

CERTIFICATE OF OCCUPANCY APPLICATION FOR RESIDENTIAL HOME CARE

Applicant Information

Applicant: _____

Location Address: _____ Zip Code: _____

Phone Number: _____ Email: _____

Care will be provided for a total of _____ individuals at this location.

I am the owner of the property listed on the City Real Estate Records. Yes _____ No* _____

*If you are not the owner of the property you will need to provide a notarized letter from the listed owner stating that they give you permission to run a Residential Care Home at this location.

A floor plan is required to be submitted at the time of application.

License Information

Select One:

I hold a license with the Department of Behavioral Health and Developmental Services and will provide a copy of the current license.

License Number: _____ Expiration Date: _____

I will be sponsored under another company's license and can provide the documents referenced below.

Company Name: _____

License Number: _____ Expiration Date: _____

Required Documents:

- A letter from the license holder must be submitted confirming they are sponsoring the applicant. The letter must be on the licensed company's letterhead.
- A copy of the current license.

I have applied to be licensed as a Group Home Service through the Department of Behavioral Health and Developmental Services and can provide the documents listed below.

Required Documents:

- A letter from the Department of Behavioral Health and Developmental Services stating that they have received an application from applicant for Group Home Service.
- Notarized Acknowledgement #2 on this application that the applicant agrees that the structure will not be used for a Group Home Service until the Department of Behavioral Health and Developmental Services has issued a license.

REQUIRED FOR ALL APPLICANTS

Acknowledgement #1 - Resident Counselors Are Required 24/7

A residential facility in which no more than eight (8) aged, infirm or disabled persons reside with one or more resident counselors or other staff persons shall be considered for all purposes residential occupancy by a single family. For purposes of this subsection, "residential facility" means any assisted living facility or residential facility in which aged, infirm or disabled persons reside with one or more resident counselors or other staff persons and for which the department of social services is the licensing authority pursuant to state law.

I certify that all shifts (24 hours a day/7 days per week) will be staffed by one or more individuals responsible for the care of the residents.

Signature of Applicant

Date

FOR NOTARY PUBLIC'S USE ONLY:

State of [] City [] County of

Acknowledged, subscribed and sworn to before me this day of, 20.....

.....
NOTARY REGISTRATION NUMBER

NOTARY PUBLIC

(My commission expires:)

REQUIRED WHEN A LICENSE HAS BEEN APPLIED FOR BUT NOT ISSUED

Acknowledgement #2 – A License Is Required To Be Obtained Before Use

This form is for obtaining a permit prior to licensure for Day Care, Group Home or Residential Care Facility in a residential structure with a live in care taker at the referenced address. By signing this affidavit you are affirming that you understand that the permit you will be issued is only valid if you obtain the required license from the Department of Behavioral and Developmental Services. In the event that you are not able to obtain the required license, the permit would be considered voided and the use which the permit was issued for must immediately cease operation.

Signature of Applicant

Date

FOR NOTARY PUBLIC'S USE ONLY:

State of..... [] City [] County of.....

Acknowledged, subscribed and sworn to before me this day of, 20.....

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