



# **RESIDENTIAL CARE FACILITY** *USE PERMIT APPLICATION*

**CITY OF NEWPORT BEACH**

Planning Division  
100 Civic Center Drive  
Newport Beach, California 92660

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[www.newportbeachca.gov](http://www.newportbeachca.gov)

CITY OF NEWPORT BEACH  
RESIDENTIAL CARE FACILITIES  
USE PERMIT INFORMATION AND APPLICATION  
Updated 2014

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## I – Background

On January 22, 2008, the Newport Beach City Council approved Ordinance 2008-05. Among other findings, the Ordinance states that:

*17. The City desires to maintain zoning provisions benefiting disabled persons by allowing disabled persons to live in residential districts in residential care facilities, while forbidding all other group homes in residential districts, but desires to ensure that the uses are consistent with the residential character of neighborhoods and do not recreate an institutional environment that would defeat the purpose of community-based care. The City further desires to ensure that unlicensed residential care facilities purporting to serve the disabled are operating in compliance with City, state, and federal laws and regulations. To achieve these purposes and to provide disabled persons with an equal opportunity to use and enjoy a dwelling in the City's residential zoning districts, and in recognition of the services that may be required by the disabled, the ordinance allows residential care facilities, general and small unlicensed, to be located in the MFR zone with a use permit, while prohibiting all other group residential uses. Residential care facilities, small licensed, continue to be permitted in all residential districts, as required by State law.*

*18. To ensure that the City complies with federal and state law, the ordinance contains standards and procedures for granting a **reasonable accommodation** (emphasis added) to its zoning and land use regulations, policies, and procedures when needed to provide an individual with a disability an equal opportunity to use and enjoy a dwelling, where such an accommodation does not cause an undue financial or administrative burden or does not result in a fundamental alteration in the nature of a City's zoning program, as those terms are defined in fair housing laws and interpretive case law.*

## II – Requirements for Use Permit

Effective February 20, 2008, Ordinance No. 2008-05 to the Newport Beach Municipal Code (NBMC) requires Use Permits for most group residential uses, except for licensed treatment homes (licensed by the California Department of Alcohol and Drug Programs or "ADP") that serve six (6) or fewer persons and that are not operated integrally with other facilities. Please visit <http://www.newportbeachca.gov/grouphomes> for more information. NBMC Section 20.48.170 Residential Care Facilities is found at: <http://www.codepublishing.com/CA/NewportBeach/html/NewportBeach20/NewportBeach2048.html#20.48.170> and NBMC Section 20.52.030 Conditional Use Permits in Residential Zoning Districts is found at: <http://www.codepublishing.com/CA/NewportBeach/html/NewportBeach20/NewportBeach2052.html#20.52.030>

According to Newport Beach Ordinance 2008-05, a residential care facility:

- Requires a Use Permit if an individual, firm, or other entity proposes to open and operate a new group home or similar use on or after February 20, 2008 (a **Category 2 Facility**). *Category 2 facility operators must apply for a Use Permit and receive a permit prior to opening the facility.*
- Is exempt from the Use Permit requirement if the facility is a stand-alone, State-licensed facility serving six (6) or fewer clients in the single-family, two-family, and multi-family zoning districts (**Category 3 Facility**).

NOTE: ORDINANCE 2008-05 ALLOWS PERSONS OR FIRMS, ON BEHALF OF PERSONS WITH DISABILITIES, TO REQUEST **REASONABLE ACCOMMODATION** FROM THE USE PERMIT REQUIREMENT AND FROM OTHER ASPECTS OF ORDINANCE 2008-05. NBMC CHAPTER 20.52.070 CONTAINS MORE INFORMATION.

In addition to a Use Permit, the facility may need a Treatment License from Department of Health Care Services (DHCS), a Community Care License, or a Congregate Living Health Facility license from the California Department of Social Services (DSS) or similar agency. Please contact DHCS or DSS via [www.ca.gov](http://www.ca.gov).

### III – Procedure for Obtaining a Use Permit

Application. Use Permit applicants are required to:

- Submit this written application in a complete form, including all attachments;
- Comply with current zoning as it relates to the facility proposed for the use;
- Obtain a valid and appropriate fire clearance from the Newport Beach Fire Marshal. This process may require a comprehensive code analysis by a qualified architect. Decisions by the Fire Marshal may be appealed to the Newport Beach Building and Fire Board of Appeals.
- If needed, have the facility pass an inspection by City staff in terms of the facility's safety and compliance with local zoning.

Hearing. When the City receives a complete application, the City will prepare the Application for a public hearing before an impartial Hearing Officer. The Hearing Officer may conditionally approve or deny a use permit at this hearing. Ten (10) business days prior to the public hearing, the City will mail or deliver notice of the public hearing for the use permit to owners and occupants of property within 300 feet of the proposed location.

Standards. During the hearing, the applicant, the City and its legal counsel, and members of the public may speak about the proposed Use Permit. In approving a Use Permit, the Hearing Officer must find that the use will adhere to the following **standards**:

- No secondhand smoke can be detectable outside of the property.
- Operations must comply with state law, local law, the submitted application, including any modifications to the application required by the Use Permit.
- An applicant may not provide services that require a State or other license if the applicant does not have a license for those same services.
- There shall not be more than two (2) persons per bedroom plus one (1) additional resident in a building. If an applicant wants to put more than 2 persons in one or more bedrooms, the applicant may request greater occupancy. The Hearing Officer may set different occupancy limits based on structure characteristics, traffic and parking impacts, and the health, safety, and welfare of the persons residing in the facility and neighborhood.
- Where certification is available from a responsible entity other than the California DHCS's licensing program, applicants are encouraged to obtain certification. Certification by the Orange County Sheriff's program is recommended; certification offered by the Orange County Sober Living Coalition is recommended.
- Every individual or entity involved in the facility's operation or ownership shall be disclosed to the City.
- No owner or manager shall have any demonstrated pattern or practice of operating similar facilities in violation of law whether in or outside of Newport Beach.

Findings. In addition to the standards described above the Hearing Officer must make the following findings:

- The project has adequate parking on site.
- Traffic and transportation impacts have been mitigated to a level of insignificance.
- Structures are physically suitable for the use.
- The use will be compatible with the character of the neighborhood and will not create an over-concentration of residential care uses nearby.

To make or sustain these findings, the Hearing Officer shall consider (as appropriate) the following factors:

- o How close the proposed use is to schools, parks, other group homes, alcoholic beverage outlets, and any other uses which could be affected by or affect the operation of the subject use;
- o Whether the existence of non-standard lots and other property characteristics within a *Nonstandard Subdivision Area* (see Attachment to Ordinance 2008-05) make such a use inappropriate; and
- o Whether the Hearing Officer should deem that the American Planning Association's (APA's) standard of permitting **one or two group uses per block** would be appropriate in this case OR whether a greater degree of separation is appropriate (NBMC §20.52.030 H.4.c.). Ordinance 2008-05 describes facts in Newport Beach relating to blocks, which include:
  - Blocks in the *Nonstandard Subdivision Area* can be as short as 300'.
  - Blocks in Newport Beach outside of the Area can be as long as 1,422'.
  - The calculable average block length in Newport Beach outside of the Area is 711'.
  - The calculable median block length in Newport Beach outside of the Area is 617'.

If the Hearing Officer applies the APA standard, he or she is directed to do so in a manner that eliminates the differences in block lengths and be guided by the median block lengths in standard subdivision areas of the city, even if the proposed facility is within the Nonstandard Subdivision Area. The Hearing Officer retains the discretion to apply ANY degree of separation of uses which he or she deems appropriate.

- That vans, shuttles, or buses for transportation of clients will not generate more traffic than normally generated by residential activities nearby.
- That the operations do not have goods delivery, service deliveries, or commercial trash collection during hours that would cause an adverse affect to the peace and quiet of neighboring properties.

Decisions of the Hearing Officer may be appealed to the City Council (NBMC §20.91A.040).

#### **IV – Where to Find More Information**

To assist applicants in supplying the detailed information needed for the Use Permit process, a copy of City of Newport Beach Ordinance No. 2008-05 is available online at <http://www.newportbeachca.gov/grouphomes>

#### **V – Where to Send a Completed Application**

Please do not bind or place the application in a protective covering. Applicants should retain a copy of completed materials for their records. Please submit the completed application to:

City of Newport Beach  
Planning Division Permit Center (Bay C-1<sup>st</sup> Floor)  
100 Civic Center Drive  
Newport Beach, California 92660

#### **VI– Public Information**

Information provided by the applicant(s) for a Use Permit will be made available for public review unless otherwise exempted by law.

**VII – Fees**

The City may charge a fee for the review of this application up to but not beyond the cost of processing the application. Please consult the City's Planning Division for the appropriate fee(s).

**VIII – Business Tax Certificate (aka Business License)**

All persons operating a group home or similar use in Newport Beach, except for those persons operating a stand-alone ADP-licensed facility housing 6 or fewer persons, must apply to the City's Revenue Division and receive a City Business Tax Certificate to begin and/or to continue operations. For more information, please see <http://www.newportbeachca.gov/business>.

## SECTION A

### Application Forms

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Section A – These are the forms to be submitted to the City to initiate the Use Permit review process.

1. Application Form (Form 100) – This form is the central document by which the City will base its decision on whether to grant a Use Permit to your proposed use. It must be filled out accurately and completely, including attachments and signature blocks.
2. Administrator and/or Director Information (Form 150) – This form identifies the administrator and/or director of the facility applying for a use permit.
3. Administrative Organization Information (Forms 200C or 200P, and, if 200C, Form 200D) – These forms identify the entity applying for a Use Permit, whether that be a Corporation, Partnership, Sole Proprietorship, or other association. When applicable, Form 200D is a delegation of authority form for a corporate entity.
4. Evidence of Capacity and Need. Per NBMC §20.52.030 D.4. & 5. applicants that have more than one facility must provide evidence of the need by residents of Newport Beach for this capacity based on published sources.
5. Location Map. Per NBMC §20.52.030 D.7. the Location Map is intended to show the location of the proposed use plus all known similar uses within a three-block radius including property addresses and a site plan showing uses and structures on adjacent parcels.
6. Site Plan. This diagram is intended to show the facility's building footprint and property lines. Include property lines and building footprints on immediately adjacent parcels.
7. Building Diagram and Floor Plan. This diagram is intended to show all building(s) to be occupied, including a floor plan of all rooms intended for residents' use and on-site parking. It must identify the number of residents per bedroom and the location and the number of beds for all residents, including the location of beds for infants and other non-ambulatory persons. It must also identify the on-site parking spaces. Any rooms identified as bedrooms must comply with the NBMC's definition of what constitutes a bedroom (NBMC §20.70.020), and that room must be consistent with permitted floor plans on file with the City of Newport Beach's Building Division.
8. Route Map (for Transit Purposes). The Route Map is intended to show transit and travel routes that will be used to transport clients off-site, showing destinations of travel and approximate times of departure and return.
9. Disposal Plan for Medical and/or Bio-Waste. Per NBMC §20.52.030 D.8.) applicants who will be disposing medical waste or other bio-waste must provide a Disposal Plan showing how and where these wastes are disposed of.
10. Facility Staffing Data (Form 400) – This form identifies all facility personnel, including back-up persons and volunteers providing services.
11. Weekly Activities Schedule (Form 500) – This form indicates the weekly schedule for specific activities at the property.
12. Approved Fire Clearance from the Newport Beach Fire Marshal. State ADP Form 850 is appropriate for this purpose. Form 850 is attached to this document.
13. A true and correct copy of your State License Application (if applicable) – Please provide a current copy of your State (ADP, DSS, or other) License application, if your facility is a State-licensed facility or if a State license is pending. If your facility does not require a State license, this section is not applicable.

## SECTION B

### Applicant Checklist

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- |                          |   |  |
|--------------------------|---|--|
| <input type="checkbox"/> | 1. Form 100 (standard Group Residential Use Permit Application)       | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> INC <input type="checkbox"/> N/A |
| <input type="checkbox"/> | 2. Form 150 (administrator or director information)                   | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> INC <input type="checkbox"/> N/A |
| <input type="checkbox"/> | 3. Either Form 200C or Form 200P (Corporation or Proprietorship)      | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> INC <input type="checkbox"/> N/A |
| <input type="checkbox"/> | <input type="checkbox"/> a. If Form 200C, Delegation Form (Form 200D) | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> INC <input type="checkbox"/> N/A |
| <input type="checkbox"/> | 4. Evidence of Capacity and Need                                      | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> INC <input type="checkbox"/> N/A |
| <input type="checkbox"/> | 5. Location Map   | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> INC <input type="checkbox"/> N/A |
| <input type="checkbox"/> | 6. Site Plan  | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> INC <input type="checkbox"/> N/A |
| <input type="checkbox"/> | 7. Building Diagram/Floor Plan(s)                                     | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> INC <input type="checkbox"/> N/A |
| <input type="checkbox"/> | 8. Route Map (Transit and More)                                       | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> INC <input type="checkbox"/> N/A |
| <input type="checkbox"/> | 9. Disposal Plan for Medical & Bio-Waste                              | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> INC <input type="checkbox"/> N/A |
| <input type="checkbox"/> | 10. Facility Staffing Data (Form 400)                                 | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> INC <input type="checkbox"/> N/A |
| <input type="checkbox"/> | 11. Weekly Activities Schedule (Form 500)                             | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> INC <input type="checkbox"/> N/A |
| <input type="checkbox"/> | 12. Approved Fire Clearance from the Newport Beach Fire Marshal       | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> INC <input type="checkbox"/> N/A |
| <input type="checkbox"/> | 13. Copy of ADP Licensure Application (if applicable)                 | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> INC <input type="checkbox"/> N/A |
| <input type="checkbox"/> | 14. Use Permit Processing Fees  | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> INC <input type="checkbox"/> N/A |
| <input type="checkbox"/> | 15. Certification Documents (OCSD, OC Sober Living Coalition)         | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> INC <input type="checkbox"/> N/A |

SECTION C  
Forms



**City of Newport Beach**  
**GROUP RESIDENTIAL USES – USE PERMIT APPLICATION**  
**STANDARD GROUP RESIDENTIAL USE PERMIT APPLICATION**  
(Form 100 – Revised April 2014)

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**1. APPLICANT/FACILITY PROGRAM INFORMATION**

STEP 1: Completely fill out **Form 150** (attached).

STEP 2: Fill out the following:

**TYPE OF ORGANIZATION:**

For Profit  Nonprofit

Other, please explain: \_\_\_\_\_

**PROPERTY OWNERSHIP:**

Own  Rent  Lease  Other (specify): \_\_\_\_\_

\_\_\_\_\_

**IS THE OPERATOR/MANAGER ALSO THE LESSEE OF THIS PROPERTY?**

Yes  No

If no, please explain: \_\_\_\_\_

\_\_\_\_\_

**IS THE APPLICANT OR PROGRAM OPERATOR PART OF A PARTNERSHIP, CORPORATION, FIRM, OR ASSOCIATION?**

Yes  No

If yes, please fill out and attach either **Form 200C** (if 200C, applicants must fill out **Form 200D**) or **Form 200P**, whichever is applicable.

**2. PROPERTY OWNER INFORMATION**

\_\_\_\_\_  
Name of Property Owner where facility is proposed (if Corporation, legal name of Corporation)

\_\_\_\_\_  
(Mailing Address of Property Owner) (City/State) (Zip)

\_\_\_\_\_  
(Telephone) (Fax number)

\_\_\_\_\_  
(E-Mail address)

\_\_\_\_\_  
(Subject Property Address) Assessor's Parcel Number (APN)

**3. SIMILAR USES**

**A. Your Firm's Current Uses.** Do you or your firm (or any entity or person affiliated with you or your firm) currently operate, manage, or own other group residential uses in Newport Beach?

Yes  No

If yes, cite address(es) of facility(ies) (attach more pages if necessary):

EXAMPLE:

<i>1234 Main Street, Newport Beach Unlicensed</i>	<i>"Sober Living"</i>	<i>7</i>
Site Address	Type of Use	Bed Capacity

Site Address	Type of Use	Bed Capacity
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Site Address	Type of Use	Bed Capacity
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Site Address	Type of Use	Bed Capacity
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Site Address	Type of Use	Bed Capacity
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Site Address	Type of Use	Bed Capacity
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Site Address	Type of Use	Bed Capacity
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Site Address	Type of Use	Bed Capacity
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Site Address	Type of Use	Bed Capacity
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**B. Other Similar Uses.** What uses, not operated by or affiliated with you or your firm, are of a similar type as your proposed use here in Newport Beach? Please cite address(es) of facility(ies) (attach more pages if necessary):

EXAMPLE:

<i>1234 Main Street, Newport Beach</i>	<i>Unlicensed</i>	<i>"Sober Living"</i>	<i>7</i>
Site Address		Type of Use	Bed Capacity

Site Address		Type of Use	Bed Capacity
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Site Address		Type of Use	Bed Capacity
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Site Address		Type of Use	Bed Capacity
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Site Address		Type of Use	Bed Capacity
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Site Address		Type of Use	Bed Capacity
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Site Address		Type of Use	Bed Capacity
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Site Address		Type of Use	Bed Capacity
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**C. Evidence of Need for this Extent of Use.** Per NBMC §20.52.030 D.5., please attach **Evidence of Capacity and Need** by residents of Newport Beach for this capacity based on published sources.

**4. YOUR FIRM'S HISTORIC USES**

Per the requirements of NBMC §20.52.030 D.4 - 6., in the past five (5) years, have you or your firm or any entity or person affiliated with you or your firm operated, managed, or owned other group residential uses in California?

Yes  No

If yes, show the site address(es) of each facility(ies) and show whether the facility(ies) have ever been in violation of Federal, State or local law (attach additional pages if necessary):

EXAMPLE:

<i>1234 Main Street, Santa Barbara</i>	<i>ADP-Licensed Facility</i>	<i>8</i>
Site Address	Type of Use	Bed Capacity

**Facility #1**

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Site Address	Type of Use	Bed Capacity
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Has this facility or your operations at this facility, ever been in violation of State or local law?

Yes  No

If Yes, please explain: \_\_\_\_\_

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**Facility #2**

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Site Address	Type of Use	Bed Capacity
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Has this facility or your operations at this facility, ever been in violation of State or local law?

Yes  No

If Yes, please explain: \_\_\_\_\_

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**Facility #3**

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Site Address	Type of Use	Bed Capacity
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Has this facility or your operations at this facility, ever been in violation of State or local law?

Yes  No

If Yes, please explain: \_\_\_\_\_

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**Facility #4**

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Site Address	Type of Use	Bed Capacity
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Has this facility or your operations at this facility, ever been in violation of State or local law?

Yes  No

If Yes, please explain: \_\_\_\_\_

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**5. LOCATION MAP AND SIMILAR USES**

**Provide a Location Map** showing the location of the proposed use plus all known conditional uses within a three-block radius. Include the property addresses of the proposed use and known conditional uses. Please consult the planner assigned to your application for nearby conditional uses.

**6. SITE PLAN**

**Provide a Site Plan** that shows the facility's building footprint and property lines. Include property lines and building footprints on immediately adjacent parcels. Note the uses (i.e. *single family use, group residential use, or other*) on adjacent parcels.

**7. LICENSE AND PERMIT HISTORY OF APPLICANT**

**A.** Per NBMC §20.52.030 D.4., please summarize the license and permit history of each facility applicant or operator has managed, owned, or operated in the State of California within the last five (5) years which require either a license or a permit by the State or by a locality (attach additional sheets if necessary):

\_\_\_\_\_  
Name of Facility

\_\_\_\_\_  
(Facility Address) (City) (Zip)

Please describe the nature of the license or use permit, the issuing agency, its reference number (if applicable), and any enforcement actions by any agency against the license or use permit:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B.** Has the applicant ever voluntarily surrendered, had a denial, suspension, or revocation of a residential license for an alcoholism or drug abuse recovery or treatment facility or a facility licensed by the California Department of Alcohol and Drug Programs (ADP) or the California Department of Social Services - Community Care Licensing?

Yes  No

If yes, the date license was surrendered, denied, suspended, or revoked: \_\_\_\_\_

Reason for revocation, surrender, denial, or suspension: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

C. Has the applicant ever voluntarily surrendered, had a denial, suspension, or revocation of a Use Permit or similar permit for a group residential use in this community or another community?

Yes  No

If yes, the date Use Permit (or similar) was surrendered, denied, suspended, or revoked: \_\_\_\_\_

If yes, the date Use Permit (or similar) was surrendered, denied, suspended, or revoked: \_\_\_\_\_

D. Has the applicant ever voluntarily surrendered, had a denial, suspension or revocation of a certification by any public or private agency other than ADP or the California Department of Social Services-Community Care Licensing for a group residential use in this community or another community?

Yes  No

If yes, the date Use Permit (or similar) was surrendered, denied, suspended, or revoked: \_\_\_\_\_

Reason for revocation, surrender, denial, or suspension: \_\_\_\_\_

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**8. NATURE AND CHARACTERISTICS OF PROPOSED USE**

Per NBMC §20.52.030 D., please provide the following information about each proposed facility (attach additional sheets if necessary).

**A. TYPE OF ALCOHOL AND/OR OTHER DRUG RECOVERY OR TREATMENT SERVICES PROVIDED** (for ADP-licensed facilities only -- check all that apply):

Non-Medical Detoxification  Group Sessions

One-on-One Sessions  Educational Sessions

Recovery or Treatment Planning  Other: \_\_\_\_\_

**B. NUMBERS AND TYPES OF FACILITY USERS & STAFF:**

**TOTAL OCCUPANCY OF FACILITY** (This is the maximum number of individuals who live at the facility and are approved by the fire safety inspector.) These individuals include the residents receiving recovery, treatment or detoxification services, children of the residents, and staff. Staff includes individuals who work for the applicant in exchange for either monetary or in-kind compensation (e.g., room and board). Total occupancy cannot be exceeded for any reason. \_\_\_\_\_

**MAXIMUM REQUESTED ADULT RESIDENT CAPACITY OF THE FACILITY** (The number of adult residents that receive recovery, treatment or detoxification services at any one time, which cannot be greater than the total occupancy shown above): \_\_\_\_

**MAXIMUM NUMBER AND AGE RANGE OF DEPENDENT CHILDREN WHO ARE SUPERVISED BY THEIR PARENT(S) IN THE FACILITY.** This includes temporary residing (i.e., overnight, weekend visits) of dependent children. (Since there must always be at least one adult being served, the maximum number of dependent children housed must be at least one less than the total occupancy, determined by the fire inspector, as shown above): \_\_\_\_\_

Are all clients who reside on-site disabled persons?  Yes  No

Number of staff who will reside on-site: \_\_\_\_\_

Maximum number of staff who will provide services during any one week to clients at the facility: \_\_\_\_\_

**Provide the Facility Staffing Form shown as Form 400 to this Application.**

Total number of employees of provider: \_\_\_\_\_

Please characterize the nature of staff services to the facility (i.e., nutritionists, massage therapists, counselors, maids, cooks, etc):

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Maximum number of clients who will use the facility on any one day but reside elsewhere: \_\_\_\_\_

Maximum number of client visitors who will visit the facility during any one week: \_\_\_\_\_

Maximum number of others who will visit the facility during any one week: \_\_\_\_\_. Please explain:

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**C. BUILDING DIAGRAM/FLOOR PLAN**

Include a Building Diagram showing all building(s) to be occupied, including a floor plan of all rooms intended for residents' use. Include the grounds showing buildings, setbacks, driveways, fences, storage areas, pools, gardens, recreational area and other spaces. All sketches shall show dimensions but need not be to scale. Identify the number of residents per bedroom and the location and the number of beds for all residents, including the location of beds for infants and other non-ambulatory persons. The Building Diagram supplied with this application must be accurate as to existing conditions in the building and must be consistent with the building plans currently on file with the Newport Beach Building Division for permitted construction.

**D. DURATION OF TYPICAL CLIENT STAY IN FACILITY (in days): \_\_\_\_\_.**

If you wish, please explain:

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**E. IS THE FACILITY ACCESSIBLE TO INDIVIDUALS IN WHEELCHAIRS OR OTHER NONAMBULATORY CONDITIONS?**

Yes  No

**NOTE:** The Americans with Disabilities Act of 1990 (ADA) is a comprehensive federal anti-discrimination law for people with disabilities. The City reminds all providers of residential recovery facilities that discrimination against persons with disabilities is prohibited. Please contact Newport Beach's Building Division (949-644-3200) for specific ADA requirements that may apply to your facility.

**F. ACTIVITY INFORMATION**

Hours which facility will be in use:

24/7  Other (please describe)

Will there be a curfew? If so, please note quiet hours:

10 p.m. – 8 a.m.  Other (please describe) \_\_\_\_\_

Besides household activities, what types of care-related activities will occur on-site, and how many residents and non-residents (including staff and clients from other facilities) will attend?

"AA"-type meetings \_\_\_\_\_  Physical Fitness (gym, yoga, etc) \_\_\_\_\_

ADP-Treatment (see 5A \_\_\_\_\_)  Other wellness (massage, etc) \_\_\_\_\_

Meal preparation/delivery \_\_\_\_\_  Other: \_\_\_\_\_

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**Provide the Weekly Schedule of Services shown as Form 500 to this Application.**



**G. DELIVERY INFORMATION:**

What types of deliveries will occur at the facility and how often (per day or per week – circle whichever is applicable) will they occur?

- Laundry Services: \_\_\_\_\_/day or week       Trash disposal or recycling: \_\_\_\_\_/day or week
- Meals: \_\_\_\_\_/day or week                       Business products: \_\_\_\_\_/day or week
- Correspondence, packages (other than USPS): \_\_\_\_\_/day or week
- Medical Products/Medical Waste Pickup: \_\_\_\_\_/day or week
- Other: \_\_\_\_\_ /day or week

**H. TRANSPORTATION AND PARKING:**

Will clients residing on-site be allowed to use personal vehicles and/or keep them on-site or nearby?

- Yes    No

If Yes, describe where clients will park personal vehicles (garage, carport, on-street location, other – if on-street, be specific about which streets)

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If No, describe other modes of transportation that clients will use (bus, other transit, bicycle, other).

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Please provide a **Route Map** showing transit and travel routes that will be used to transport clients off-site, showing destinations of travel and approximate times of departure and return.

Will staff serving the facility be allowed to drive personal vehicles to the site?

- Yes    No

If Yes, describe where staff will park personal vehicles (garage, carport, on-street location, other – if on-street, be specific about which streets)

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NOTE: The City may not authorize on-street parking for clients or staff depending upon how impacted the facility's streets are.

**I. MEDICAL AND BIO-WASTE**

NBMC §6.04.120 (Health and Sanitation: Prohibited Materials) prohibits the disposal of certain medical waste or bio-waste into the City’s refuse disposal system. Syringes, needles, urinalysis cups, and other waste must be disposed of in accordance with the NBMC and other applicable laws. If you are uncertain as to what wastes can be disposed of in the City’s disposal system, contact the CR&R at 866-949-9694.

Applicants who will be disposing medical waste or other bio-waste must provide a Disposal Plan for Medical and Bio-Waste showing how and where these wastes are disposed of (required by NBMC §20.52.030D.8).

Please attach the **Disposal Plan** if applicable.

**J. RULES OF CONDUCT – GOOD NEIGHBOR PRINCIPLES**

If you have them, please include any documents that describe rules of client conduct and/or *Good Neighbor Principles* that your facility’s staff and clients will adhere to if the City issues a Use Permit for this facility.

The City of Newport Beach has developed *Good Neighbor Principles* for these uses (see the City’s website under Group Residential Uses).

Please state whether you agree voluntarily to comply with the City’s *Good Neighbor Principles*:

Yes  No

**K. OTHER AVAILABLE CERTIFICATIONS**

It is encouraged that applicants attain certification (or similar validation), where available, from a governmental agency or qualified non-profit organization. This includes:

- The Orange County Sheriff’s Department’s Orange County Adult Alcohol and Drug Sober Living Facilities Certification Program (see [www.ocsd.org](http://www.ocsd.org) for more information or contact Certificate Coordinator Dominic Mejico at 714-647-4513).
- The Orange County Sober Living Network at [http://www.soberhousing.net/orange\\_county.html](http://www.soberhousing.net/orange_county.html) or contact at 310-396-5270.

**L. SECONDHAND SMOKE LIMITATIONS**

NBMC §20.52.030 G.3. directs that “no staff, clients, guests, or any other uses of the facility may smoke in an area from which the secondhand smoke may be detected on any parcel other than the parcel upon which the facility is located. Check and sign here to acknowledge this requirement and your use’s adherence to it:

I acknowledge that I will control secondhand smoke on my facility such that no secondhand smoke may be detected on any parcel other than the parcel upon which my facility is located.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**9. APPLICANT OBLIGATIONS**

- A. The “owner of record” of the property or an authorized agent must sign this Application. Signing the application under Section 10 means that the applicant certifies, under penalty of perjury, that the information provided within the Application and its attachments is true and correct. .
- B. The Applicant acknowledges that he or she must comply with all other Federal, State, and local laws and regulations relating to this use. The Applicant understands that a violation of Federal, State, and local laws and regulations is grounds for revocation of the Permit. The Applicant understands and acknowledges that it is against California law to provide treatment (as defined) in an unlicensed facility.
- C. If the City issues a Use Permit based on the information provided in this Application, the Applicant’s signature below certifies his or her agreement to comply with the terms of the Use Permit. The Applicant understands and acknowledges that non-compliance with the terms of the Use Permit is grounds for revocation of the Permit.

**10. AUTHORIZED SIGNATURE(S) OF APPLICANT**

**THE UNDERSIGNED ASSURES THAT THE INFORMATION PROVIDED ON THIS APPLICATION IS TRUE AND CORRECT AND THAT THE APPLICANT HAS READ AND UNDERSTOOD HIS OR HER OBLIGATIONS UNDER ANY USE PERMIT ISSUED BASED ON THIS APPLICATION.**

- A. If the applicant is a sole proprietor, the application shall be signed by the proprietor.
- B. If the applicant is a partnership, the application shall be signed by each partner.
- C. If the applicant is a firm, association, corporation, county, city, public agency or other governmental entity, the application shall be signed by the chief executive officer or the individual legally responsible for representing the agency.
- D. The applicant(s) affirms that the facts contained in this application and supporting documents are true and correct.

_____	_____	_____
(Signature)	(Title)	(Date)
_____	_____	_____
(Signature)	(Title)	(Date)
_____	_____	_____
(Signature)	(Title)	(Date)

City of Newport Beach  
 F9G-89BH5 @75F9: 57-@HM- USE PERMIT APPLICATION  
**ADMINISTRATOR/DIRECTOR INFORMATION**  
 (Form 150 – GFI)

**IDENTIFYING INFORMATION**

NAME	
TITLE	TELEPHONE NUMBER AT WHICH OPERATOR MAY BE CONTACTED AT ALL TIMES (     )
ADDRESS	
OTHER NAME(S) USED BY ADMINISTRATOR/DIRECTOR	

**EDUCATION**

EDUCATION	CIRCLE THE HIGHEST GRADE YOU COMPLETED 1 2 3 4 5 6 7 8 9 10 11 12	HIGH SCHOOL GRADUATE PASSED HIGH SCHOOL EQUIVALENCY TESTS	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
NAME AND LOCATION OF COLLEGE OR UNIVERSITY	COURSE OF STUDY	COMPLETED SEMESTER UNITS	QUARTER UNITS	DEGREE OBTAINED	DATE COMPLETED

**MANAGEMENT EXPERIENCE**

Type	Title	Date Started	Date Ended	Reason for Leaving

DO YOU HAVE A PROFESSIONAL LICENSE OR CERTIFICATE?  Yes  No IF YES, COMPLETE THE FOLLOWING

Type	Period Held	Issuing Agency

**WORK EXPERIENCE. BEGIN WITH YOUR MOST RECENT WORK EXPERIENCE. LIST ALL EXPERIENCE RELEVANT TO THIS TYPE OF USE PERMIT.**

Dates	Name and Address of Employer	Duties	Reason for Leaving
FROM			
TO			
FROM			
TO			
FROM			
TO			

Signed \_\_\_\_\_ Date \_\_\_\_\_

**City of Newport Beach**  
**RESIDENTIAL CARE FACILITY – USE PERMIT APPLICATION**  
**ADMINISTRATIVE ORGANIZATION & DELEGATION INFORMATION - CORPORATIONS**  
 (Form 200 – 2014)

INSTRUCTIONS: This form must be updated and submitted to the City each time there is a change in officers or change in the corporation.

**CORPORATION**

**Name (as listed with the Secretary of State)** **Chief Executive Officer**

**Incorporation Date** **Place of Incorporation**

Principal office of business:  
 Address City Zip Code Telephone

Contact Person Title Telephone

Names and addresses of all persons who own ten per cent (10%) or more of stock in corporation.

  
  
  
  

Governing Board of Directors

a. Number of Board Members b. Term of Office

c. Frequency of Meetings d. Method of Selection

Board Officers and Members USE A SEPARATE SHEET FOR ADDITIONAL NAMES

Office	Name	Business Address & City & Zip Code	Telephone Number	Term Expiration
President				
Vice-President				
Secretary				
Treasurer				
Other				

**City of Newport Beach**  
**RESIDENTIAL CARE FACILITY – USE PERMIT APPLICATION**  
**DELEGATION FORM - CORPORATIONS**  
(Form 200D – 2014)

**STATEMENT OF CORPORATE DELEGATION**

Applicants who are corporations shall attach board resolutions authorizing a delegation to the Program Director and/or Administrator or other appropriate staff.

1. Applicant Name: \_\_\_\_\_

2. Program Name: \_\_\_\_\_

3. Program Address: \_\_\_\_\_

4. City : \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

5. Telephone: ( ) \_\_\_\_\_

6. \_\_\_\_\_  
(Name of person(s) authorized by applicant)

...is hereby designated as administrator, program manager, or agent of the above-named program and is authorized to receive at the above named program on my behalf, any documents including reports of inspections and consultations, accusations, and civil and administrative processes.

I WILL NOTIFY THE CITY WITHIN 10 WORKING DAYS OF ANY CHANGE OF THE ADMINISTRATOR OF THE FACILITY.

7. \_\_\_\_\_  
Signature of applicant(s)

8. Title: \_\_\_\_\_

9. Address: \_\_\_\_\_

10. City: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**City of Newport Beach**  
**RESIDENTIAL CARE FACILITY – USE PERMIT APPLICATION**  
**ADMINISTRATIVE ORGANIZATION -**  
**PARTNERSHIPS, SOLE PROPRIETOR, AND OTHER ASSOCIATIONS**  
 (Form 200P – 2014)

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**PARTNERSHIPS**

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1. Attach a copy of the partnership agreement

2. Partners

	Type of Partnership	Name	Business Address, City and Zip Code
1st Partner	<input type="checkbox"/> General <input type="checkbox"/> Limited		
2nd Partner	<input type="checkbox"/> General <input type="checkbox"/> Limited		
3rd Partner	<input type="checkbox"/> General <input type="checkbox"/> Limited		
4th Partner	<input type="checkbox"/> General <input type="checkbox"/> Limited		

Contact Person \_\_\_\_\_ Title \_\_\_\_\_ Telephone # \_\_\_\_\_

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**SOLE PROPRIETOR/OTHER ASSOCIATIONS**

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Sole Proprietors/other associations must also provide a list of all person(s) legally responsible for the organization, the contact person, and appropriate legal documents (fictitious name statement, business license) which set forth legal responsibility of the organization and accountability for opening the program. Use the following space or attach a separate sheet.

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**City of Newport Beach**  
**RESIDENTIAL CARE FACILITY – USE PERMIT APPLICATION**  
**WEEKLY ACTIVITIES SCHEDULE**  
 (Form 500 – 2014)

**WEEKLY SCHEDULE OF SERVICES**

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
6-7 a.m.							
7-8 a.m.							
8-9 a.m.							
9-10 a.m.							
10-11 a.m.							
11 a.m.-12							
12-1 p.m.							
1-2 p.m.							
2-3 p.m.							
3-4 p.m.							
4-5 p.m.							
5-6 p.m.							
6-7 p.m.							
7-8 p.m.							

TOTAL HOURS PER WEEK OF INDIVIDUAL/GROUP/EDUCATION SESIONS, RECOVERY OR TREATMENT PLANNING, AND DETOXIFICATION SERVICES (IF PROVIDED): \_\_\_\_\_

Comments:

# FIRE SAFETY INSPECTION REQUEST

STD. 850 (REV. 4-2000)

*See instructions on reverse.*

AGENCY CONTACT'S NAME	TELEPHONE NUMBER	REQUEST DATE	PROGRAM
EVALUATOR'S NAME	REQUESTING AGENCY FACILITY NUMBER		REQUEST CODE

<p><b>LICENSING AGENCY NAME AND ADDRESS</b></p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	<p style="text-align: center;"><b>CODES</b></p> <ol style="list-style-type: none"> <li>1. ORIGINAL    A. FIRE CLEARANCE</li> <li>2. RENEWAL    B. LIFE SAFETY</li> <li>3. CAPACITY CHANGE</li> <li>4. OWNERSHIP CHANGE</li> <li>5. ADDRESS CHANGE</li> <li>6. NAME CHANGE</li> <li>7. OTHER</li> </ol>
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AMBULATORY		NONAMBULATORY		BEDRIDDEN		TOTAL CAPACITY
CAPACITY	PREVIOUS CAPACITY	CAPACITY	PREVIOUS CAPACITY	CAPACITY	PREVIOUS CAPACITY	
FACILITY NAME						LICENSE CATEGORY
STREET ADDRESS ( <i>Actual Location</i> )						NUMBER OF BUILDINGS
CITY						RESTRAINT
FACILITY CONTACT PERSON'S NAME				FACILITY CONTACT PERSON'S TELEPHONE NUMBER		HOURS
SPECIAL CONDITIONS						

**TO BE COMPLETED BY INSPECTING AUTHORITY**

<p><b>FIRE AUTHORITY NAME AND ADDRESS</b></p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	<p style="text-align: center;"><b>CODES</b></p> <ol style="list-style-type: none"> <li>1. FIRE CLEARANCE GRANTED</li> <li>2. FIRE CLEARANCE DENIED             <ol style="list-style-type: none"> <li>A. EXITS</li> <li>B. CONSTRUCTION</li> <li>C. FIRE ALARM</li> <li>D. SPRINKLERS</li> <li>E. HOUSEKEEPING</li> <li>F. SPECIAL HAZARD</li> <li>G. OTHER</li> </ol> </li> </ol>		
INSPECTOR'S NAME ( <i>Typed or Printed</i> )	TELEPHONE NUMBER	CFIRS NUMBER	OCCUPANCY CLASS
INSPECTION DATE	INSPECTOR'S SIGNATURE ( <i>Typed or Printed</i> )		
EXPLAIN DENIAL OR LIST SPECIAL CONDITIONS			

**FIRE SAFETY INSPECTION REQUEST**

STD. 850 (REV. 4-2000) (REVERSE)

**INSTRUCTIONS**

This form is designed for use with a window envelope  
**Licensing or Requesting Agencies--Complete the following 19 sections on this form  
 before submitting it to the fire authority having jurisdiction.**

1. **AGENCY CONTACT, 2. TELEPHONE NUMBER, 5. EVALUATOR.** Enter the name and telephone number of agency contact person.
3. **PROGRAM.** Licensing agency use.
4. **REQUEST DATE.** Enter date request was prepared.
6. **REQUESTING AGENCY FACILITY NUMBER.** This is the file number assigned by the licensing agency.
7. **REQUEST CODE.** Use the seven codes shown and insert the appropriate number in the box following "Request Code". If NAME CHANGE, please list previous name. Insert date of original request is other than an original.
8. **AGENCY NAME AND ADDRESS.** Enter the name and address of the licensing facility requesting the inspection.
9. **AMBULATORY--NONAMBULATORY--BEDRIDDEN.**

Capacity: Insert in the appropriate section, the capacity of licensed ambulatory or nonambulatory occupants covered by this request.

Previous Capacity: If request is for renewal or capacity change, insert capacity of previous clearance.

Total Capacity: Show total licensed capacity. If the facility is intended to house part ambulatory, nonambulatory, and part bedridden, show the total of the three types of occupants.
10. **FACILITY NAME.** Insert the name of the facility as it will appear on the license. List identifying sub name if known (i.e., Hacienda Corp/Medina Lodge).
11. **LICENSE CATEGORY.** Insert the category of license being sought as it will appear on the license certificate.
12. **ADDRESS.** Insert street address and city only. A post office box is not acceptable as only location.
13. **NUMBER OF BUILDINGS.** Insert the total number of buildings to be used for housing of the occupants covered by the license.
14. **RESTRAINT.** Indicate if physical restraint (locked in a room or the building) is to be used in the housing of the occupants.
15. **FACILITY CONTACT PERSON--TELEPHONE NUMBER.** Indicate the name and telephone number of the responsible individual at the facility to be contacted by the fire authority.
16. **HOURS.** Indicate the number of hours the occupants are housed at the facility (less than 24 or 24+).
17. **SPECIAL CONDITIONS.** Indicate any conditions unique to this request. As an example, if the inspection request is for one building in a multi-building facility.

**FIRE AUTHORITY CONDUCTING THE INSPECTION--COMPLETE THE FOLLOWING:**

18. **FIRE AUTHORITY, NAME AND ADDRESS.** Insert the name and address of the fire authority where the facility is located.
19. **CLEARANCE/DENIAL CODE.** Use the two codes: 1 for clearance granted, and 2 for clearance denied. If denied, also include the appropriate letter code. As an example, Denial based upon exiting would be coded 2A.
20. **INSPECTOR'S NAME.** Print the initial of the inspector's first name and full last name; insert the telephone number where the inspector may be contacted.
21. **CFIRS I.D. NUMBER.** Insert the fire department's number assigned by California Fire Incident Reporting System.
22. **OCCUPANCY CLASSIFICATION.** Use California Building Code occupancy classifications and insert the occupancy determined by the inspector.
23. **INSPECTION DATE.** Enter the actual date of the inspection.
24. **INSPECTOR'S SIGNATURE.** To be signed by the inspector conducting the inspection.
25. **EXPLAIN DENIAL OR SPECIAL CONDITIONS.** If clearance code #2 is used, briefly explain reason. This space is also to be used to specify any additional limitations placed by the fire authority, such as the use of certain floors or sleeping rooms approved for nonambulatory clients.