



GROUP HOME APPLICATION

Fee: \$50.00, plus any building permit fees.

6000 Main St. SW, Lakewood, WA 98499
Phone: (253) 512-2261

PERMIT SUBMITTAL REQUIREMENTS:

- ___ 1) The completed original application forms, making sure that all of the required signatures have been obtained.
- ___ 2) A check made out to the City of Lakewood for the review fee (due at the time of submittal).
- ___ 3) Two (2) copies of a site plan drawn to scale depicting the footprint of existing structures, proposed structures, parking areas, property lines, driveway entrances and accessory structures.
- ___ 4) Two (2) copies of a complete floor plan, depicting all sleeping rooms (identified by number) and all components for exiting, i.e.: stairs, ramps, platform lifts and elevators.

All above items must be submitted at the time of application in order for the application to be accepted as complete. Handouts and application forms may be revised without notice.

SITE ADDRESS: _____

APPLICANT: (mandatory)

Name: _____ Daytime Phone: _____

Mailing Address: _____

Email Address: _____ Professional License No: _____

Will the applicant be the contact person? YES or NO If other, please specify below:

Contact person: _____ Phone #: _____

Mailing Address: _____

Email Address: _____ Professional License No: _____

PROPERTY OWNER/TENANT: (mandatory)

Name: _____ Daytime Phone: _____

Mailing Address: _____

Email Address: _____ Professional License No: _____

WORK DESCRIPTION:

PREVIOUS USE OF PROPERTY: _____

SURROUNDING USES AND/OR BUSINESSES NEXT TO PROPOSED PROJECT SITE:

WILL THE RESIDENCE BE OWNER-OCCUPIED? _____

PROPOSED # OF RESIDENTS:_____ **PROPOSED # OF EMPLOYEES:** _____

HOW MANY EMPLOYEES WILL LIVE ON-SITE WITH THE RESIDENTS? _____

HOW MANY OFF-SITE EMPLOYEES WILL BE WORKING AT THIS FACILITY? _____

PROPOSED HOURS, DAYS, PLACE AND MANNER OF OPERATION:

PLEASE CIRCLE THE DESCRIPTION THAT BEST DESCRIBES YOUR FACILITY:

TYPE 1 GROUP HOME: Publicly or privately operated living accommodations for related or unrelated individuals having handicaps, subject to compliance with all applicable federal, state and/or local licensing requirements. For purposes hereof, "handicap" shall mean a physical or mental impairment which substantially limits one or more of the person's major life activities, a record of having such impairment, or being regarded as having such impairment; however, the term does not include current, illegal use of or an addiction to a controlled substance.

TYPE 2 GROUP HOME: Publicly or privately operated living accommodations for related or unrelated individuals such as group homes for children, group homes providing an alternative residential setting for families in crisis and other groups not listed in Type 1, 3 or 4 group home Residential use types; all subject to compliance with applicable federal, state and/or local licensing requirements.

TYPE 3 GROUP HOME: Publicly or privately operated living accommodations for juveniles under the jurisdiction of the criminal justice system, including state-licensed group care homes or halfway houses for juveniles which provide residence in lieu of incarceration, and halfway houses providing residence to juveniles needing correction or for juveniles selected to participate in state-operated work release and pre-release programs; provided, that the Community Development Director, in his sole discretion, may classify a group home proposing to serve juveniles convicted of the offenses listed under the Type 4 Group Home Residential use type as a Type 4 Group Home for the purposes of regulation, and any such home shall be sited in accordance with Type 4 Group Home regulations. All are subject to compliance with all applicable federal, state and/or local licensing requirements.

TYPE 4 GROUP HOME: Publicly or privately operated living accommodations for adults under the jurisdiction of the criminal justice system or other state agency who have entered a pre- or post-charging diversion program, have been involuntarily committed or are participants in some other form of involuntary residential placement, or have been selected to participate in state-operated work/training release or other similar programs as provided in Chapters 137-56 and -57 WAC. Such groups also involve individuals who have been convicted of a violent crime against a person or a crime against property with a sexual motivation and charged or convicted as sexual or assaultive violent predator. All are subject to compliance with all applicable federal, state and/or local licensing requirements.

TRAFFIC (VEHICULAR TRIPS TO AND FROM SITE PER DAY) GENERATED BY THE USE, INCLUDING DELIVERIES AND CLIENT-RELATED TRIPS:

EXISTING # PARKING STALLS: _____ **PROPOSED # PARKING STALLS:** _____

DIMENSIONS OF PARKING AREA: _____

WILL ANY STRUCTURAL OR DECORATIVE ALTERATIONS BE MADE TO THE BUILDING?

IF SO, DESCRIBE: _____

WILL ANY SIGNAGE BE INSTALLED ON THE PROPERTY? IF SO, DESCRIBE:

AUTHORIZED AGENT/OWNER SIGNATURE:

By affixing my signature hereto, I certify under penalty of perjury that the information furnished herein is true and correct to the best of my knowledge and that I am the owner of the premises where the work is to be performed, or I am acting as the owner's authorized agent. I further agree to hold harmless the City of Lakewood as to any claim (including costs, expenses and attorney's fees incurred in investigation of such claim) which may be made by any person, including the undersigned, and filed against the City of Lakewood, but only where such claim arises out of the reliance of the City, including its officers and employees, upon the accuracy of the information provided to the City as part of this application.

Signature of Authorized Agent/Owner

Date

OFFICE USE ONLY:

APPLICATION #: _____ TAX PARCEL #: _____

APPLICATION NAME: _____

ZONE: _____ USE TYPE: _____

DATE APPLICATION RECEIVED: _____ RECEIVED BY: _____

DATE APPLICATION COMPLETE: _____ COMPLETENESS REVIEW BY: _____
