City of Dublin
Zoning Determination Application
Community Residences

Applicants: Please complete this form

To establish a community residence for people with disabilities, the owner and/or operator must file this application for a zoning determination. If the application meets the criteria for a community residence for people with disabilities allowed by right under Dublin's zoning regulations, the city will issue a statement of approval within 15 calendar days. No public hearing is required. If staff determines that a conditional use permit is required, a public hearing is necessary and staff will provide instructions on how to apply for a conditional use permit. Be sure to keep a copy of this completed application for your records.

The applicant must provide all information requested. Please type or print

Date application submitted to the City of Dublin: _____, 20____
Full address of the proposed community residence:

_____

Zoning district or Planned Unit Development in which the proposed community residence would be located:_____

Applicant information:

Print the name of the group or individual that will operate the proposed community residence:

_____

Address: _____

City–State–Zip Code:_____

Telephone: _____ Cell phone: _____

Print applicant's name and title: _____

Applicant's signature: _____

Evidence of licensing or certification for proposed community residence or its operator

_____

Please submit a copy of any state or federal license or certification you have received to operate the proposed community residence.

Identify the licensing or certification agency (include address, telephone phone number, and, if possible, the contact person) that licenses or certifies the proposed community residence. If the applicant has not received a required license or certification, please explain why not.

_____

_____

_____

Check and fill in the maximum length of time residents can live in the proposed community residence: ❑ ____ days ❑ ____ months ❑ ____ years ❑ ____ No limitation

Please provide the information requested in the following table (use an additional sheet if needed)**:**

	Width and length in feet of each bedroom excluding closets	Total square feet in bedroom excluding closets	Number of residents to sleep in the bedroom	Total gross floor area of all habitable rooms of the dwelling unit
1				If you are unsure how to measure this, please contact the City of Dublin Division of Building Standards for instructions. **Print the square footage in the cell below.**
2				
3				
4				
5				
6				
Total number of people with disabilities to live in this residence (exclude staff): _____				_____ square feet

Maximum number of support staff who will live in the home (excludes shift staff): _____

Describe the general nature of the residents' disabilities (do not discuss specific individuals):

_____

_____

_____

❑ **By checking this box, I certify that this is not a residential facility for prison pre-parolees or sex offenders.**

**If this Application is approved, the Applicant is responsible to inform the City of changes in the number of residents, maximum length of resident occupancy, certification status, or operation of the community residence as a family-like residential living arrangement for individuals with disabilities in need of mutual support.

I hereby certify that the information provided in this application form is true and accurate.

Printed Name of Person Completing Application:

_____

Signature of Person Completing Application: Date:

_____ _____

This document solicits statements for purposes of issuance of a determination of zoning compliance; any knowingly false statement is subject to prosecution under Section 136.02 of the Dublin Codified Ordinances, criminal falsification.

FOR CITY USE ONLY:

The findings below indicate whether the applicant can establish the proposed community residence as a permitted use or whether a conditional use permit is required. Like all community residences, the proposed community residence must also comply with all other applicable Dublin codes.

Findings: [City staff shall fill in or check the appropriate boxes.]

_____ Zoning district in which proposed use would be located
_____ Number of residents including live–in staff
_____ Number of residents who are people with disabilities

❑ Proposed use or operator is or will be properly licensed, certified, accredited, or recognized by the State of Ohio or the federal government (includes uses sanctioned by Congress such as Oxford House)

❑ The proposed community residence is _____ linear feet from the closest existing community residence If the proposed community residence is on the same block as an existing one, the proposed community residence is ____ lots from the existing community residence. List the addresses (and the distance) of all existing community residences within 660 feet and on the same side of the block_____.

Proposed residence is:

❑ Family community residence
❑ Transitional community residence
❑ Not a community residence

Determination

❑ Allowed as of right
❑ Applicant must apply for a conditional use permit
❑ Not allowed as of right nor is it eligible for a conditional use permit. Application denied.

Staff review conducted by: _____
Signed: _____
Date: _____ , 20____