



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



# **Group Care Home Administrative Use Permit Application**

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

# GROUP CARE HOME ADMINISTRATIVE USE PERMIT (GCHAUP) APPLICATION

| SUBJECT INFORMATION                                                                                                                                                                                                                                                                                                          |                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| BUSINESS NAME:                                                                                                                                                                                                                                                                                                               |                                     |
| PROPERTY ADDRESS:                                                                                                                                                                                                                                                                                                            | ASSESSOR'S PARCEL NO.               |
| ACREAGE:                                                                                                                                                                                                                                                                                                                     | CURRENT ZONING DISTRICT:            |
| PROPOSED LEVEL OF CARE FACILITY:<br><input type="checkbox"/> 0-Independent <input type="checkbox"/> 1- Minimum Assist <input type="checkbox"/> 2- Stand-by Assist <input type="checkbox"/> 3- Hands-On Assist <input type="checkbox"/> 4- Total Assist                                                                       |                                     |
| NUMBER OF RESIDENTS:                                                                                                                                                                                                                                                                                                         | LICENSING AGENCY:                   |
| PROPERTY OWNER/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. |                                     |
| _____<br><b>Property Owner</b>                                                                                                                                                                                                                                                                                               | _____<br><b>Date</b>                |
| _____<br><b>Applicant Signature</b>                                                                                                                                                                                                                                                                                          | _____<br><b>Date</b>                |
| REVIEW TIMEFRAME                                                                                                                                                                                                                                                                                                             |                                     |
| <b>ADMINISTRATIVE COMPLETENESS REVIEW: 5 DAYS</b>                                                                                                                                                                                                                                                                            | <b>REVIEW OF SUBMITTAL: 21 DAYS</b> |

# GROUP CARE HOME ADMINISTRATIVE USE PERMIT (GCHAUP)

## 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.**

- ☐ Narrative explaining business operations, level of care (see attached chart), clientele and how operations meet the zoning standards listed below.
- ☐ Application Fee \$25.00 + 4% technology fee

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*Group Care homes are permitted subject to the following requirements:*

1. Permit Required for Single-Family Residential Districts. An administrative use permit ("AUP") shall be required prior to construction and/or operation of a group care home with 10 or less residents. This limitation does not include the operator of the facility, members of the operator's family or staff persons, except that the number of all persons living in the residential facility shall not exceed twelve. Group care homes with greater than 10 residents shall not be allowed.
  2. Permit Required for Multi-Family Residential and Non-Residential Districts. A conditional use permit ("CUP") shall be required prior to construction and/or operation of a group care home. The number of residents shall be subject to the conditions of the CUP.
  3. Sign Restrictions. No signs, graphics, displays, or other visual means of identifying the group care home shall be visible from a public street.
  4. Separation Requirement. A separation between group homes of no less than 1,200 feet is required. Separation distances shall be measured from the property lines.
  5. Information Requirement. Copies of all materials including licenses, certifications, or registrations required for the group care home by a county, state or federal agency shall be submitted to the City.
  6. Kitchen Requirement. A common kitchen facility to serve all resident shall be required.
  7. Garbage. Any large and/or multiple trash receptacles not usually found in the residential area shall be screened from public view.
  8. Exterior Design. No exterior change that would alter the building's residential character shall be made to the exterior of the building and grounds.
  9. Compliance with Building Code. The proposal shall comply with all applicable building and fire safety regulations.
  10. Annual Home Inspections. The Director or designee may require and perform annual home inspections in
- Group Care Home AUP Application  
Updated 12/2020

accordance with the Arizona Department of Health Services (“DHS”) inspection checklist and forward the findings of the inspection to DHS for further review and action. The administrative process for conducting these inspections shall be established by City staff and will be available at the Development Services Department.

11. Pre-Emptions. Notwithstanding the forgoing, if the State has adopted laws or rules for the regulation of a specific type of group home, then any such state law or rule shall apply in addition to the conditions listed herein and/or shall preempt any conflicting condition listed herein.

FOR REFERENCE ONLY