



Residential Care Home / Group Home Zoning Clearance Process

Residential care homes and group homes are required to register with and apply to the City for a zoning clearance and must comply with standards set out in Zoning Code Sections 35-2211(3) and 35-2212(3). These standards include a maximum number of residents, excluding staff, of five (5) persons and that the facility is at least 1,200 feet from other registered residential care homes / group homes. There are some limited exceptions to the separation requirement. Applicable definitions and standards are set out in the Zoning Code [Part VI. Planning, Chapter 35 of the City Code], which can be found on line at: https://library.municode.com/az/chandler/codes/code_of_ordinances. Residential care homes (homes for persons with a disability) may be eligible for a reasonable accommodation waiver to deviate from strict compliance with the standards. Group homes (homes for persons without a disability) are not eligible for reasonable accommodation waivers.

1. Go to <https://gis.chandleraz.gov/planning/> and use the “Near Me” measuring tool at the top right corner of the screen to see if the property in question meets the required 1,200 feet separation from another registered Residential Care Home / Group Home. Contact the Planning Division at 480-782-3050 to confirm the minimum separation is met.
2. After verifying that the minimum required separation is met, submit a Zoning Clearance application online following the instructions in the enclosed Submittal Checklist. Alternatively, the enclosed application form may be completed and submitted over the counter, in which case, electronic copies of all of the required documents will need to be submitted on a CD or other electronic storage device such as a thumb drive. The Planning Division office located at 215 E Buffalo Street. An application fee of \$120.00 will be collected at the time of application submittal.
3. The Zoning Clearance submittal will be reviewed for completeness within 20 business days of the submittal date. You will be issued in writing via email either (i) a notice of completion or (ii) a notice of deficiency listing the specific deficiencies that must be corrected before the application is deemed complete.
4. After the Zoning Clearance submittal has been verified to be complete, the Zoning Clearance Form and required documentation will be reviewed by the Planning Division (480-782-3050). Within 30 business days of the date when the submittal is determined to be complete, not including days waiting for the applicant to resubmit changes, if any, the Zoning Administrator or representative will issue a tentative zoning clearance letter to the applicant upon confirming compliance with standards.
5. Applications requesting a reasonable accommodation waiver will be issued a written notice granting or denying the waiver within 90 business days of the date when the submittal is determined to be complete. During this time, the Zoning Administrator or representative may inspect the site, meet with and interview the applicant, make a written request for corrections and/or additional information, consult with a staff committee comprised of representatives from various City offices such as Neighborhood Resources, Building Safety, Police, and the City Attorney’s Office. A written notice of denial will include at least the following: (i) the reason for the denial with references to the statutes, ordinances, codes or substantive policy statements on which the denial or withdrawal is based; (ii) an explanation of the applicant’s right to appeal the denial or withdrawal; and (iii) an explanation of any right to resubmit the application, the total amount of fees that will be assessed if the applicant resubmits the application and the method in which those fees were calculated.
6. After receiving approval from Planning, the applicant needs to contact Fire Prevention (480-782-2120) to schedule an inspection and obtain the Fire Department’s signature on the Departmental Registration Form.
7. Residential Care Homes/Group Homes that are licensed by the State or other governmental agency must submit to the Planning Division a copy of the license issued by the State or other governmental agency within 90 days of receiving the tentative zoning clearance, or the registration will be withdrawn.
8. Residential Care Homes/Group Homes that are not licensed by the State or other governmental agency must commence operation of the facility within 90 days of receiving the zoning clearance, or the zoning clearance will expire and registration will be withdrawn.
9. Applicants must contact Tax & Licensing (480-782-2280) to obtain a business registration. Applicants must also notify the Planning Division when they cease operations at which time, registration of the home will be withdrawn.

Required Notice:

Pursuant to A.R.S. §9-836, notice is hereby given that an applicant/agent may request a clarification from the City regarding an interpretation or application of a statute, ordinance, code or authorized substantive policy statement. Requests to clarify an interpretation or application of a statute, ordinance, code or authorized substantive policy statement administered by the Planning Division, including a request for an interpretation of a Zoning Code provision, shall be submitted in writing to the Planning Division, to the attention of the Zoning Administrator. All such requests must be submitted in accordance with requirements of A.R.S. §9-839(A) and the City’s administrative policies available from the Planning Division.



Residential Care Home / Group Home Zoning Clearance Submittal Checklist

Submitting an application online:

1. Go to <https://developmentpermits.chandleraz.gov/clics/>
2. Log in, or register for an account if you are a new user
3. Under the "Planning" tab, select "Create an Application", choose the appropriate bullet point
4. Continue application and enter all required information, upload all of the required documents listed below and pay the application fee

Required electronic documents:

Submit ONE ELECTRONIC COPY of all of the following documents in 8 ½ x 11 or 11 x 17 sheet sizes. After initial review, the assigned Planner may request additional information or documents that are not listed below.

_____ A current form of property owner verification

_____ Written authorization from the property owner if anyone other than the property owner is acting as the applicant

_____ Site Plan clearly depicting driveways, parking spaces, street frontages, and the building footprint (outline of the home)

_____ Floor Plan clearly depicting bedrooms, gathering areas, and garage. Provide dimensions for all sleeping rooms and the garage.

_____ Written narrative describing the following:

- Type of residential care/group home (i.e., assisted living, behavioral health, etc.)
- A description of the residents being cared for (i.e., youth, seniors, women, veterans, do they have a disability or other special needs? etc.)
- Number of residents receiving care, and not receiving care (family and/or staff)
- Number of staff not residing at the property
- Number of residents able to drive, and number & location of onsite parking spaces
- Typical daily schedule/activities
- How will the facility comply with standards listed in Zoning Code Sections 35-2211(3) or 35-2212(3)?

_____ Copy of most recent license issued by state agency (if applicable)

_____ Form(s) from other government agencies to be completed by City of Chandler staff (if applicable).

_____ If a reasonable accommodation waiver is requested (residential care homes only), submit the following:

- Copy of all written policies or house rules governing the conduct and responsibilities of residents
- A blank or sample copy of a resident's contract/lease
- Brochures or other informational documents that are used for advertising or recruiting residents
- Written narrative must address the following questions:
 - Do residents have a disability? If so, what is the disability?
 - Will residents be receiving "Custodial Care" (i.e. assistance with day-to-day living tasks such as with cooking, taking medication, bathing, using toilet facilities and other daily living tasks)?
 - What specific standards are requested to be waived?
 - How is the waiver/accommodation necessary for the needs of the disabled residents?
 - What are potential means and alternatives that should be considered in evaluating the need for the waiver?

Submitting over the counter: (located at 215 E. Buffalo Street, Chandler, AZ 85225)

1. Complete the attached zoning clearance and registration forms (2 pages)
2. Submit a CD or other electronic storage device (i.e., thumb drive) containing one electronic copy of ALL required items on the checklist above
3. Hard copies are optional

Fees: \$120 Zoning Clearance Application Fee



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Residential Care Home / Group Home Zoning Clearance Form

This application is only to be used when submitting over the counter
See submittal checklist for required documents and submittal instructions

Subject Property Address	Assessor Parcel Number
Facility Name	
Current Use of Property <input type="checkbox"/> Occupied Single Family residence <input type="checkbox"/> Vacant Single Family residence <input type="checkbox"/> Existing Residential Care/Group Home <input type="checkbox"/> Other _____	
Property Owner's Name	Property Owner's Phone Number
Property Owner's Address (Street address, City, State, Zip Code)	
Applicant's Name	
Applicant's Mailing Address (Street address, City, State, Zip Code)	
Applicant's Phone Number	Applicant's Email
Applicant's Signature	Date

Resident and Staff Information:

Proposed number of residents receiving care: _____
 Proposed number of residents not receiving care (family and/or staff): _____
 Proposed number of staff not residing at the home/facility: _____

Reasonable Accommodation Waiver:

Is a reasonable accommodation waiver requested? Yes No

If yes, then the following questions need to be answered in the written narrative:

1. Do the residents in the subject home have a disability? Yes No
2. If so, what is the disability? _____
3. What specific City standard(s) is/are requested to be waived? 1,200 ft. separation 5 max. residents

For City Use Only			
Date Filed	Zoning Clearance No	Assigned to	GIS

Mailing Address:
 P.O. Box 4008, MS 105
 Chandler, Arizona 85244-4008
 (9/29/2022)

Development Services Dept.
Planning Division
215 E. Buffalo St., Chandler Arizona 85225

Tel: (480) 782-3050
 Fax: (480) 782-3075
www.chandleraz.gov
 Form No: UDM-054/Planning



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Residential Care Home / Group Home Departmental Registration Form

This application is only to be used when submitting over the counter

Applicant's Name	Facility Name
Applicant's Address	City, State, Zip Code
Applicant's Phone Number	Applicant's Email
Property Address	Current Use of Property
Property Owner's Name	Property Owner's Phone Number
Property Owner's Address	City, State, Zip Code
Applicant Signature	Date

Licensing Agency:

- ADHS ADES Other _____

ADHS Licenses:

- Personal Care Supervisory Care Directed Care Other _____

Residents will be:

- Capable of self-preservation Incapable of self-preservation

For City Use Only	
Zoning (This form is not Zoning Clearance)	
Application Reviewed By: _____ Name/Title: _____	Date: _____
Building Review	(Building Official signature only required when a reasonable accommodation waiver request to have more than 5 residents receiving care is submitted)
Approved By: _____ Name/Title: _____	Date: _____
Fire	
Approved By: _____ Name/Title: _____	Date: _____ Inspection Date: _____

Once the form has been signed by all departments it must be returned to the Planning Division.

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Planning Division
215 E. Buffalo St., Chandler Arizona 85225

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