Lakewood
Colorado

# GROUP HOME FORM

For additional information see Section 17.4.3.1.L of the zoning ordinance.

**Planning Department**

Civic Center North
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## APPLICANT INFORMATION

Name: _____ Phone: _____

Firm: _____ E-Mail: _____

Address: _____

City: _____ State: _____ Zip: _____

## PROPOSED GROUP HOME

Business Name: _____

Address: _____

City: **Lakewood** State: **CO** Zip: _____

1. What is the maximum number of residents that will reside in the group home? _____

2a. How many single occupancy bedrooms? _____ 2b. How many double occupancy bedrooms? _____

3. Please describe your clients, and the nature of care, treatment, and supervision that will be provided:

The Fair Housing act protects individuals with mental or physical impairments which substantially limit one or more major life activities. The term mental or physical impairment may include, but is not limited to, conditions such as blindness, hearing impairment, mobility impairment, HIV infection, mental retardation, alcoholism, drug addiction, chronic fatigue, learning disability, head injury, and mental illness.

4. Please describe any modifications to the existing structure or new construction required for the proposed group home.

CERTIFICATION: I hereby certify, by entering 'YES' in the box below that, to the best of my knowledge and belief, all information supplied with this application is true and accurate.

**SIGNATURE OF APPLICANT:** _____ **DATE:** _____

*All information, both paper and electronic submittals (including fee) must be submitted by Thursday to be considered a complete application. For plans larger than 5 Mb, please use our dropbox at https://www.hightail.com/dropbox?dropbox=Lakewood-Planning or call us at 303-987-7505 for further instructions.*

*Please click the **SUBMIT** button to send an e-mail using your client program (e.g. Outlook, Apple Mail, Lotus Notes). Remember to attach all other required additional documents. If you are using a web based e-mail program (e.g. Hotmail, Yahoo, Gmail, Comcast.net) please save using the **SAVE FORM** button below and continue by using your web browser to create an e-mail and attach this form and all other required electronic documents.*
*Please address e-mail to: PlanningForms@lakewood.org. If this form or e-mail fails for any reason, please contact us at 303-987-7505.*

***Please use ONLY Adobe Acrobat Reader or Adobe Acrobat Pro as third party applications do not work correctly.***

Save Form Print Form

Revised September 02, 2016

***For Staff to Complete***

Case Number: _____ Project Manager: **Select Planner**

Zone District: _____ Number of Residents: _____

Complete the following information:

☐Yes ☐No Is the proposed group home limited to those individuals protected by the Fair Housing Act?

☐Yes ☐No Is the proposed group home located at least 750 feet from any group home of a similar type? (e.g 1 thru 8 residents or over 8 residents.)

☐Yes ☐No Do all alterations or additions to any structure proposed maintain the residential character of the neighborhood?

☐Yes ☐No Will the proposed group home create a fundamental alteration to the City's land use and zoning scheme?

☐Yes ☐No Will the proposed group home impose an undue financial or administrative burden to the City?

Other Notes:

Review Date: _____

Informational Notice Mailing Date: _____

Approval Date: _____