City of Apache Junction
Development Services Department
300 E. Superstition Blvd.
Apache Junction, AZ 85119
(480) 474-5083
www.apachejunctionaz.gov

Personal Caretaker's Unit Permit Application

City of Apache Junction
Development Services Department
http://www.apachejunctionaz.gov/81/Development-Services

PERSONAL CARETAKER'S UNIT PERMIT PROCEDURES

A personal caretaker's unit may be used to house a person who is caring for a handicapped/disabled person(s) living in the main dwelling, or to house the handicapped/disabled person who is being cared for by a person living in the main dwelling. An administrative use permit ("AUP") shall be required prior to construction, placement or use of a personal caretaker unit.

Site Requirements: A personal caretaker's unit may be allowed subject to the following:

- Number Allowed. One temporary personal caretaker unit is permitted on a residential lot in all single residence zoning districts. A personal caretaker unit is separate and distinct from an accessory dwelling unit.

- Type of Unit Allowed. The personal caretaker unit may be a travel trailer, motor home or fifth-wheel. Park models and manufactured homes are prohibited.

- Setbacks. Personal caretaker unit setbacks shall comply with the accessory building setback requirements, and shall not be located between the main building and the front road right-of-way.

Application Process: Application for the AUP shall be made to the Director or his or her designee by the landowner or tenant in possession, with the signed approval of the landowner. The application shall be accompanied by an accurate site plan drawn to scale which identifies the location of the proposed personal caretaker's unit, the legal description of the property involved, the name and relationship to the beneficiary, information on how the sewage from the personal caretaker's unit will be disposed of, the sworn affidavit required above, and the nonrefundable application fee set forth in the Apache Junction City Code, Vol. I, Chapter 4, Fees. The information on sewage disposal shall be sufficient for the Pinal County Health Department to determine whether the provisions are adequate. No AUP may be issued without the written approval of the Pinal County Health Department. The application shall also be accompanied by an accurate verified list, made within the previous 30 calendar days, giving the names and addresses of the owners of all properties lying within 300 feet of the subject property.

Upon receipt of a completed application and fee, the application will be reviewed by the Development Services Director who shall approve, conditionally approve or disapprove the application. If the request for the AUP is approved, notification of the installation of personal caretaker unit shall be sent to all property owners located within 300 feet of the subject property. Any person aggrieved by the decision of the Director may file an appeal with the Board of Adjustment and Appeals in accordance with the Apache Junction City Code, Vol. II, Chapter 1: Zoning Ordinance, Section 1-16-4.

Verification of Need: An AUP for a personal caretaker's unit may be granted if the disabled person(s) is physically or mentally impaired and incapable of caring for himself or herself. The beneficiary must also be in such need of care, attention and support that not being granted an AUP will result in the individual being confined to a hospital, sanatorium, nursing center, supervisory care facility or similar health care environment where his or her personal needs can be adequately met. A letter from a physician on office letterhead must be included with the application verifying this need.

Compensation: Neither the applicant nor any other person shall receive rent or any other valuable consideration for allowing a person to live in a dwelling unit under an AUP for a personal caretaker's unit. This should not be construed as to prevent a health care provider from receiving remuneration for health care services provided.

Affidavit Required: An affidavit must be submitted by the applicant indicating a commitment to concur with all the requirements of this section. Sample affidavits are available at the Development Services Department.

Termination of Permit: An AUP is granted to the property owner but does not run with the land, is not transferable and terminates automatically as soon as the disabled person(s) no longer resides on the property.

Financial Obligations: All financial or other obligations occurring to the property owner or his or her authorized agent as a result of approval or conditional approval of the AUP are the sole responsibility of the property owner or his or her authorized agent.

Annual Renewal: An AUP for a personal caretaker's unit shall be renewed once a year upon proof it is still needed, by means of a letter from a board-certified physician. The renewal letter shall be accompanied by a fee as set forth in the Apache Junction City Code, Vol. I, Chapter 4, Fees.

CARETAKER UNIT PERMIT APPLICATION

SUBJECT INFORMATION	
PROPERTY ADDRESS:	ASSESSOR'S PARCEL NO.
ACREAGE:	CURRENT ZONING DISTRICT:
LEGAL DESCRIPTION OF THE PROPERTY:	
THE EXISTING USE OF THE PROPERTY IS AS FOLLOWS:	
THE PROPOSED REQUEST:	

PROPERTY OWNER	
NAME:	
MAILING ADDRESS:	
EMAIL:	TELEPHONE:

APPLICANT	
NAME:	
MAILING ADDRESS:	
EMAIL:	TELEPHONE:

OWNER AUTHORIZATION

I hereby certify that the above information is correct, and that I am authorized to file an application on said property, being either the owner or authorized agent to file on behalf of the owner. Anyone applying without authorization from the property owner(s) shall be subject to penalty under all applicable laws.

_____ _____

Property Owner Signature **Date**

_____ _____

Applicant Signature **Date**

REVIEW TIMEFRAME

ADMINISTRATIVE COMPLETENESS REVIEW: 5 DAYS **REVIEW OF SUBMITTAL: 30 DAYS**

CARETAKER UNIT PERMIT ADMINISTRATIVE USE PERMIT (AUP) APPLICATION SUBMITTAL CHECKLIST

PLEASE RETURN THIS APPLICATION WITH YOUR SUBMITTAL. SUBMITTALS WITHOUT THE INFORMATION BELOW WILL BE CONSIDERED INCOMPLETE AND WILL BE REJECTED. ALL SUBMITTAL MATERIALS MUST BE DELIVERED IN PDF FORMAT.

- ☐ **Project Narrative**
- ☐ **Site Plan**
- ☐ **Signed Affidavit indicating the willingness to comply with all requirements of this permit.**
- ☐ **Letter from Attending Board Certified Physician(s)**
- ☐ **Letter from Sewer District and/or Pinal County Health Department -The applicant must obtain a letter from the Superstition Mountain Community Facilities District #1 (Sewer District) verifying if the property is within the sewer district's service area. If the property is required to connect to the sewer system, this will require a city permit. If the property is not in the sewer district service area, then the applicant will need to apply for a septic tank permit, either a new septic tank installation or an upgrade, from the Pinal County Health Department.**
- ☐ **Mailing Labels for all property owners within a 300 feet radius of subject property**
- ☐ **Letter Authorizing an Agent (If Applicable)**
- ☐ **Application Fees- $100 + 4% technology fee + $25 GIS fee**

AFFIDAVIT

State of Arizona **City of Apache Junction**

I, _____, do hereby declare that:

1. I am the applicant for a special density permit for the handicapped/disabled care dwelling unit and this unit is to be located at:
   _____
2. The name(s) of the person(s) who will reside on the property and who will be providing the necessary care is (are):
   _____
3. I understand and will comply with the conditions of the Caretaker's Unit permit, and I nor any other person, shall receive any rent or other valuable consideration in return for allowing the residential use of the unit under the terms of this permit. (This does not preclude payment to a health care provider for health care services rendered.)
4. I understand that this Caretaker's Unit permit will terminate once the handicapped/ disabled person(s) no longer permanently resides on the property. I understand and agree that upon termination of this permit, the unit shall be removed entirely or completely disconnected from utilities.
5. I understand that this Caretaker's Unit permit is subject to renewal on a yearly basis, subject to a yearly renewal fee, and that it is my responsibility to contact the city's development services department regarding the renewal at least 30 calendar days prior to the expiration date.

_____
Signature of Affiant

Subscribed and sworn to before me_____, a notary public in and for

The county of_____, state of_____, on this _____day of_____, 20__.

_____
Signature of Notary Public

I certify that I have submitted all of the required information listed above, and that the information is factual. I also understand if the application is incomplete upon submission; it cannot be further processed and may be delayed until a complete submittal is received.

_____
Name of Applicant Address Phone No.

If the applicant is not the landowner, a notarized letter authorizing the applicant to represent the owner must accompany this application.

_____
Name of Applicant Address Phone No.

All notices will be mailed to this applicant

_____
Signature of Applicant Date

Information for Mailing Labels

- Labels should be Avery Address Labels #5160 or comparable, approximately 1” x 2-5/8” each, 30 labels to a sheet.

- Labels shall include all property owners within a 300 feet radius of subject property:

- Label Sample:

Line 1:	100-01-001A	*[Assessor Parcel No.]*
Line 2:	John Doe	*[Name]*
Line 3:	123 Elm St.	*[Address/PO Box]*
Line 4:	Apache Junction, AZ 85118	*[City/State/Zip]*

- Please print or type all information on the labels.

NOTE: Property owner information must be obtained from the Pinal County Assessor’s records at https://pinal.maps.arcgis.com/apps/webappviewer/index.html?id=7ab8c3bf67a84f97a1e64dcf435b8b27 .