any manner, except by formal Zoning Administrator determination; and (4) any error, omission, incorrect information, or false information provided by a City of Kingman employee shall not give rise to any liability on behalf of the City of Kingman.