

CONTROL #: CONTRL
BUSINESS NAME: OLBSNM



APPLICATION FOR GROUP CARE FACILITY CERTIFICATE

These regulations are applicable to group care facilities housing three (3) or less persons who are unrelated to the proprietor of the establishment. [Standard Industrial Classification (SIC) Industry Group # 836; Industry #8361 (Residential Care)]

NEW: _____ RENEWAL: _____ AMENDMENT: _____

ANNUAL FEE : \$ 25.00 (FEE SHALL NOT BE PRO-RATED)

EXPIRATION DATE: DECEMBER 31ST OF EACH YEAR.
(SUBJECT TO RENEWAL BY 12/15TH OF EA. YEAR)

ORDINANCE #: 3406 Passed: 03/26/12 Effective: 06/25/12

---PLEASE PRINT LEGIBLY---

ADDRESS OF FACILITY: _____

FACILITY NAME: _____

OWNER'S NAME _____

MAILING ADDRESS: _____

CITY /STATE/ZIP: _____

CONTACT NUMBER(s): _____

MAXIMUM # OF PERSONS HOUSED: _____

I, _____, hereby acknowledge that I am the owner of the facility and that the information provided in this application is factual. I understand that failure to comply with applicable city regulations (see below) constitutes a violation of the City's zoning regulations.

Sec. 106-334. Special use performance standards; residential.

(j) Group care facilities (aka community homes, residential personal care homes, living centers, assisted living centers and similar uses as identified in SIC Industry Group #836 (Residential Care), Industry #8361.

1. Location: Facilities, in compliance with the Texas Human Resources Code (Ch. 123 and 105), Administrative Code (Ch. 92) and Health & Safety Code (Ch. 247), shall be permitted as a use-by-right in R-1 Low Density Residential, R-2 Mid Density Residential, R-3 High Density Residential, MH Manufactured Housing and LL Large Lot Districts.
2. Distance Requirement: Group care facilities shall not be closer than 1,000 feet to a similar use (SIC Industry Group #836). Measurement shall be from the nearest boundary of the sites on which they are located.
3. Signage: Group care facilities located within a residential neighborhood shall be allowed to have one (1) sign not exceeding two (2) square feet in area, non-illuminated and mounted flat against the wall of the principal building.
4. Visual Compatibility: There shall be no change in the outside appearance of the building or premises. No structural alterations shall be permitted that will cause the group care facility to be substantially distinguishable from other surrounding residential properties.
5. Registration Requirement: Facilities shall comply with all city regulations and register their facility with the City annually by obtaining a Group Care Facility Certificate. The certificate cost shall be at the rate established in Appendix A, fees, of this Code, shall expire on December 31st of each year. Such fee shall be payable to the City on or before December 15th for the next succeeding calendar year. The fee provided for in this article shall not be subject to proration or reduction for payment for a period of less than twelve (12) calendar months. Operation of a facility without first having obtained the required certificate shall be deemed a violation this article.
6. Payment of Taxes: All ad valorem taxes on any and all property, personal or real, necessary to the operation of the facility must be paid prior to the issuance or renewal of the certificate.
7. Display of Certificate. Every facility so registered shall display an active certificate in a conspicuous place, within the facility common area, so as to be easily seen by the public.
8. Access to the Facility: City personnel shall have right-of-entry to ensure safe habitability and public safety. City personnel shall advise on-site facility personnel of the purpose of their visit.

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9. Annual Inspection: The Fire Marshal's Office shall perform a minimum of one (1) annual inspection for each group care facility. Facilities shall comply with all applicable city codes, ordinances, policies and regulations.

(k). Facilities shall be in compliance with the Texas Human Resources Code (Ch. 123 and 105), Administrative Code (Ch. 92) and Health & Safety Code (Ch. 247). A copy of the active State license shall be provided to the City when requested to ensure compliance with state regulations.

X

Date Signature

--- City Use Only ---

Zoning District: R-1 R-2 R-3 MH or LL

Sector #: _____ HCAD # _____

Taxes: _____ **NOTE: Not site specific, check company & individual**
names and site)

Tax Dept. Approval: _____ X _____
Date Name

Inspection Approval: _____ X _____
Date Name

DO NOT COLLECT FEES/ISSUE CERTIFICATE UNTIL ALL ITEMS ARE SATISFIED.

TAX APPROVAL RCVD: _____ INSP APPROVAL RCVD: _____

Certificate # _____ Copy of Rcpt Attached: _____ Date : _____

Certificate Expiration: December 31, _____

Original Appl./Cert. to Insp. File: _____ Copy of Appl./Cert. to FMO: _____