

- i. Upon determination by the City's Planning Director, a change in facility management, a change in facility ownership, or a change in the population served by this facility.
 - j. Any other material change in the operational characteristics that is not in substantial conformance with the Operation and Management Plan upon determination by the City's Planning Director.
25. **Review, Additions or Modifications to Conditions of Approval, or Revocation of Use Permit.** This use permit shall be reviewed by the City within six months from the date of final approval and may be reviewed every 12 months thereafter from the date of the first review to evaluate the operations and management of the facility. As part of this review, the use permit shall be referred to the Hearing Officer or City Council who may add or modify conditions of approval to this use permit, or revoke this use permit upon a finding of failure to comply with the conditions set forth. The City Council may also revoke, modify, or amend this use permit if it determines the conditions under which this facility is being operated or maintained are detrimental to the public health, safety, peace, morals, comfort, or general welfare of the community, or if the facility is materially injurious to property or improvements in the vicinity, or if the facility is operated or maintained so as to constitute a public nuisance. In any proceeding to revoke this use permit, the cumulative effect of violation of two or more conditions shall be considered.

Exhibit No. 2
December 8, 2008, Staff Report

NCR 00249

**CITY OF NEWPORT BEACH
PLANNING DEPARTMENT STAFF REPORT**

December 8, 2008
Agenda Item 1

TO: Thomas W. Allen, Hearing Officer

SUBJECT: Newport Coast Recovery, LLC
1216 W. Balboa Boulevard
• Use Permit, UP 2008-033 (PA2008-104)

APPLICANT: Newport Coast Recovery, LLC

CONTACT: Janet Johnson Brown, Associate Planner
jbrown@city.newport-beach.ca.us
(949) 644-3236

PROJECT SUMMARY

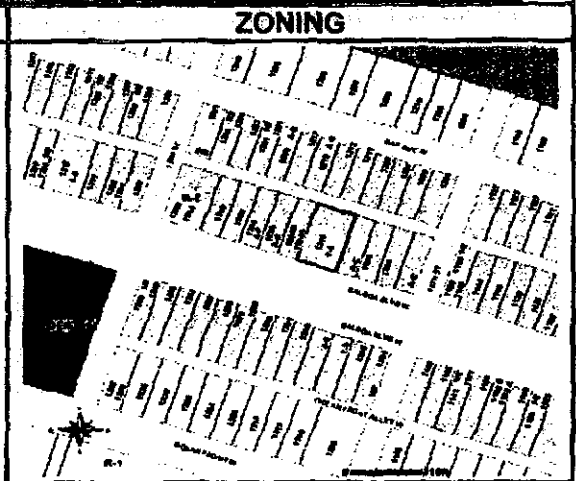
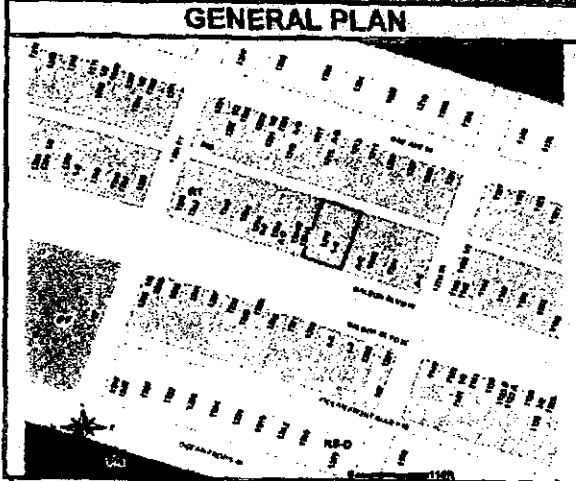
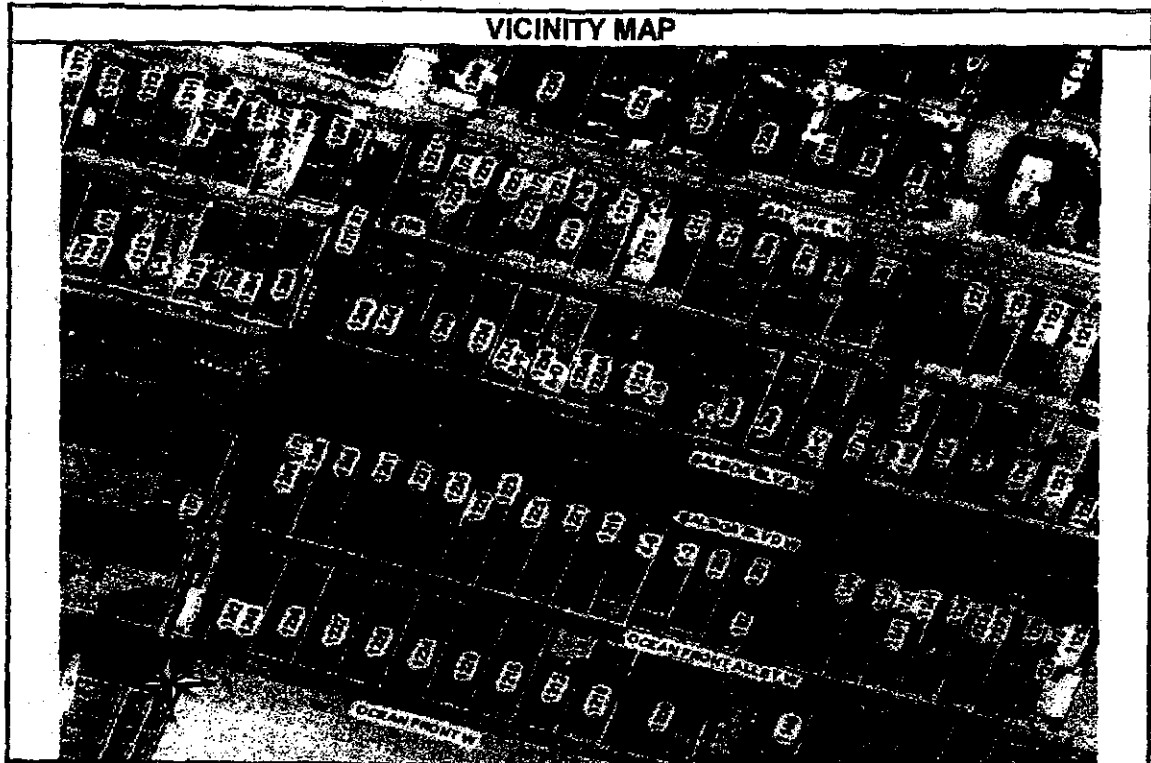
An application for approval of a use permit to allow a residential care facility to operate an adult alcohol and/or drug abuse recovery and treatment facility for males only. This application has been filed in accordance with Ordinance No. 2008-05, which was adopted by the City Council in January 2008.

RECOMMENDATION

Staff recommends that the Hearing Officer conduct a public hearing, receive testimony from the applicant, the City of Newport Beach and its legal counsel, and members of the public.

At the conclusion of the public hearing, staff recommends the Hearing Officer continue the public hearing on Use Permit 2008-033 to a date certain and direct the applicant to submit all required application materials to the City no later than 21 days prior to the scheduled hearing date.

NCR 00250



LOCATION	GENERAL PLAN	ZONING	CURRENT USE
ON-SITE	RT, Two-Unit Residential	R-2, Two-Family Residential	Residential Care Facility
NORTH	RT, Two-Unit Residential	R-2, Two-Family Residential	Residential use
SOUTH	RT, Two-Unit Residential	R-2, Two-Family Residential	Residential use
EAST	RT, Two-Unit Residential	R-2, Two-Family Residential	Residential use
WEST	RT, Two-Unit Residential	R-2, Two-Family Residential	Residential use

BACKGROUND

Ordinance 2008-05

In response to a rapidly increasing concentration of Group Residential Uses within the City and the negative secondary impacts these uses potentially can have on residential neighborhoods in which they are located, the City Council adopted Ordinance 2008-05 in January 2008. The ordinance identifies the following adverse impacts that typically accompany this type of use:

- Changes in the residential character of the neighborhood
- Noise
- Secondhand smoke
- Profanity and lewd speech
- Traffic congestion
- Excessive trash produced
- Excessive debris on surrounding sidewalks

The ordinance is intended to protect the integrity of the City's residential areas. The fundamental precept of the City's Zoning Code relative to residential zones is that individual dwelling units are intended for the occupancy and use of single housekeeping units. By adopting the ordinance, the City changed the way it regulates residential uses that are not single housekeeping units. Group living arrangements such as boarding houses, rooming houses, dormitories, fraternities and sororities, and other non-single housekeeping units were found to be incompatible with the nature and character of the City's residential districts. Residential care facilities such as sober living homes and licensed recovery facilities are not defined in the Newport Beach Municipal Code ("NBMC") as group residential uses and are potentially permitted in the City's residentially zoned areas.

The ordinance prohibits any new residential care facility that is not a single housekeeping unit from being located in the R-1, R-1.5 and R-2 Districts, and exempts only facilities that are licensed by the State of California's Department of Alcohol and Drug Programs ("ADP") for six or fewer residents which are not operated integrally with other facilities. Any proposed new facility that is not licensed by ADP for six or fewer residents and is not a single housekeeping unit must first obtain a use permit and can only be located in a Multi-Family Residential ("MFR") District.

Some existing group residential care facilities in the City became non-conforming uses after February 20, 2008, because they were not single housekeeping units and did not have use permits. All existing non-conforming group residential care facilities became subject to the ordinance's use permit process and were required to apply for a use permit by May 22, 2008, to continue operation.

Under the ordinance, Newport Coast Recovery, LLC became a nonconforming use. On May 20, 2008, Newport Coast Recovery, LLC submitted a use permit application to continue the operation of the existing residential care facility located at 1216 West Balboa Boulevard consistent with the requirements of Chapter 20.91 of the NBMC. A copy of the Newport Coast Recovery application as submitted is attached as Exhibit 1.

1216 West Balboa Boulevard

The existing structure is a seven (7) unit apartment building that was constructed in 1949, when the subject property was zoned R-3. The property was reclassified from R-3 to R-2 in 1989 (Ordinance 89-24) along with other properties in this area. As a result, the subject structure is a nonconforming structure, which may be continued subject to the provisions of Chapter 20.62 (Nonconforming Structures and Uses) of the NBMC.

DISCUSSION

Project Setting

The project site is located adjacent to and on the north side of West Balboa Boulevard between 12th Street and 13th Street, on the Balboa Peninsula. Balboa Boulevard provides primary access to the project site with secondary access provided from a rear public alley that also intersects with 12th Street and 13th Street.

As stated above, the project site is developed with an existing seven (7) unit residential apartment structure. The project site is located within an established residential area, with a variety of rental and owner-occupied properties consisting of two and three unit structures. In addition to the residential uses in the immediate vicinity, Newport Elementary School is located on the south side of West Balboa Boulevard, between 13th Street and 14th Street. Two church properties and a pre-school are also located in close proximity to the property site, with one church located on the south side of West Balboa Boulevard at 15th Street, and the other church and pre-school located on the north side of West Balboa at 14th Street.

Project Description

The proposed project is a request for approval of a Group Residential Use Permit to allow the operation of an existing residential care facility. The facility is operated by Newport Coast Recovery, LLC, and is licensed by the State of California's Department of Alcohol and Drug Programs (ADP) to operate and maintain an adult residential alcohol and/or drug abuse/recovery or treatment facility for total occupancy of 29 persons.

Status of Application

The Group Residential Use Permit application submitted by Newport Coast Recovery, LLC was incomplete at the time the public hearing was scheduled and this report was prepared. The use of the project site is subject to abatement on February 20, 2009, pursuant to Ordinance 2008-05. By scheduling the application for a public hearing, the City was not deeming the application complete. The intent of scheduling this hearing is to provide the applicant with an opportunity to obtain approval of a use permit prior to February 20, 2009.

Since scheduling the public hearing, the applicant has made an effort to provide some of the required materials in support of the application for a use permit. Following in sequential order are staff's efforts to communicate with the applicant and process the application in order to deem it complete and schedule it for a public hearing.

On June 16, 2008, a "Notice of Incomplete Application" was sent to the applicant describing the materials required by the City in order for the application to be deemed complete and scheduled for a public hearing (Exhibit 2).

On August 4, 2008, the City sent a follow up letter (Exhibit 3) to the applicant informing the applicant that failure to obtain a use permit for the group residential use of the property would render the use non-conforming and subject to abatement by February 20, 2009. The letter also requested the required application materials described in the June 16, 2008, "Notice of Incomplete Application" be submitted by September 2, 2008. In response to this letter, staff received a telephone call from a representative of the applicant in which the caller requested an extension of time. The caller was directed to submit a written request to the City, but the City never received a written confirmation of the request for a time extension.

On October 23, 2008, staff contacted the applicant's representative by telephone regarding the status of the application and the anticipated schedule for submittal of the requested application materials. At that time the applicant's representative stated the required application filing fee would be submitted by the end of October 2008, and the remaining materials would be submitted by the first week of December 2008. Staff prepared an email correspondence to the applicant's representative summarizing the October 23, 2008, telephone conversation (Exhibit 4); however, staff did not receive a response to this correspondence.

On November 14, 2008, the applicant submitted the required application fee, and on November 25, 2008, the applicant submitted a portion of the required application materials in response to the "Notice of Incomplete Application" dated June 16, 2008. The additional materials received by the City from the applicant are included as Exhibit 5.

After reviewing the materials submitted, staff has determined that the application is still incomplete and that the following materials, as requested in the June 16, 2008, "Notice of Incomplete Application" remain to be submitted in order for staff to deem the application complete:

1. A signed affidavit from the property owner authorizing the submittal of the application for a Group Residential Use Permit.
2. A site plan that shows the facility's building footprint and property lines, property lines and building footprints on the parcels immediately adjacent to the subject property including notes as to the existing use on adjacent parcels.
3. A copy of a Preliminary Title Report that is less than 60 days old that identifies the legal description of the property.
4. The approximate times of departure and return of travel destinations indicated on the route maps submitted indicating the transit and travel routes that will be used to transport clients off-site.
5. A building diagram and floor plan of all rooms intended for residents' use identifying 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. Any rooms identified as bedrooms must comply with the definition of a bedroom pursuant to NBMC Section 20.03.030 and must be consistent with permitted floor plans on file with the City of Newport Beach Building Department.
6. A statement as to whether or not the facility disposes of medical and/or bio waste and, if so, a plan for disposal of these materials.

The Group Residential Use Permit Application also requires the submittal of a fire clearance from the Newport Beach Fire Marshal. In this case, the applicant provided a copy of the State ADP Form 850 dated January 6, 2004. Independent of the use permit application requirements, the Newport Beach Fire Marshal sent letters (Exhibit 6) to operators of residential care facilities with seven (7) or more clients in a single building in early and mid 2008. The Fire Marshal requested a comprehensive code analysis be prepared and submitted for the review of the facility in relation to Building and Fire Code provisions applicable to the Group R4 Occupancy Classification (*Group homes, licensed or unlicensed, providing treatment and/or recovery for more than 6 clients in a building*). To date, the applicant has not provided the Fire Marshal with the requested code analysis. Therefore, the Fire Marshal is unable to confirm that the structure is physically suited for the use.

Analysis

The application for Use Permit 2008-033 is incomplete at this time, and for this reason, staff is unable to prepare an analysis of the project proposal. The items remaining to be submitted are standard submittal requirements of a use permit application. The project background and status of the application are presented to the Hearing Officer in the event the Hearing Officer determines that action on the application is appropriate at this time.

The Hearing Officer is designated to approve, conditionally approve or disapprove the application. In order to approve or conditionally approve the application, the Hearing Officer must make the following findings:

1. That the proposed location of the use is in accord with the objectives of this code and the purposes of the district in which the site is located.
2. That the proposed location of the use permit and the proposed conditions under which it would be operated or maintained will be consistent with the General Plan and the purpose of the district in which the site is located; will not be detrimental to the public health, safety, peace, morals, comfort, or welfare of persons residing or working in or adjacent to the neighborhood of such use; and will not be detrimental to the properties or improvements in the vicinity or to the general welfare of the city.
3. That the proposed use will comply with the provisions of this code, including any specific condition required for the proposed use in the district in which it would be located.
4. The use conforms to all applicable provisions of Section 20.91A.050. These development and operational standards are summarized as follows:
 - a. No secondhand smoke can be detectable outside the property.
 - b. Operations must comply with state and local law, the submitted management plan, including any modifications required by this Use Permit.
 - c. A contact name and number be provided.
 - d. No services requiring a license can be provided if the facility does not have a license for those services.
 - e. There shall be no more than 2 persons per bedroom plus one additional resident, unless a greater occupancy is requested and granted. Occupancy must also comply with State licensing if applicable.

- f. If certification from an entity other than ADP's licensing program is available, applicants must get that certification.
 - g. All individuals and entities involved in the facility's operation and ownership must be disclosed.
 - h. No owner or manager shall have any demonstrated pattern of operating similar facilities in violation of the law.
5. The project includes sufficient on-site parking for the use, and traffic and transportation impacts have been mitigated to a level of insignificance.
6. The property and existing structures are physically suited to accommodate the use.
7. The use will be compatible with the character of the surrounding neighborhood, and the addition or continued maintenance of the use will not contribute to changing the residential character of the neighborhood, such as creating an overconcentration of residential care uses in the vicinity of the proposed use. In making this finding or sustaining such a finding, the Hearing Officer shall consider, as appropriate, the following factors:
- a. The proximity of the use location to schools, parks, other residential care facilities, outlets for alcoholic beverages and any other uses which could be affected by or affect the operation of the subject use;
 - b. The existence of substandard physical characteristics of the area in which the use is located such as lot widths, setbacks, narrow streets, limited available parking, short blocks, and other substandard characteristics which are pervasive in certain areas of the City of Newport Beach, including portions of West Newport, Lido Isle, Balboa Peninsula, Balboa Island, Corona del Mar and Newport Heights, which portions were depicted on a map referred to as the Nonstandard Subdivision Area presented to the Newport Beach Planning Commission on September 20, 2007, and on file with the Director of Planning; and
 - c. Whether, in light of the factors applied in subsections 20.91A.D.1 and D.2, it would be appropriate to apply the American Planning Association standard of permitting one or two such uses per block. Median block lengths in different areas of Newport Beach widely range from 300 feet in the Nonstandard Subdivision Areas to as much as 1,422 feet in standard subdivision areas. The average calculable block length in much of the standard subdivision areas is 711 feet and the calculable median block length is 617 feet. The Hearing Officer shall apply the American Planning

Association standard in all areas of Newport Beach in a manner that eliminates the differences in block lengths. In making this determination, the hearing officer shall be guided by average or median block lengths in standard subdivisions of the City. The Hearing Officer shall retain the discretion to apply any degree of separation of uses, which he or she deems appropriate in any given case. A copy of the American Planning Association standard is on file with the Director of Planning.

8. The operation of buses and vans to transport residents to and from off-site activities does not generate vehicular traffic substantially greater than that normally generated by residential activities in the surrounding area.
9. Arrangements for delivery of goods are made within the hours that are compatible with and will not adversely affect the peace and quiet of neighboring properties.
10. Arrangements for commercial trash collection in excess of usual residential collection are made within hours that are compatible with and will not adversely affect the peace and quiet of neighboring properties.

Conclusion

As stated earlier in this report, use of the project site as a residential care facility may be subject to abatement by February 20, 2009. Pursuant to Section 20.62.090 of the NBMC, abatement proceedings for non-conforming residential care facilities may commence, unless the owner or occupant of the residential care facility has timely applied for a use permit or reasonable accommodation pursuant to the provisions of Ordinance 2005-08 (Chapter 20.91A or Chapter 20.98 of the NBMC) and is diligently pursuing that administrative process as determined by the Planning Director.

Staff recommends that the Hearing Officer continue the public hearing on Use Permit No. 2008-033 to a date certain and direct the applicant to submit all remaining required application materials to the City of Newport Beach Planning Department no later than 21 days prior to the scheduled public hearing. This should provide the applicant sufficient time to secure the remaining submittal items and submit them to the City.

Alternatives

The Hearing Officer may take one of the following alternative actions on the application:

1. Conditionally approve Use Permit 2008-033 pursuant to making the findings stated in this report, or
2. Deny Use Permit 2008-033 based on the information provided to date.

Concerns from Residents

The City Manager's Office has received correspondence (Exhibit 7) from a resident expressing concern regarding residential care facilities in his neighborhood. Specific issues raised are density, proximity of the residential care facility to Newport Elementary School, parking, and second-hand smoke.

Environmental Review

This activity has been determined to be categorically exempt under the requirements of the California Environmental Quality Act (CEQA) under Class 1 (Existing Facilities). This class of projects has been determined not to have a significant effect on the environment and is exempt from the provisions of CEQA. This activity is also covered by the general rule that CEQA applies only to projects that have the potential for causing a significant effect on the environment (Section 15061(b)(3) of the CEQA Guidelines). It can be seen with certainty that there is no possibility that this activity will have a significant effect on the environment and it is not subject to CEQA.

Public Notice

Notice of this hearing was published in the Daily Pilot, mailed to property owners and occupants within 300 feet of the property and posted at the site a minimum of 10 days in advance of this hearing consistent with the Municipal Code. Additionally, the item appeared upon the agenda for this meeting, which was posted at City Hall and on the city website.

Prepared by:

Submitted by:


Debby Linn
Consulting Planner


Dave Kiff
Assistant City Manager

EXHIBITS

1. Project application
2. June 16, 2008 Notice of Incomplete Application
3. August 4, 2008 Letter to Applicant
4. October 23, 2008 email correspondence
5. Materials submitted November 25, 2008
6. Correspondence from the Newport Beach Fire Marshal
7. Resident Correspondence

Exhibit No. 1
Project Application

PA2008-104 for UP2008-033
1220 WEST BALBOA BOULEVARD
Newport Coast Recovery LLC

RECEIVED

MAY 20 2008

Office of the
City Manager

LAW OFFICES OF
KELLY S. JOHNSON
ATTORNEY AT LAW
180 NEWPORT CENTER DRIVE
SUITE 100
NEWPORT BEACH, CALIFORNIA 92660
TELEPHONE (949) 729-8014
FACSIMILE (949) 729-8050
EMAIL ks@ksj.com

May 20, 2008

David Kiff
Assistant City Manager
City of Newport Beach
Newport Beach City Hall
3300 Newport Blvd.
Newport Beach, CA 92663

By Hand-Delivery

Re: Conditional Use Permit Application - Newport Coast Recovery, LLC

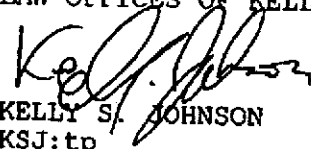
Dear Dave:

Please find enclosed my client, Newport Coast Recovery, LLC's Application for a Conditional Use Permit, which is required by Ordinance Number 2008-5. However, until all the issues in determining whether the ordinance violates the Federal Fair Housing Act are resolved in the case of *Sober Living by the Sea, et al. v. City of Newport Beach*, CA Case No. 8:08-CV-00200-JVS-RNB and *Pacific Shores Properties, LLC, et al. v. City of Newport Beach*, Case No. 8:08-CV-00457-AG-PLA, my client reserves all rights, interests and remedies with respect to the provisions and application of Ordinance Number 2008-5.

Please contact me if you have any further questions with regard to the foregoing. Thank you.

Very truly yours,

LAW OFFICES OF KELLY S. JOHNSON


KELLY S. JOHNSON
KSJ:tp

Enclosure

cc. Newport Coast Recovery, LLC

NCR 00261

12

City of Newport Beach
GROUP RESIDENTIAL USES – USE PERMIT APPLICATION
STANDARD GROUP RESIDENTIAL USE PERMIT APPLICATION
(Form 100 – Revised March 2008)

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

Haves Properties, LLC

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

16882 Coral Cay Lane Huntington Beach 92649
(Mailing Address of Property Owner) (City/State) (Zip)

(949) 660-1150 _____
(Telephone) (Fax number)

(E-Mail address)

1220 West Balboa Blvd. 047-234-14
(Subject Property Address) Assessor's Parcel Number (APN)

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:

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

C. Evidence of Need for this Extent of Use. Per NBMC §20.91A.030 (E), 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 §20.91A.030.G & H, 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?

X 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:

1234 Main Street, Santa Barbara	ADP-Licensed Facility	8
---------------------------------	-----------------------	---

16

Street Address, City Type of Use Bed Capacity

Has this facility or your operations at this facility, ever been in violation of State or local law?

Yes X No

If Yes, please explain: _____

Facility #1

1219 W. Balboa Blvd., Newport Beach **Transitional Care** **4**
Street Address, City Type of Use Bed Capacity

Has this facility or your operations at this facility, ever been in violation of State or local law?

Yes No

If Yes, please explain: _____

Facility #2

Street Address, City Type of Use Bed Capacity

Has this facility or your operations at this facility, ever been in violation of State or local law?

Yes No

If Yes, please explain: _____

Facility #3

Street Address, City Type of Use Bed Capacity

Has this facility or your operations at this facility, ever been in violation of State or local law?

Yes No

If Yes, please explain: _____

Facility #4

Street Address, City Type of Use Bed Capacity

Has this facility or your operations at this facility, ever been in violation of State or local law?

Yes No

If Yes, please explain: _____

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 Newport Beach Planning Department (949-844-3225) 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 §20.91A.030(H), 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):

Newport Coast Recovery, LLC
Name of Facility

1216 W. Balboa Blvd.
(Facility Address)

Newport Beach
(City)

92661
(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:

City of Newport Beach Business License

CA Dept. of Alcohol and Drug Program License and Certification

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: _____

Reason for revocation, surrender, denial, or suspension: _____

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: _____

8. NATURE AND CHARACTERISTICS OF PROPOSED USE

Per NBMC §20.91A.030(A-D), please provide the following information about each proposed facility (attach additional sheets if necessary). The components of this Section 8 (and other sections) comprise the *Operations and Management Plan* and *Rules of Conduct* envisioned by NBMC §20.91A.050.B:

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

- | | |
|--|--|
| <input type="checkbox"/> Non-Medical Detoxification | <input checked="" type="checkbox"/> Group Sessions |
| <input checked="" type="checkbox"/> One-on-One Sessions | <input checked="" type="checkbox"/> Educational Sessions |
| <input checked="" type="checkbox"/> Recovery or Treatment Planning | <input type="checkbox"/> 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? _____

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):

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:

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 Department for permitted construction.

D. DURATION OF TYPICAL CLIENT STAY IN FACILITY (in days): _____

If you wish, please explain:

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 Department (949-844-3275) 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. - 6 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?

- | | |
|--|--|
| <input type="checkbox"/> "AA"-type meetings _____ | <input type="checkbox"/> Physical Fitness (gym, yoga, etc) _____ |
| <input type="checkbox"/> ADP-Treatment (see 5A) _____ | <input type="checkbox"/> Other wellness (massage, etc) _____ |
| <input type="checkbox"/> Meal preparation/delivery _____ | <input type="checkbox"/> Other: _____ |

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?

- | | |
|---|--|
| <input type="checkbox"/> Laundry Services: _____ /day or week | <input type="checkbox"/> Trash disposal or recycling: _____ /day or week |
| <input type="checkbox"/> Meals: _____ /day or week | <input type="checkbox"/> Business products: _____ /day or week |
| <input type="checkbox"/> Correspondence, packages (other than USPS): _____ /day or week | |
| <input type="checkbox"/> Medical Products/Medical Waste Pickup: _____ /day or week | |
| <input type="checkbox"/> 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)

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

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)

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 City's General Services Department at 949-644-3068.

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 §20.91A.030.I).

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

NBMC §20.91A.050.C.4 directs that applicants shall 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 for more information or contact Certificate Coordinator Lt. Jeff Bardzik at 714-773-4523 or jbardzik@ocsd.org or Margo Grise at 714-773-4521 at margise@ocsd.org. This certification is required.
- The Orange County Sober Living Network (see http://www.soberhousing.net/orange_county.html or contact Grant McNiff at 714-875-2954. This certification is recommended.

You do not have to attain the OCSD certification to apply for a Use Permit, but we suggest that you attain the certification within a reasonable amount of time (twelve [12] months) following your application submittal. Should a Use Permit be issued, it may include a condition that certification be obtained within a stated time period. If you have attained this certification prior to applying for the Use Permit, verify here that you have attained this certification, and attach the verifying document from the certifying entity:

Orange County Adult Alcohol and Drug Sober Living Facilities Certification (required)

Orange County Sober Living Network (recommended)

Other (please describe) _____

L. SECONDHAND SMOKE LIMITATIONS

NBMC §20.91A.050.A directs that "no staff, clients, guests, or any other users 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

X 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. Per NBMC §20.90.030.C, false statements are grounds for denial or revocation.
- 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.

Revocation of the Use Permit. NBMC §20.96.040.E provides that the City can revoke a Use Permit if:

- The permit was issued under erroneous information or misrepresentation; or
- The applicant made a false or misleading statement of material fact, or omitted a material fact; or
- The conditions of use or other regulations or laws have been violated; or
- There has been a discontinuance of use for 180 days or more.

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.

[Handwritten Signature] *Partner* *5/20/08*
(Signature) (Title) (Date)

(Signature) (Title) (Date)

(Signature) (Title) (Date)

Exhibit No. 2
Notice of Incomplete Application
Dated June 16, 2008

NCR 00273

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CITY OF NEWPORT BEACH
PLANNING DEPARTMENT
3300 NEWPORT BOULEVARD
NEWPORT BEACH, CA 92660
(949) 844-3200; FAX (949) 844-3229

June 16, 2008

Ms. Kelly S. Johnson
180 Newport Center Drive, Suite 100
Newport Beach, CA 92660

Dear Ms. Johnson:

Subject: **NOTICE OF INCOMPLETE APPLICATION**
Use Permit No. 2008-033
Property located at 1216 West Balboa Boulevard, Newport Beach, CA
(Newport Coast Recovery, LLC)

This letter serves as notification that the Planning Department is in receipt of your application submittal regarding the proposed Use Permit for property located at the above referenced address. Upon review of your submitted application, documents and exhibits, the application has been deemed incomplete. Please provide the following:

1. A signed affidavit from the property owner authorizing the submittal of the application for a Group Residential Use Permit.
2. A filing fee of \$2,200.00 as a deposit against which staff time spent processing the Use Permit application will be billed at an hourly rate of \$135.00 per hour.
3. A site plan that shows the facility's building footprint and property lines, property lines and building footprints on the parcels immediately adjacent to the subject property including notes as to the existing use on adjacent parcels.
4. A copy of a Preliminary Title Report or property profile that is less than 60 days old that identifies the legal description of the property.
5. Approved fire clearance from the Newport Beach Fire Marshal.
6. A route map indicating the transit and travel routes that will be used to transport clients off-site showing destinations of travel and approximate times of departure and return.
7. A copy of your State license or pending license application if your facility requires a State license.
8. A building diagram and floor plan of all rooms intended for residents' use identifying 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. Any rooms identified as bedrooms must comply with the definition of a bedroom pursuant to NBMC Section 20.03.030 and must be consistent with permitted floor plans on file with the City of Newport Beach Building Department.
9. Completed City of Newport Beach application Form 150 (administrator or director information).

NCR 00274

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10. Completed City of Newport Beach application Forms 200C or 200P and as applicable Form 200D (corporate identity).
11. A route map illustrating transit and travel routes that will be used to transport clients off-site, showing destinations of travel and approximate times of departure and return.
12. If the facility disposes of medical and/or bio waste, a plan for disposal of these materials is required.
13. City application Form 400 (facility staffing plan).
14. City application Form 500 (weekly activities schedule).
15. A written statement that this is your only facility, or if you operate more than one facility, submit evidence of the need by residents of Newport Beach for the capacity of the subject facility, based on published sources, per the requirements of NBMC Section 20.91.A.030.

In addition to the above the application must also include submittal of a location map showing all conditional uses within a three block radius of the subject property in order to be deemed complete. City staff will prepare this location map for your application using the City's GIS database and other information.

If you have any questions or need assistance, please do not hesitate to contact me at (562) 433-9444.

Sincerely,

By


Debby Linn
Contract Planner

cc: KCNB Realty, LLC, Property Owner
J. Kappeler, Code Enforcement Division Manager

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NCR 00275

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Exhibit No. 3
Letter to Applicant
Dated August 4, 2008

NCR 00276

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PLANNING DEPARTMENT

3300 Newport Boulevard, Building C, Newport Beach, CA 92663
(949) 644-3200 Fax: (949) 644-3229 website: www.city.newport-beach.ca.us

August 4, 2008

Ms. Kelly S. Johnson
180 Newport Center Drive, Suite 100
Newport Beach, CA 92660

Dear Ms. Johnson:

Subject: Property located at 1216 West Balboa Blvd.
Use Permit No. 2008-033

On June 16, 2008, the City of Newport Beach sent you notification of receipt of an application for a Group Residential Use Permit for the above referenced property. The letter advised that the application has been reviewed and is incomplete because various items required per Section 20.91A.030 of the Newport Beach Municipal Code (NBMC) were not included. Specifically, your application did not contain the following:

- A signed affidavit from the property owner authorizing the submittal of the application for a Group Residential Use Permit.
- A filing fee of \$2,200.00 as a deposit.
- A site plan that shows the facility's building footprint and property lines, property lines and building footprints on the parcels immediately adjacent to the subject property, including notes of the existing uses on the adjacent parcels.
- A copy of a Preliminary Title Report or property profile that is less than 60 days old that verifies the legal owner of the property.
- Approved fire clearance from the Newport Beach Fire Marshal.
- A route map showing the transit and travel routes used by the facility to transport clients off-site, showing probable destinations of travel and approximate times of departure and return.
- A copy of your State license or pending license application if your facility requires a State license.

NCR 00277

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- A building diagram and floor plan of all rooms intended for residents' use identifying the number of residents per bedroom and the location and the number of beds for all residents.
- A completed Application Form 150 (administrator or director information).
- Completed Application Forms 200C or 200P, and as applicable, Form 200D (corporate identity).
- If the facility disposes of medical and/or bio waste, a plan for disposal of these materials. If the facility does not dispose of medical and/or bio waste, please provide a statement to that effect.
- A completed Application Form 400 (facility staffing plan).
- A completed Application Form 500 (weekly activities schedule).
- A written statement that this is your only facility. If you operate more than one facility, please submit evidence of the need by residents of Newport Beach for the capacity of the subject facility.

A copy of the June 16, 2008, letter is attached for your reference.

It has been more than a month since that correspondence, and as of this date, we have not received the items required to deem your application complete. We are unable to process your use permit application and schedule a public hearing until we receive these items. In the meantime, we are in the process of completing the location map of other similar uses, which will be sent to you for your information and placed in your use permit application file.

Please be advised that failure to obtain a use permit for the group residential use of the above referenced property shall render the use of property nonconforming. Nonconforming uses of property are subject to abatement, per Section 20.62.090 of the Newport Beach Municipal Code. Such abatement must occur (i.e. the use must cease) by the sooner of:

- February 20, 2009; or
- The date at which your lease expires to use the property. This is only applicable if the lease was entered into prior to December 7, 2007 (Section 20.62.090.A.2.a.ii)

Once the application is deemed complete, we will schedule a public hearing before a Hearing Officer. The Hearing Officer is designated to approve, conditionally approve or disapprove applications for a group residential use permit. The Hearing Officer's decision may be appealed to the City Council. The City Council can sustain, reverse, or modify the Hearing Officer's decision.

NCR 00278

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10. Completed City of Newport Beach application Forms 200C or 200P and as applicable Form 200D (corporate identity).
11. A route map illustrating transit and travel routes that will be used to transport clients off-site, showing destinations of travel and approximate times of departure and return.
12. If the facility disposes of medical and/or bio waste, a plan for disposal of these materials is required.
13. City application Form 400 (facility staffing plan).
14. City application Form 500 (weekly activities schedule).
15. A written statement that this is your only facility, or if you operate more than one facility, submit evidence of the need by residents of Newport Beach for the capacity of the subject facility, based on published sources, per the requirements of NBMC Section 20.91.A.030.

In addition to the above the application must also include submittal of a location map showing all conditional uses within a three block radius of the subject property in order to be deemed complete. City staff will prepare this location map for your application using the City's GIS database and other information.

If you have any questions or need assistance, please do not hesitate to contact me at (562) 433-9444.

Sincerely,

By


Debby Linn
Contract Planner

cc: KCNB Realty, LLC, Property Owner
J. Kappeler, Code Enforcement Division Manager

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Exhibit No. 4
E-Mail Correspondence
Dated October 23, 2008

NCR 00280

35

Debby Linn

From: Debby Linn [linnassociates@verizon.net]
Sent: Thursday, October 23, 2008 10:28 AM
To: Kelly Johnson
Cc: Janet Brown
Subject: Newport Coast Recovery CUP

Dear Kelly,
Thanks for the call today. Per our conversation, I understand that you are currently working with your client toward addressing the outstanding items needed for the Conditional Use Permit (CUP) application for the group home located at 1216 W. Balboa Boulevard, and that you plan to submit the application filing fee by the end of October with the remaining required materials to be submitted by the first week of December. Please let me know if you need any assistance in your efforts to complete the CUP application.
Best Regards,

Debby

Debby Linn
Linn & Associates
826 Molino Avenue Long Beach, CA 90804

Phone (562) 433-9444 Fax (562) 433-7190

NCR 00281

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Exhibit No. 5
Application Materials
Submitted November 25, 2008

NCR 00282

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Brown, Janet

From: Brown, Janet
Sent: Tuesday, November 25, 2008 6:21 PM
To: 'Debby Linn'
Subject: Newport Coast Recovery
Attachments: 20081125162209.pdf

Hi Debby,

Attached are the items submitted today by Shannon Armand, Executive Assistant, for Newport Coast Recovery. Each item is numbered to correspond with the items listed in the June 16 letter of incompleteness.

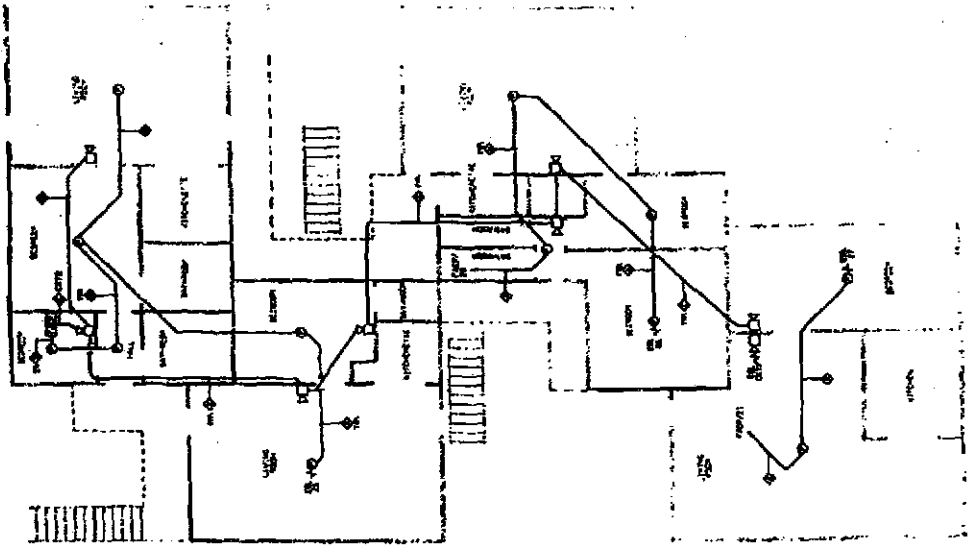
I'll talk with you in the morning regarding your report.

Janet Johnson Brown
Associate Planner
City of Newport Beach
(949) 644-3236
jbrown@city.newport-beach.ca.us

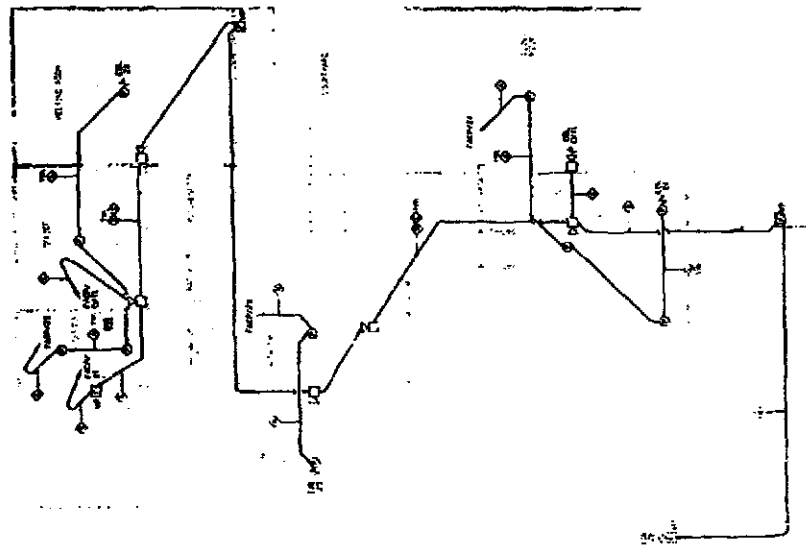
NO.	DESCRIPTION	DATE
1	ADD	11/18/08
2	ADD	11/18/08
3	ADD	11/18/08
4	ADD	11/18/08
5	ADD	11/18/08
6	ADD	11/18/08
7	ADD	11/18/08
8	ADD	11/18/08
9	ADD	11/18/08
10	ADD	11/18/08

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NOV 25 2008

CITY OF NEWPORT BEACH



SECOND FLOOR PLAN



FIRST FLOOR PLAN

FIRE SAFETY INSPECTION REQUEST

See instructions on reverse.

STD. FORM NO. 10-80

AGENCY/CONTRACTOR'S NAME DEPT. Alcohol & Drug	TELEPHONE NUMBER (916) 322-2911	REQUEST DATE	PROGRAM
EVALUATOR'S NAME Not Assigned	REQUESTING AGENCY FACILITY NUMBER Not Assigned	REQUEST CODE 1A	

LICENSING
AGENCY
NAME AND
ADDRESS

- CODES
1. ORIGINAL FIRE CLEARANCE
 2. RENEWAL
 3. LIFE SAFETY
 3. CAPACITY CHANGE
 4. OWNERSHIP CHANGE
 5. ADDRESS CHANGE
 6. NAME CHANGE
 7. OTHER

AMBULATORY		NONAMBULATORY		BEDRIDDEN		TOTAL CAPACITY
CAPACITY	PREVIOUS CAPACITY	CAPACITY	PREVIOUS CAPACITY	CAPACITY	PREVIOUS CAPACITY	
29	27					29
FACILITY NAME Newport Coast Recovery						LICENSE CATEGORY
STREET ADDRESS (Main/Local) 1216 W. Balboa Blvd.						NUMBER OF BUILDINGS
CITY Newport Beach, CA 92661						RESTRICTION
FACILITY CONTACT PERSON'S NAME Richard Perlin						HOURS
SPECIAL CONDITIONS Cell: (949) 233-8200						
TOTAL CAPACITY INCLUDES STAFF & CLIENTS.						

TO BE COMPLETED BY INSPECTING AUTHORITY

FIRE AUTHORITY NAME AND ADDRESS	CITY OF NEWPORT BEACH FIRE DEPARTMENT P.O. BOX 1768 NEWPORT BEACH, CA 92658-8915	CLEARANCE/IDEN/FLCDE	
		CODES	
		<input checked="" type="checkbox"/> 1. FIRE CLEARANCE GRANTED	
		2. FIRE CLEARANCE DENIED	
		A. EXITS	
		B. CONSTRUCTION	
		C. FIRE ALARM	
		D. SPRINKLERS	
		E. HOUSEKEEPING	
		F. SPECIAL HAZARD	
		G. OTHER	
INSPECTOR'S NAME (Type or Print) Nadine Morris	TELEPHONE NUMBER (949) 644-3108	OFFICE NUMBER 30055	OCCUPANCY CLASS R-6.2
INSPECTION DATE 01-06-04	INSPECTOR'S SIGNATURE Nadine Morris	EXPLANATIONS OR LIST SPECIAL CONDITIONS	

29 TOTAL CAPACITY INCLUDES STAFF & CLIENTS.

#5

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CITY OF NEWPORT BEACH

NCR 00285

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Directions to 4019 Westerly Pl, Ste 100, Newport Beach, CA 92660-2316

Directions to 4019 Westerly Pl, Ste 100, Newport Beach, CA 92660-2316 **YAHOO!** LOCAL MAPS

Total Time: 18 mins, Total Distance: 7.51 miles

Amer Clinica



When using any driving directions or map, it's a good idea to do a reality check and make sure the road still exists, watch out for construction, and follow all traffic safety precautions. This is only to be used as an aid in planning.

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CITY OF NEWPORT BEACH

#6 & #11

NCR 00286

44

Directions to 901 Dover Dr, Ste 204, Newport Beach, CA 92660-5516

Directions to 901 Dover Dr, Ste 204, Newport Beach, CA 92660-5516



Total Time: 11 mins, Total Distance: 4.17 miles

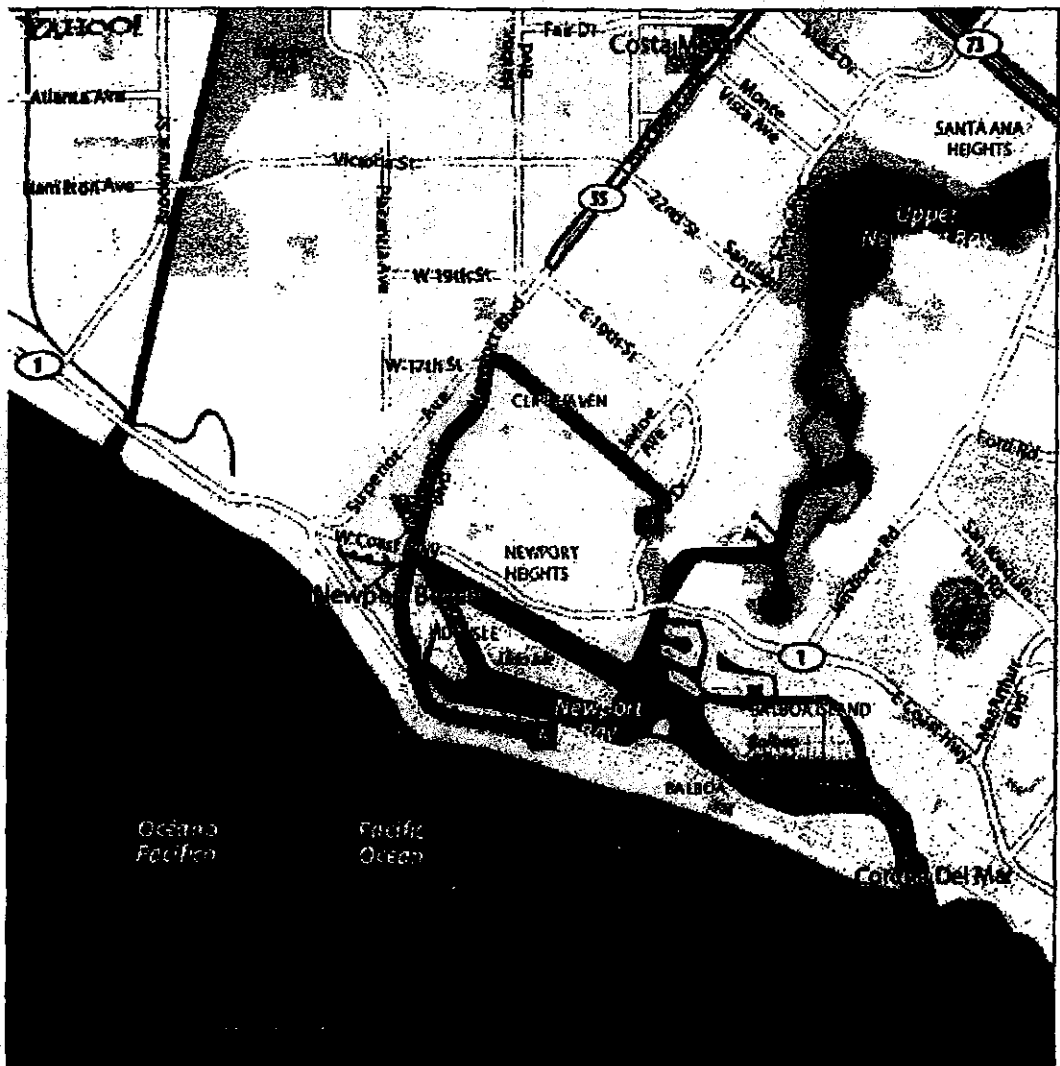
Summary and Notes

START **A** Newport Coast Recovery (949) 723-3155
 1216 W Balboa Blvd, Newport Beach, CA 92661-1006

FINISH **B** 901 Dover Dr, Ste 204, Newport Beach, CA 92660-5516

Dr. Rudolph office

Add your notes here...



When using any driving directions or map, it's a good idea to do a reality check and make sure the road still exists, watch out for construction, and follow all traffic safety precautions. This is only to be used as an aid in planning.

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CITY OF NEWPORT BEACH

NCR 00287

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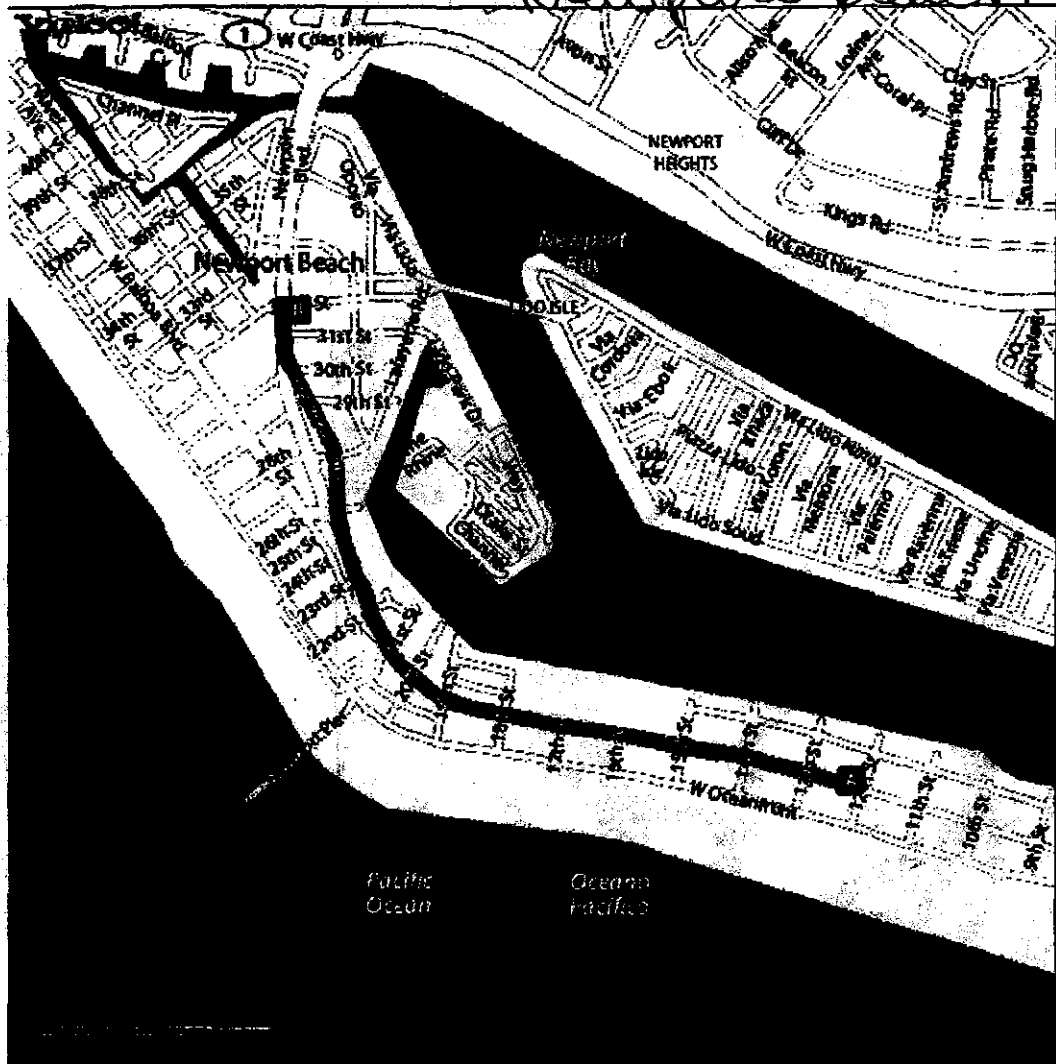
Directions to 414 32nd St, Newport Beach, CA 92663-3801

Directions to 414 32nd St, Newport Beach, CA 92663-3801



Total Time: 5 mins, Total Distance: 1.23 miles

Newport Beach Alano Club



When using any driving directions or map, it's a good idea to do a reality check and make sure the road still exists, watch out for construction, and follow all traffic safety precautions. This is only to be used as an aid in planning.

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CITY OF NEWPORT BEACH

NCR 00288

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State of California

Department of Alcohol and Drug Programs

License and Certification

In accordance with applicable provisions of the Health and Safety Code of California and its rules, regulations, and standards, the Department of Alcohol and Drug Programs hereby licenses and certifies:

NEWPORT COAST RECOVERY, L.P.

to operate and maintain an adult residential alcohol and/or drug abuse/ recovery or treatment facility using the following name and location:

NEWPORT COAST RECOVERY, L.P.
1216 WEST BALBOA BOULEVARD
NEWPORT BEACH, CALIFORNIA 92661

This license and certification extends to the following services:

RESIDENTIAL ALCOHOL AND/OR OTHER DRUG SERVICES;
INDIVIDUAL SESSIONS; RECOVERY OR TREATMENT PLANNING;
GROUP SESSIONS; AND EDUCATIONAL SESSIONS

Limitations or conditions are listed as follows:

Treatment/Recovery Capacity: 29
Total Occupancy for location is limited to: 29

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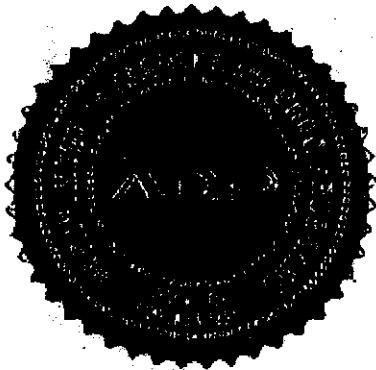
MALES ONLY
(Change in Target Population Effective 02/01/2008)

NOV 25 2008

License/Certification Number:
300156AP

CITY OF NEWPORT BEACH

Effective Date: 02/01/2008
Expiration Date: 01/31/2010



Ana MacDowell

Authorized Representative

Complaints regarding services provided in this facility should be directed to:
Complaint Coordinator, Program Compliance Branch
1700 K Street, Sacramento, California 95811-4037
(916) 322-2911 FAX: (916) 324-4505 E-mail: LCBcomp@ado.state.ca.us

Post in a prominent location. This License and Certification is not transferable.

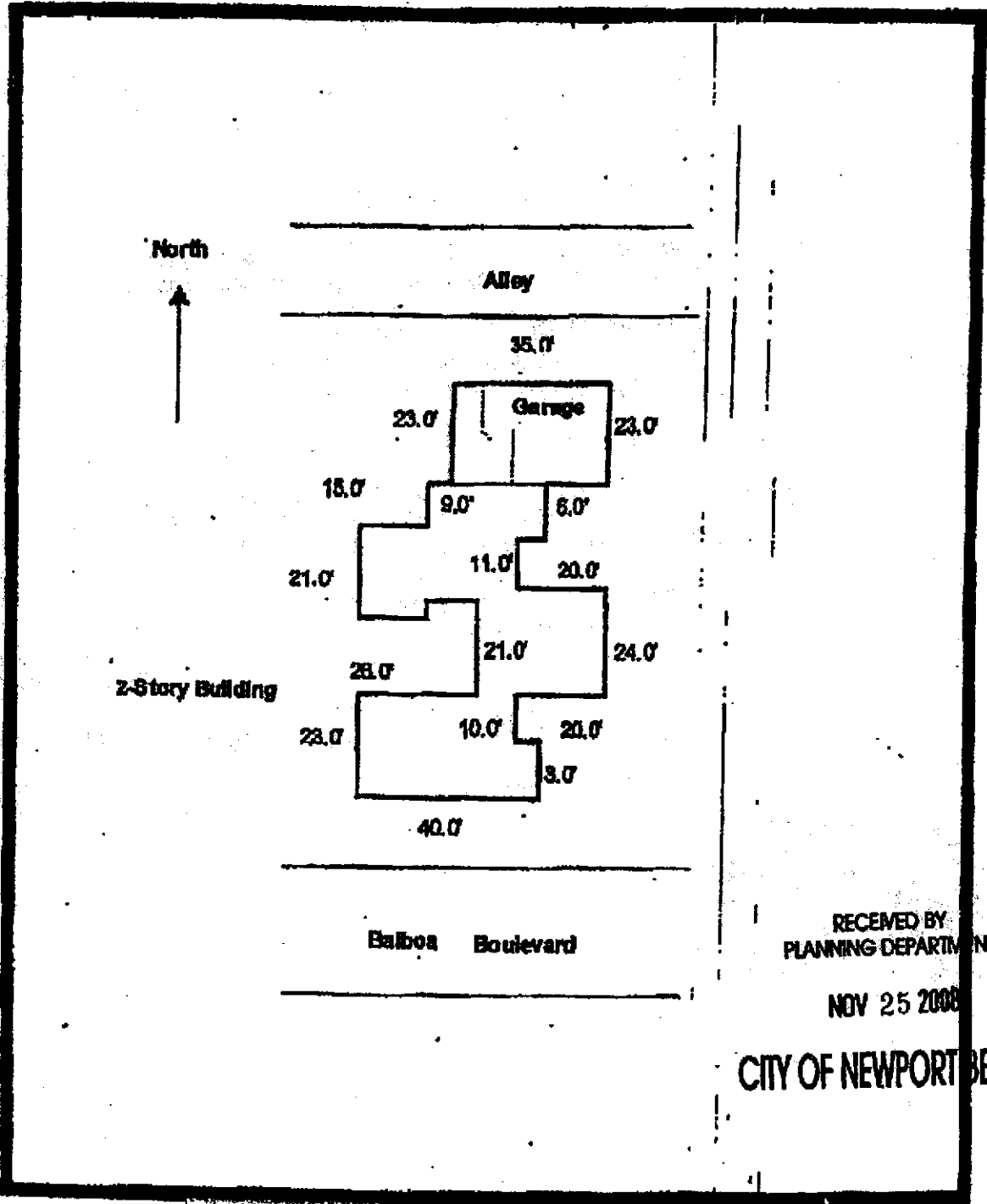
NCR 00289

47

21 7

BUILDING SKETCH

To: *Chuck Hayes*
From: *TKSL*



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CITY OF NEWPORT BEACH

#8

NCR 00290

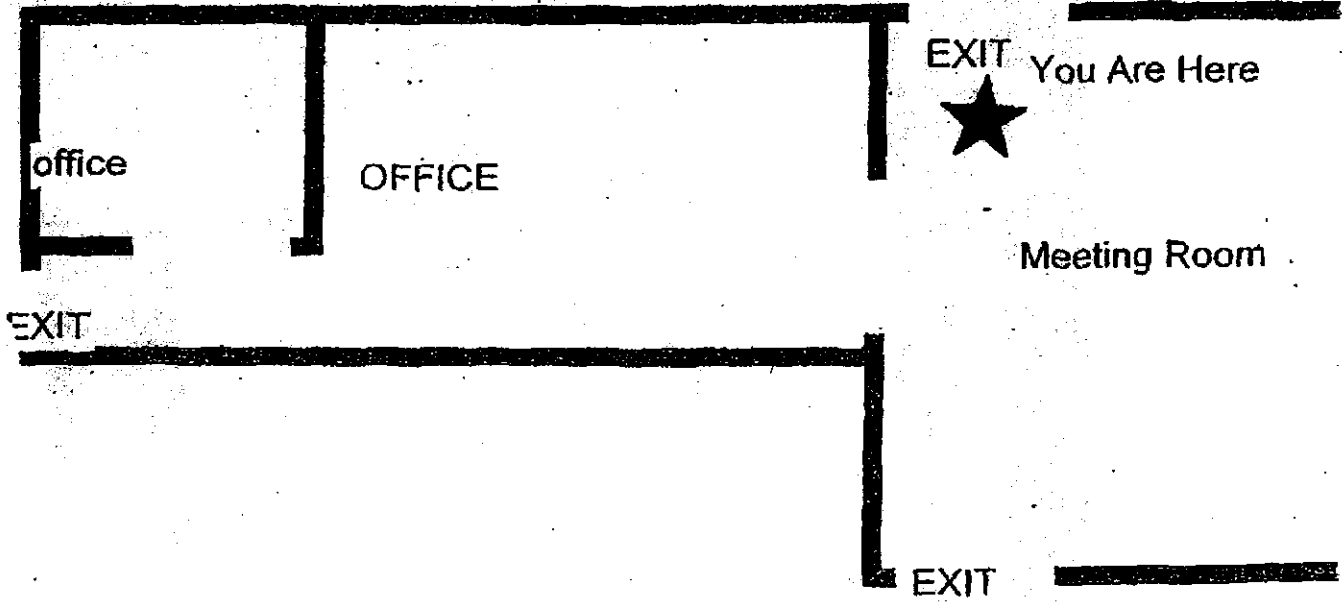
48

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CITY OF NEWPORT BEACH



NCR 00291

44



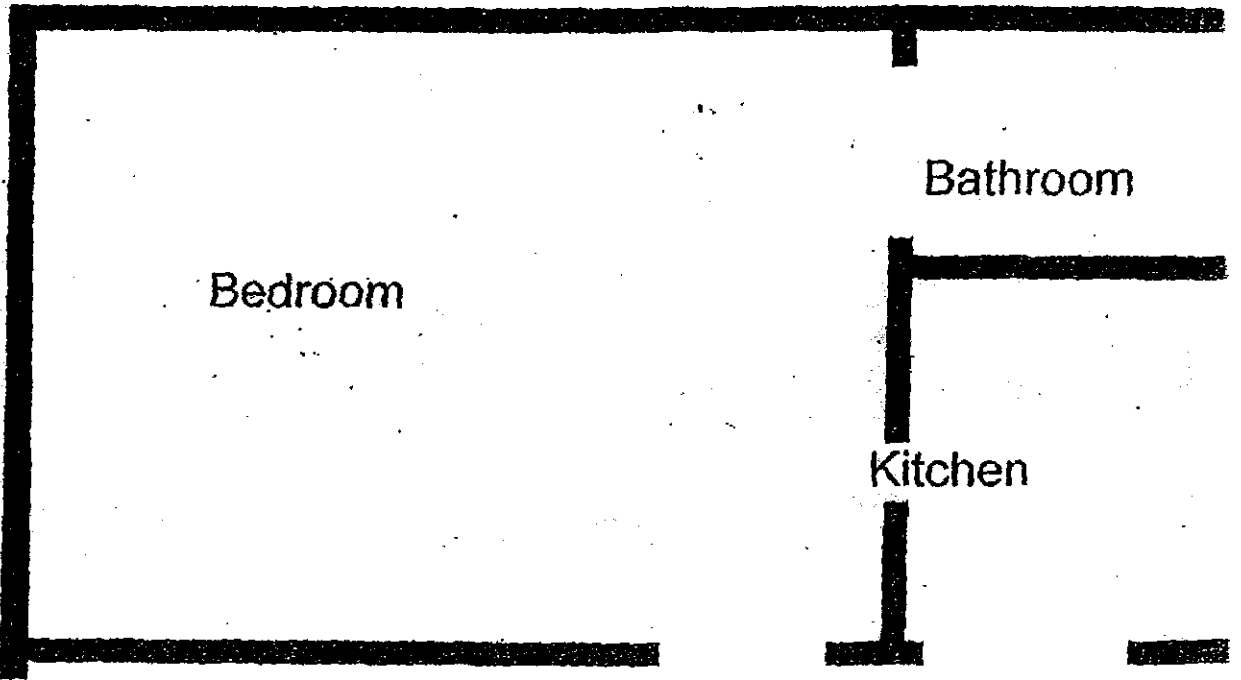
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CITY OF NEWPORT BEACH

NCR 00292

50



Bedroom

Bathroom

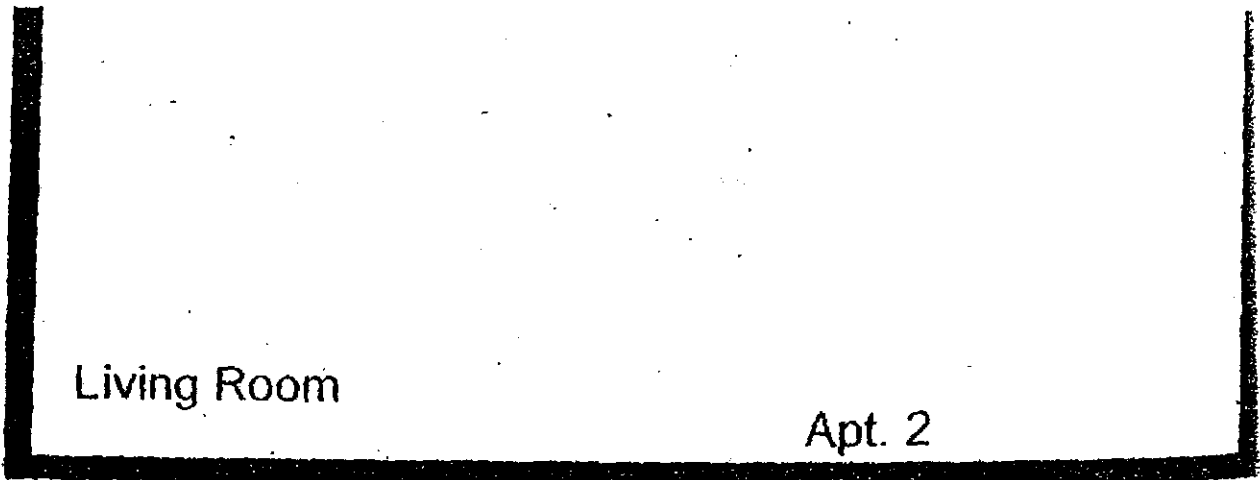
Kitchen

You Are Here

Exit



Exit



Living Room

Apt. 2

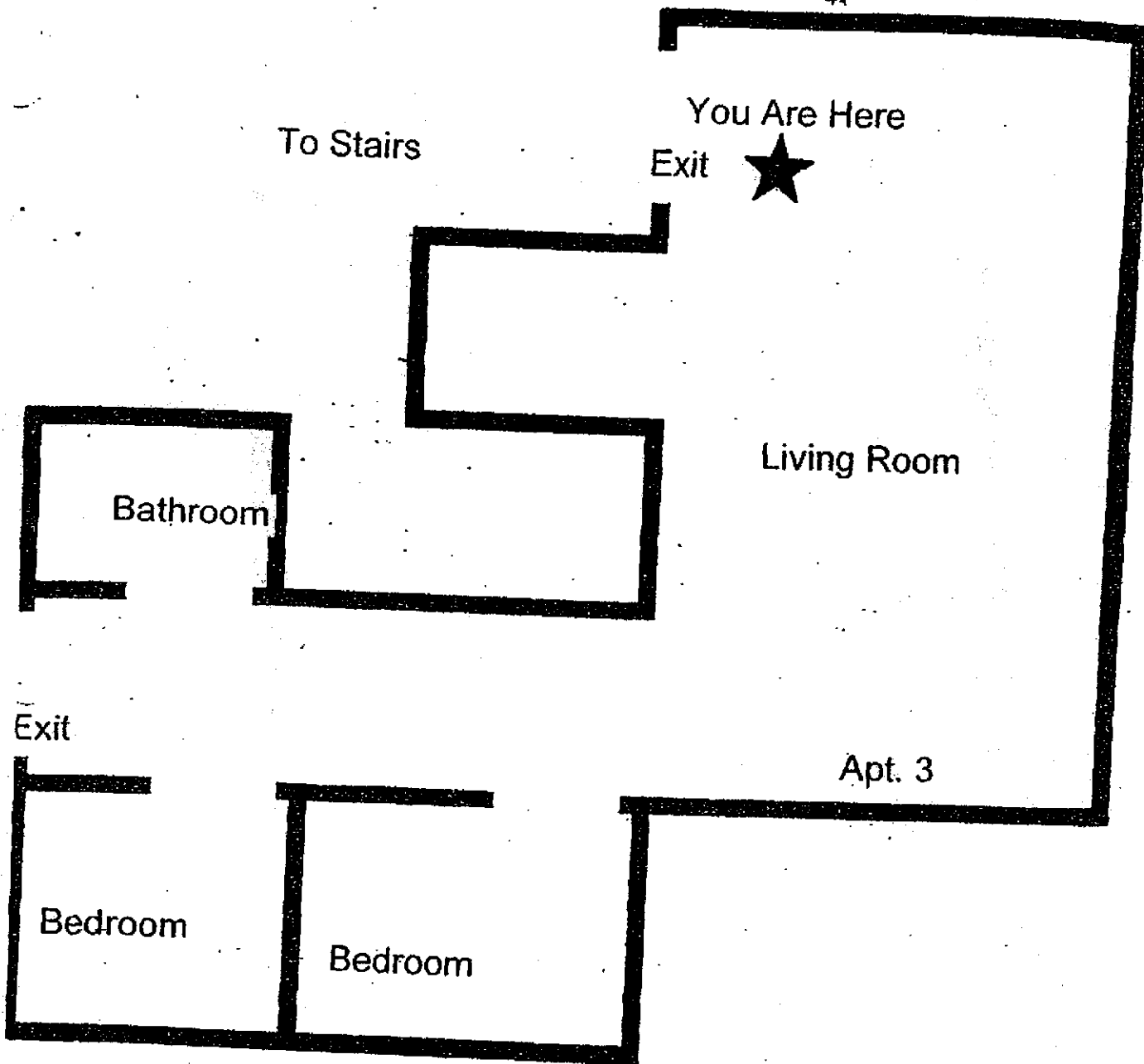
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NOV 25 2008

CITY OF NEWPORT BEACH

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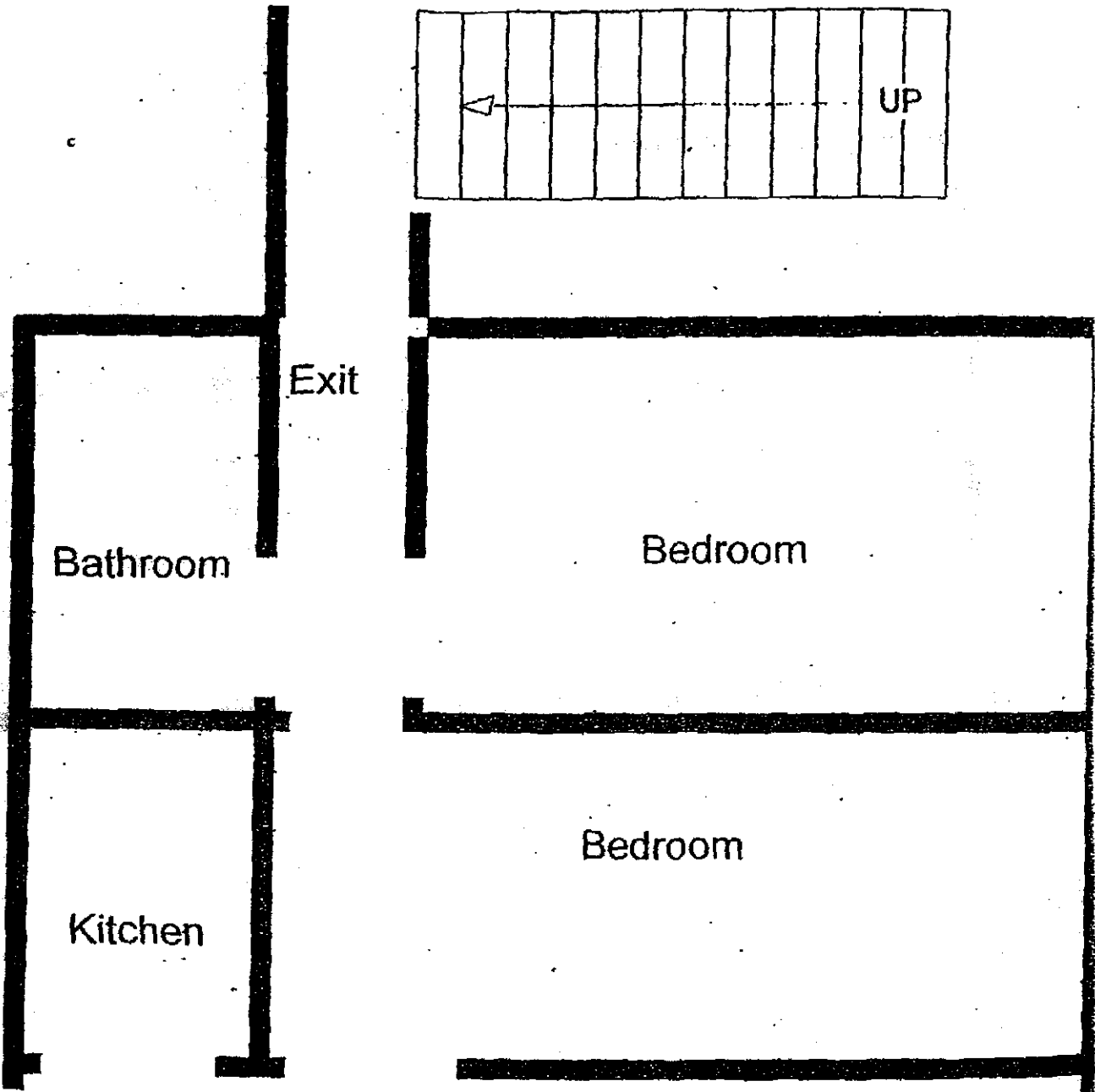
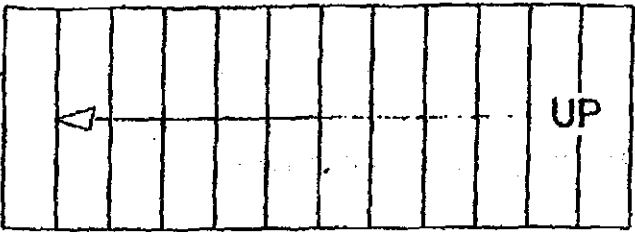
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NOV 25 2008

CITY OF NEWPORT BEACH

NCR 00294

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You Are Here
Exit ★



Living Room

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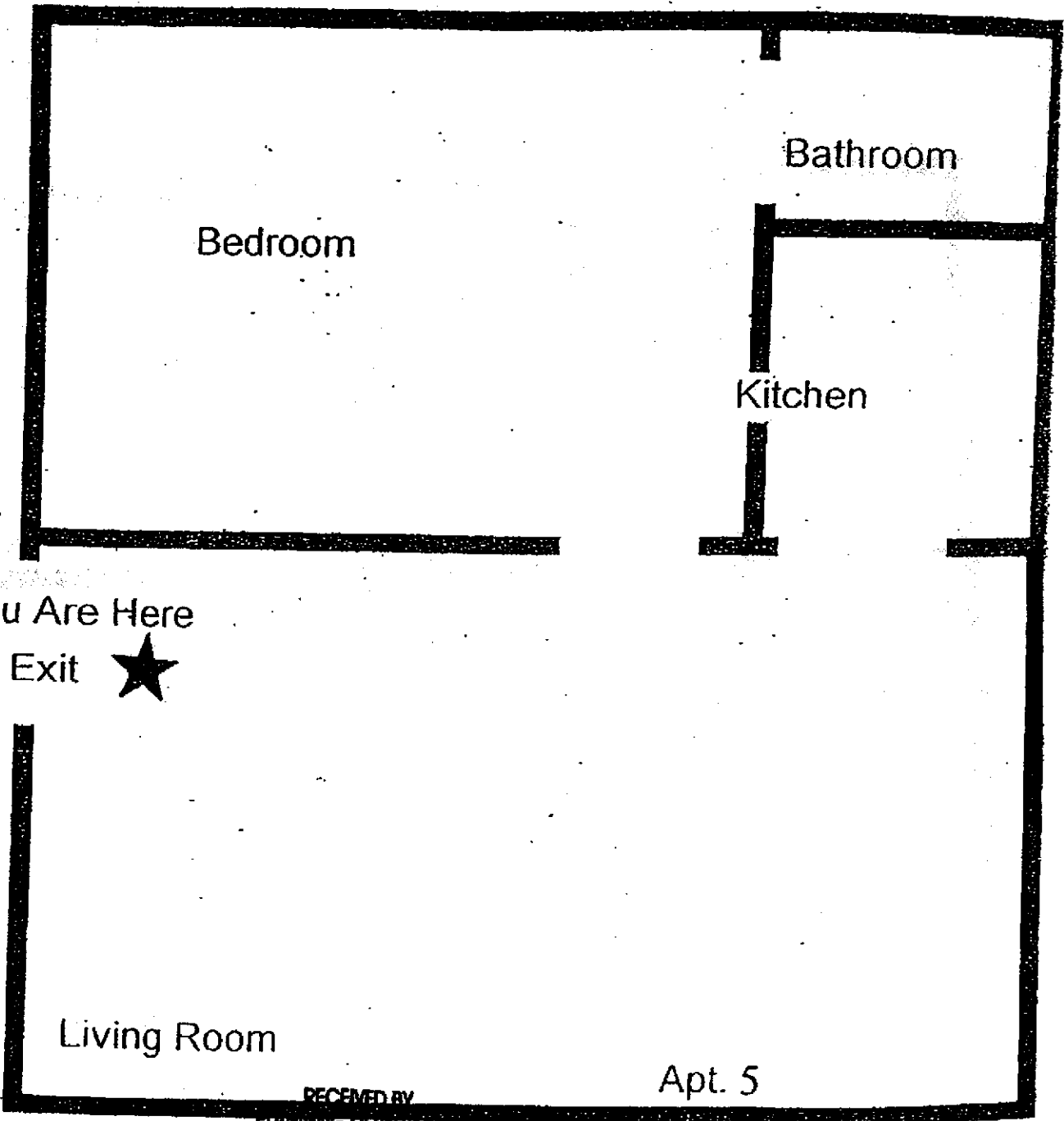
NOV 25 2008

CITY OF NEWPORT BEACH

NCR 00295

Ant 4

S3



You Are Here

Exit ★

Living Room

Bathroom

Kitchen

Bedroom

Apt. 5

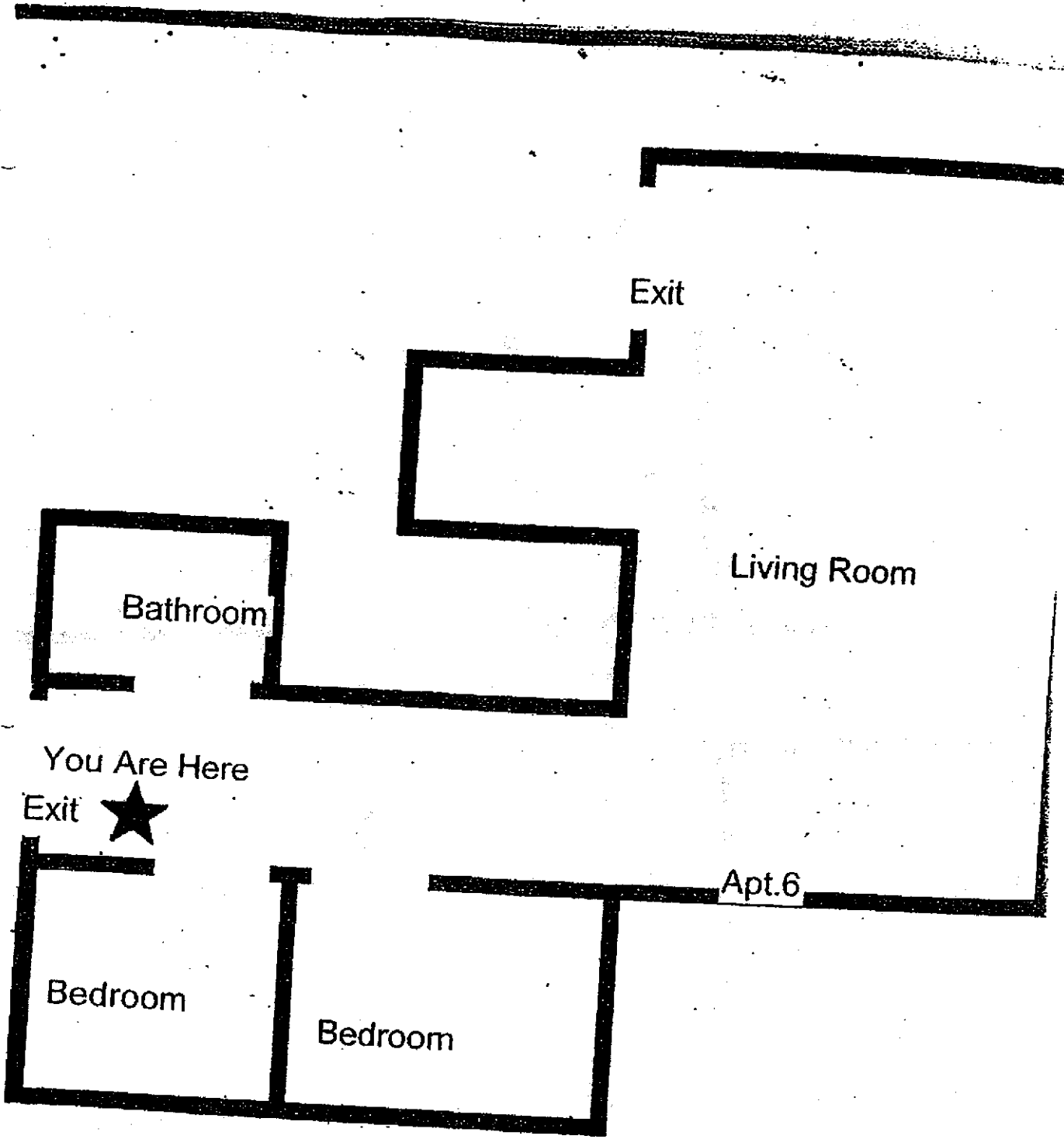
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NOV 25 2008

CITY OF NEWPORT BEACH

NCR 00296

54



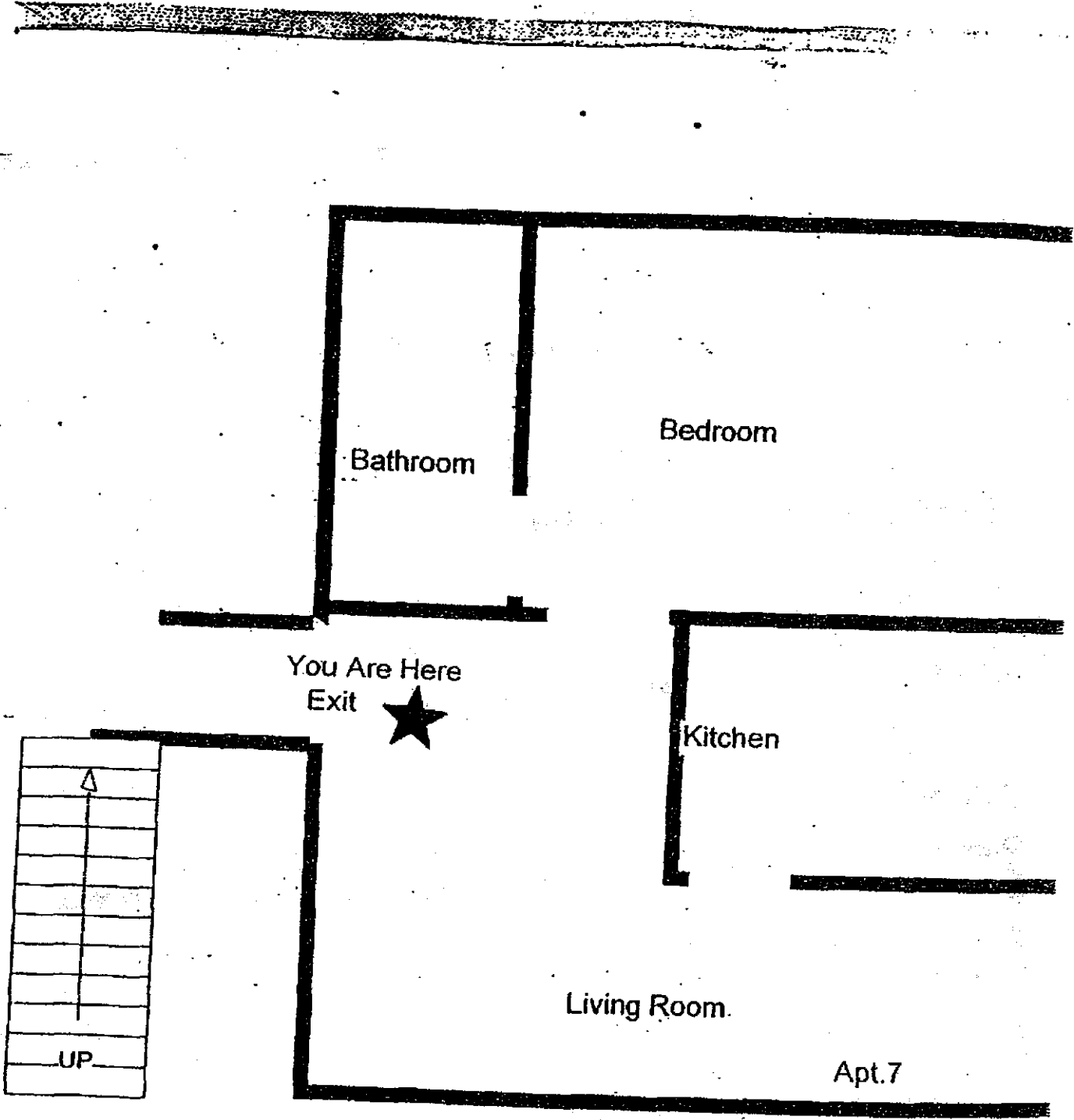
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NOV 25 2008

CITY OF NEWPORT BEACH

NCR 00297

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NCR 00298

CITY OF NEWPORT BEACH

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City of Newport Beach
 GROUP RESIDENTIAL USES - USE PERMIT APPLICATION
 ADMINISTRATOR/DIRECTOR INFORMATION
 (Form 150 - February 2008)

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IDENTIFYING INFORMATION

CITY OF NEWPORT BEACH

NAME: JOHN A FELTON
 TITLE: CLINICAL DIRECTOR
 ADDRESS: _____
 TELEPHONE NUMBER AT WHICH OPERATOR MAY BE CONTACTED ALL TIMES (NBMC §20.91A.050.B): (949) 673-3077
 OTHER NAME(S) USED BY ADMINISTRATOR/DIRECTOR: MARK FELTON

EDUCATION

NAME AND LOCATION OF COLLEGE OR UNIVERSITY	COURSE OF STUDY	COMPLETED		DEGREE OBTAINED	DATE
		SEMESTER UNITS	QUARTER UNITS		
<u>CALIFORNIA WASHINGTON INSTITUTE</u>	<u>Marriage Family Therapy</u>			<u>MA</u>	<u>1988</u>
<u>LOGOS Bible College</u>	<u>Bible School</u>			<u>BA</u>	<u>1988</u>

MANAGEMENT EXPERIENCE

Type	Title	Date Started	Date Ended	Reason for Leaving
<u>Health Care</u>	<u>Clinical Director</u>	<u>1/04</u>	<u>—</u>	
<u>"</u>	<u>Therapist</u>	<u>12/80</u>	<u>—</u>	

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

Type	Period Held	Issuing Agency
<u>Marriage & Family Therapy</u>	<u>1990 to Present</u>	<u>Board of Behavioral Science</u>

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 <u>12/81</u> TO <u>Present</u>	<u>New Hope Counseling</u> <u>3140 Red Hill # 130</u> <u>CA 92626</u>	<u>INDIVIDUAL & GROUP MARITAL THERAPY</u> <u>INDIVIDUAL INTERVIEW</u> <u>CLINICAL ASSESSMENTS</u> <u>TREATMENT PLANS, DISCHARGE SUMMARIES</u> <u>& OVER ALL MANAGEMENT OF THERAPY UNIT</u>	
FROM <u>10/01</u> TO <u>Present</u>	<u>Newport Const. Rep.</u> <u>1500 W. PALM BLVD</u> <u>Newport Beach, CA 92660</u>	<u>SUPERVISE ONE LEAD, LIC + CERTIFIED EMPLOYEES</u> <u>INDIVIDUAL, COUPLES, FAMILY THERAPY</u> <u>OVERSEE TREATMENT PLANS, DISCHARGE SUMMARIES</u> <u>& OVER ALL BUSINESS ASPECTS OF FACILITY</u>	
FROM <u>2/92</u> TO <u>6/93</u>	<u>Clara Recovery Center</u> <u>Box 57 CA</u> <u>CA, CA 92694</u>	<u>CEO - FOUNDATION</u> <u>RECOGNITION TREATMENT</u> <u>FOR ADDITIONAL ALL CLINICAL & ADMINISTRATIVE DECISIONS</u>	<u>SOLD FACILITY</u> <u>NCR 00299</u>

Signed: John (Mark) Felton Date: 11/11/08
John (Mark) Felton 11/11/08 #957

City of Newport Beach
GROUP RESIDENTIAL USES - USE PERMIT APPLICATION
ADMINISTRATIVE ORGANIZATION -
PARTNERSHIPS, SOLE PROPRIETOR, AND OTHER ASSOCIATIONS
 (Form 200P - February 2008)

PARTNERSHIPS

1. Attach a copy of the partnership agreement *See attached*

2. Partners

	Type of Partnership	Name	Business Address, City and Zip Code
1st Partner	<input checked="" 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 *Shannon Armand* Title *Office Manager* Telephone # *(949) 673-3097*

SOLE PROPRIETOR/OTHER ASSOCIATIONS

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.

#10

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CITY OF NEWPORT BEACH

NCR 00300

Sg



State of California
Secretary of State
Kevin Shelley

200882900006

ENDORSED - FILED
In the office of the Secretary of State
of the State of California

NOV 24 2003

KEVIN SHELLEY
Secretary of State

CERTIFICATE OF LIMITED PARTNERSHIP

A \$70.00 filing fee must accompany this form.
IMPORTANT - Read instructions before completing this form

This Space For Filing Use Only

1. Name of the limited partnership (end the name with the words "Limited Partnership" or the abbreviation "L.P.")
Newport Coast Recovery, L.P.

2. Street address of principal executive office
2227 Francisco Drive
City and state: Newport Beach, CA Zip code: 92660

3. Street address of California office where records are kept
2227 Francisco Drive
City: Newport Beach State: CA Zip code: 92660

4. Complete if limited partnership was formed prior to July 1, 1984 and is in existence on the date this certificate is executed.
The original limited partnership certificate was recorded on _____ with the recorder
of _____ county. File or recordation number _____

5. Name the agent for service of process and check the appropriate provision below:
Albert Pizzo, which is
 an individual residing in California. Proceed to item 6.
 a corporation which has filed a certificate pursuant to section 1505. Proceed to item 7.

6. If an individual, complete the California address of the agent for service of process:
Address: 2227 Francisco Drive
City: Newport Beach State: CA Zip code: 92660

7. Names and addresses of all general partners: (Attach additional pages, if necessary)
A. Name: Calm Pacific Seas, LLC
Address: 2227 Francisco Drive
City: Newport Beach State: CA Zip code: 92660

B. Name:
Address:
City:

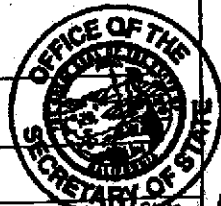
8. Indicate the number of general partners' signatures required for filing certificates of amendment, restatement, merger, dissolution, continuation and cancellation. One

9. Other matters to be included in this certificate may be set forth on separate attached pages and are made a part of this certificate. Other matters may include the purpose of business of the limited partnership (e.g., "Gambling Enterprise").

10. I declare that I am the person who executed this instrument, which execution is my act and deed.
Calm Pacific Seas, LLC

by: Albert Pizzo
Signature of Authorized Person
Albert Pizzo
Type or Print Name of Authorized Person
Manager
Position or Title of Authorized Person
November 21, 2003
Date

Signature of Authorized Person
Type or Print Name of Authorized Person
President of General Partner
Position or Title of Authorized Person
Date



City of Newport Beach
 GROUP RESIDENTIAL USES - USE PERMIT APPLICATION
 FACILITY STAFFING DATA
 (Form 400 - February 2008)

Use this form to identify all staff of the facility/program. Designate volunteers by placing a "V" after their name.

Employee Name and Title	Date Employed	Total Time of Recovery Program Experience	Total Hours Per Month Scheduled	Date of Last CPR Training	Date of Last First Aid Training
Colby Christoferson Night Manager	9/1/08	2 yrs.	160	02/02/08	02/01/2010
Roy Talmon Case Manager	6/19/07	4 yrs.	160	06/4/2008	06/04/2009
Grick McCoy Program Director	6/1/05	7 yrs.	160	06/4/2008	06/04/2009
Silva Vargas Therapist	1/3/07	6 yrs.	64	06/04/2008	06/04/2009
William Vera Night Manager	12/29/03	5 yrs.	160	06/04/2008	06/04/2009
Jack Felton Clinical Director	10/13/04	20 yrs.	80	pending	pending
Oswald Karmin Night Staff	06/18/08	3 yrs.	120	pending	pending

NCR 00303

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#13

CITY OF NEWPORT BEACH

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City of Newport Beach
 GROUP RESIDENTIAL USES – USE PERMIT APPLICATION
 WEEKLY ACTIVITIES SCHEDULE
 (Form 500 – February 2008)

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WEEKLY SCHEDULE OF SERVICES

NOV 25 2008

CITY OF NEWPORT BEACH

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
6-7 a.m.	See Attached						
7-8 a.m.							
8-9 a.m.							
9-10 a.m.			#14				
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 SESSIONS, RECOVERY OR TREATMENT PLANNING, AND DETOXIFICATION SERVICES (IF PROVIDED): 40

Comments:

Newport Coast Recovery Weekly Treatment Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
8:00 AM	Wake Up	Wake Up	Wake Up	Wake Up	Wake Up	Wake Up	Wake Up
8:30 AM	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast
9:00 AM	AA Meeting	AA Meeting	AA Meeting	AA Meeting	AA Meeting	AA Meeting	AA Meeting
9:30 AM	AA Meeting	AA Meeting	AA Meeting	AA Meeting	AA Meeting	AA Meeting	AA Meeting
10:00 AM	AA Meeting	AA Meeting	AA Meeting	AA Meeting	AA Meeting	AA Meeting	AA Meeting
10:30 AM	AA Meeting	AA Meeting	AA Meeting	AA Meeting	AA Meeting	AA Meeting	AA Meeting
11:00 AM	AA Meeting	AA Meeting	AA Meeting	AA Meeting	AA Meeting	AA Meeting	AA Meeting
11:30 AM	AA Meeting	AA Meeting	AA Meeting	AA Meeting	AA Meeting	AA Meeting	AA Meeting
12:00 PM	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch
12:30 PM	AA Meeting	AA Meeting	AA Meeting	AA Meeting	AA Meeting	AA Meeting	AA Meeting
1:00 PM	AA Meeting	AA Meeting	AA Meeting	AA Meeting	AA Meeting	AA Meeting	AA Meeting
1:30 PM	AA Meeting	AA Meeting	AA Meeting	AA Meeting	AA Meeting	AA Meeting	AA Meeting
2:00 PM	AA Meeting	AA Meeting	AA Meeting	AA Meeting	AA Meeting	AA Meeting	AA Meeting
2:30 PM	AA Meeting	AA Meeting	AA Meeting	AA Meeting	AA Meeting	AA Meeting	AA Meeting
3:00 PM	AA Meeting	AA Meeting	AA Meeting	AA Meeting	AA Meeting	AA Meeting	AA Meeting
3:30 PM	AA Meeting	AA Meeting	AA Meeting	AA Meeting	AA Meeting	AA Meeting	AA Meeting
4:00 PM	AA Meeting	AA Meeting	AA Meeting	AA Meeting	AA Meeting	AA Meeting	AA Meeting
4:30 PM	AA Meeting	AA Meeting	AA Meeting	AA Meeting	AA Meeting	AA Meeting	AA Meeting
5:00 PM	AA Meeting	AA Meeting	AA Meeting	AA Meeting	AA Meeting	AA Meeting	AA Meeting
5:30 PM	Dinner	Dinner	Dinner	Dinner	Bar-B-Q	Dinner	Dinner
6:00 PM	AA Meeting	AA Meeting	AA Meeting	AA Meeting	AA Meeting	AA Meeting	AA Meeting
6:30 PM	AA Meeting	AA Meeting	AA Meeting	AA Meeting	AA Meeting	AA Meeting	AA Meeting
7:00 PM	AA Meeting	AA Meeting	AA Meeting	AA Meeting	AA Meeting	AA Meeting	AA Meeting
7:30 PM	AA Meeting	AA Meeting	AA Meeting	AA Meeting	AA Meeting	AA Meeting	AA Meeting
8:00 PM	AA Meeting	AA Meeting	AA Meeting	AA Meeting	AA Meeting	AA Meeting	AA Meeting
8:30 PM	AA Meeting	AA Meeting	AA Meeting	AA Meeting	AA Meeting	AA Meeting	AA Meeting
9:00 PM	AA Meeting	AA Meeting	AA Meeting	AA Meeting	AA Meeting	AA Meeting	AA Meeting
9:30 PM	AA Meeting	AA Meeting	AA Meeting	AA Meeting	AA Meeting	AA Meeting	AA Meeting
10:00 PM	AA Meeting	AA Meeting	AA Meeting	AA Meeting	AA Meeting	AA Meeting	AA Meeting
10:30 PM	AA Meeting	AA Meeting	AA Meeting	AA Meeting	AA Meeting	AA Meeting	AA Meeting
11:00 PM	AA Meeting	AA Meeting	AA Meeting	AA Meeting	AA Meeting	AA Meeting	AA Meeting
11:30 PM	AA Meeting	AA Meeting	AA Meeting	AA Meeting	AA Meeting	AA Meeting	AA Meeting
12:00 AM	AA Meeting	AA Meeting	AA Meeting	AA Meeting	AA Meeting	AA Meeting	AA Meeting

HOUSE MEETINGS
 OFFSITE MEETINGS IN GREEN

Schedule Subject to Changes or Modification as Necessary Without Prior Notification
 Effective 07/03/2008 Program Director

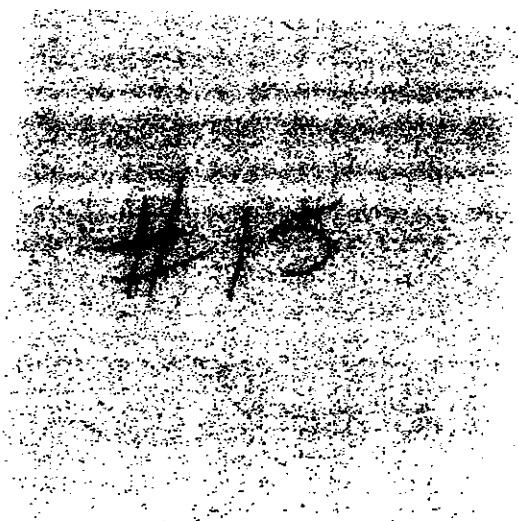
NCR 00305

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NEWPORT BEACH

NOV 25 2008

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November 25, 2008

City of Newport Beach
Planning Department

RE: 1216 W. Balboa Blvd.
Newport Beach, CA 92663

To Whom It May Concern:

Newport Coast Recovery only has one facility located at 1216 W. Balboa Boulevard, Newport Beach, CA 92661.

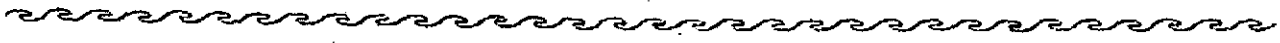
Sincerely,

Shannon Armand
Office Manager

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NOV 25 2008

CITY OF NEWPORT BEACH



Newport Coast Recovery, L.P.
1216 W. Balboa Boulevard, Newport Beach, California 92661 • 1.800.990.9691
www.newportcoastrecovery.org

NCR 00306

64

Exhibit No. 6
Correspondence from the Newport
Beach Fire Marshal

NCR 00307

65



STATE OF CALIFORNIA
FIRE MARSHAL

January 29, 2008

Mr. Michael Newman, Executive Director
Newport Coast Recovery
1216 West Balboa
Newport Beach, California 92661

RE: Fire and Life Safety Clearance

Dear Mr. Newman:

Recently, the office of the California State Fire Marshal issued a code interpretation that may impact the use of 1216 West Balboa as a group home for more than 6 people. The interpretation clarifies an interpretation that was issued by the State Fire Marshal in June of 2002 (SFM #02-014). Both interpretations are attached.

The State Fire Marshal's interpretation states that a group home use by more than 6 residents required compliance with construction requirements for the former Building Code "Group R1", which included apartment buildings and hotels. For Group R1 occupancies, openings in exterior walls within five feet (5') of the property line were prohibited. It is my estimation that two (2) of the exterior walls at 1216 West Balboa are approximately three feet (3') from the property line (on the east and west sides of the building).

We are uncertain at this time if the State Fire Marshal's interpretation, which applied when your group home occupancy use at 1216 West Balboa commenced and during much of the period when you operated that occupancy at that address, will affect your continued operation. We have discussed this matter with our City Attorney and with others, and advise you that, at a minimum, it has caused us to re-evaluate City actions relating to the existing use.

Notwithstanding that the current California Building Code, which took effect in Newport Beach on January 1st, 2008, contains new provisions for the group home uses which may allow you to have an operation that complies with current codes. It also contains several newly adopted regulations for group homes with more than 6 residents.

Because the California Department of Alcohol and Drug Programs (ADP) requires you to seek "Fire Clearance" from me as Newport Beach's Fire Marshal, I may be unable to do so without having a comprehensive code analysis by a qualified architect in-hand as I complete my review of each situation. As such, I strongly encourage you to seek this comprehensive code analysis by a qualified architect prior to your next licensing renewal.

NCR 00308

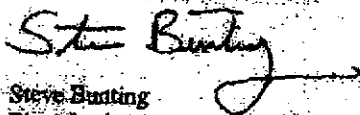
SAFETY • SERVICE • PROFESSIONALISM

67

A comprehensive code analysis will reveal any areas in which your facility may be out of compliance with the new regulations. The completed analysis should be submitted to my office at the Newport Beach Fire Department prior to your next licensing renewal.

Please call me if you have any questions about this matter or if I may be of any further assistance.

Sincerely,



Steve Bunting
Fire Marshal

Attachments

NCR 00309

68



STEVE LEWIS, FIRE CHIEF

June 6, 2008

Newport Coast Recovery
1216 West Balboa Blvd
Newport Beach, CA 92661

RE: Fire and Life Safety Clearance

Dear Mr. Swiney:

Earlier this year, I sent you a letter advising you of a recent code interpretation by the State Fire Marshal and briefly explained how the interpretation might affect group residential facilities with more than 6 clients *in one building*. The interpretation does not consider whether the single building houses two or more dwelling units housing 6 or fewer clients in each dwelling unit – indeed, like a fire might, it considers only the fact that more than 6 clients reside in one structure.

At the conclusion of the letter, I asked you to provide me with a comprehensive code analysis for each of the facilities you own or manage by a qualified architect prior to my office's inspection and anticipated issuance of "fire clearance" for license renewal or Use Permit purposes.

To date, I have not received an analysis for your facilities. Please be advised that I will need to review your code analysis and a plan for corrections, if necessary, prior to the issuance of the "Fire Clearance" that is a part of your Use Permit application and part of your ADP application (if you are seeking a new or extended ADP license).

The analysis should examine the impact of the State Fire Marshal's interpretations and all newly adopted regulations for group homes with more than 6 clients in a building. The completed analysis should be submitted to my office at the Newport Beach Fire Department as soon as possible.

In order to assist you and your architect with the code analysis, we have posted a list of applicable Building and Fire Code provisions relative to the Group R4 Occupancy Classification (*Group homes, licensed or unlicensed, providing treatment and/or recovery for more than 6 clients in a building*) on our web page:

www.city.newport-beach.ca.us/FMD/default.htm

NCR 00310

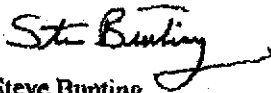
SAFETY ♦ SERVICE ♦ PROFESSIONALISM

69

The list may not include every provision applicable to your situation which is why we encourage you to obtain the assistance of a qualified architect.

Please call me if you have any questions about this matter or if I may be of any further assistance. I look forward to working with you in our continuing effort to protect the life and safety of the residents of our community.

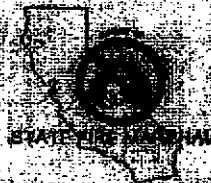
Sincerely,



Steve Bunting
Fire Marshal

NCR 00311

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California State Fire Marshal CODE INTERPRETATION

Date Issued	1/23/08	Interpretation	07-144
Topic	Group R, Div 6.2 Location On Property		
Code Section(s)	2001 CBC Section 317A and Table 5A		
Requested by	Steve Goring Newport Beach Fire Department (949) 459-2000 Cell sgoring@NBFD.net		

Do the exterior wall and opening protection requirements in Table 5A for the Group R, Division 1 occupancy group apply to Group R, Division 6.2 occupancies?

Yes, when the exterior wall is located 3 or more feet from the property line.

Does Section 317A allow the exterior wall of a Group R, Division 6.2 which is located 3 feet or more from the property line to be non-rated and have openings?

2001 CBC Section 317A does not apply to exterior walls of a Group R 6.2 located 3 feet or more from the property line.

NCR 00312

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STATE OF CALIFORNIA

California State Fire Marshal
CODE INTERPRETATION

Date Issued	06-17-02	Interpretation #	02-014
Topic	Location of Property R-6 Occupancies		
Code Section(s)	317A, California Building Code (1998)		
Requested by	Robert Bohman, Deputy Fire Marshal Alameda County Fire Department 1241 Redwood Road Castro Valley, CA 94546		

Is it the intent of CBC Section 317A to allow setback from the property line of only three feet for a Group R, Division 6.2 occupancy if the building is designed with a non-rated exterior wall and unprotected openings even when the occupancy load is greater than ten?

No. Section 316A states that a Group R, Division 6.2 occupancy shall not exceed the type of construction as specified for occupancies classified Group R Division 1 occupancy.

NCR 00313

72

Exhibit No. 7
Resident Correspondence

NCR 00314

73

Dear Mr. Kiff,

My name is Paul Lopez and I am writing to make note of my concerns regarding group residential homes in my neighborhood. I own and reside at 1125 1/2 W. Balboa Blvd., Newport Beach, CA 92661. I have lived here for over 8 years, and my immediate neighborhood has become densely populated with group residential/sober living homes. As a matter of fact, I am sandwiched on both sides of my home by two such residences at 1115 W. Balboa Blvd. and 1129 W. Balboa Blvd. Living in such close proximity, I have first hand evidence that these type of businesses, their clients, and visitors have adversely affected our living environment.

In reviewing the application for 1132 W. Balboa Blvd., I note that the city's environmental impact analysis states that there will be "no negative neighborhood/environmental impact" created by granting the requested permit. This conclusion irritates me to no end, as it is obviously the findings of someone who has not lived through the nightmare that we have experienced over the last five years. Despite trying to deal with the adverse effects of these businesses, and after many calls complaining to the site managers of smoke, swearing, noise, littering etc., very little has changed. I am a homeowner on the peninsula, a tax paying citizen and I am shocked that business at City Hall continues as usual as it relates to these group homes.

I am traveling on business next week and I will not be able to attend the public hearing. Therefore, please take the below feedback as my formal input on the permit hearing for both 1132 W. Balboa Blvd. on December 4th and the upcoming hearing for 1216 W. Balboa Blvd. on December 8th, both within 200 feet of my residence. Here are my issues:

Density:

I note that the existing permit process advocates that these facilities should not be within 1000 feet of each other and only one such facility should be located within a Newport Beach city block. I have four (4) such facilities within 1000 feet of my residence and three (3) of these are within my city block. The close proximity of these facilities, with their clients and visitors, has negatively changed the landscape of my neighborhood. Noise, smoking, parking, swearing, and police visits have all negatively impacted my quality of life here on the peninsula. The properties at 1132 and 1216 W. Balboa Blvd. have the same density-related issues as the other two facilities. The permitting of these facilities does have a negative environmental impact to my neighborhood and my residence.

How can the city provide a permit to these two facilities that are within a few hundred feet of each other, and within yet another few hundred feet of *two additional sober living facilities*? This is simply not in compliance with the permitting process as I understand it and is downright unfair.

Proximity to Newport Elementary School:

I also note that the existing permit process advocates that no facility be within 1000 feet of a school. The clients of these facilities have demonstrated that they are not model citizens, most with some form of drug offense and others with criminal records. Why would the city permit such a facility within a few hundred feet of the school? An approved permit would put these children at increased risk of harm. This is frankly insensitive to the families that have entrusted the City of Newport Beach to protect their children.

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DEC 01 2008

CITY OF NEWPORT BEACH

NCR 00315

75

Parking:

The group residential homes in question use their garages as group meeting locations, group entertainment, and/or offices. These garages have been adjusted to facilitate this type of group use and not parking. Therefore, all clients with cars—this means most clients—are parking on W. Balboa Blvd., creating an even more difficult parking situation for other residents. As you know, the limited parking available on the peninsula has always been an issue. These two group residential homes have worsened an already bad situation. Additionally, many guests and frequent business delivery vendors illegally park in front of other residents' garages and parking spaces. These facilities are using their available garage parking for other business purposes. This practice has a negative environmental impact on my residence and neighborhood.

Second-Hand Smoke:

I have reviewed the application process for both of these facilities and have noted the following stipulation:

NBMC §20.91A.050.A directs that "no staff, clients, guests, or any other users 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."

This is an interesting requirement, and I understand that each facility applying for a permit must sign and acknowledge this requirement. How does the City propose that these group residences comply? It is my first hand experience that most, if not all, clients and employees smoke. Per their own house guidelines, they are not allowed to smoke inside their units. Therefore, there is always a group of people outside smoking at each of these facilities as well as at the two facilities that surround me. I suggest that you have your environmental impact group visit our location and comment on the fact that we have a continuous flow of second-hand smoke. If someone is smoking outside, there is no way that they can keep the smoke on their property. Therefore, they are putting me and my family at risk of cancer, emphysema, asthma and other negative effects of second-hand smoke. I cannot open the windows of my home without smelling cigarette smoke. I attempted to install central air conditioning to minimize this negative environmental impact, but I was told by the city that I could not put an air conditioning unit on my roof or down in my side yard due to city zoning requirements. This is not fair, not right and most importantly, it is putting my family's health at risk. I believe it is the City's responsibility to protect my residence and family against dangerous second hand smoke.

Other Issues:

The clients of these facilities for the most part are not what one would consider responsible neighbors. They are generally loud, foul-mouthed, combative, and oblivious to social courtesies. Some site managers do a better job than others in managing their clients to comply with the required standards, but in general, these residents are intimidating and disrespectful. Our neighborhood has changed for the worse due to these businesses, and I assume that most potential buyers would not elect to buy next to one of these houses, so we have also taken a hit on future selling values. This whole process has been frustrating and detrimental to my home ownership and quality of life here on the peninsula. Our residence and neighborhood have been and continue to be negatively impacted by these residential living facilities.

This is my input on the permit process for the residential facility permit application process. I urge the City to reject the permit approval for the facilities at 1132 and 1216 W. Balboa Blvd. for the reasons noted above.

I would appreciate if you would respond to a few other questions that I have related to the two other residential living facilities that are located on each side of my residence.

- 1) I did not receive a public hearing notification for the facility at 1216 W. Balboa Blvd. Since I live within 1000 feet of this facility, why was I not formally notified?
- 2) What is the status of the permit application for the facility located at 1116 W. Balboa Blvd.? Have they submitted an application, and is there going to be a public hearing?
- 3) Did the facility at 1129 Balboa Blvd. submit for a permit under this application process? What is the status? If not, what are the plans and timing to shut them down?

Mr. Kiff, I appreciate your follow-up to this letter. I am a frustrated Newport Beach owner with two residential living facilities on each side of me and another two within several hundred feet. The density issues that these facilities create are unfair and detrimental to my rights as a property owner in Newport Beach. I look for the City to alleviate the current situation by minimizing the granting of permits in my neighborhood to ensure that these facilities are at least 1000 ft. apart and only one facility per city block.

Please confirm receipt of this email so I am ensured that it has become part of the permanent residential living permit record.

Sincerely,

Paul A. Lopez
1126 1/2 W. Balboa Blvd.
Newport Beach, CA 92661
951-316-1992

NCR 00317

77

Exhibit No. 3
Complete Project Application

NCR 00318

PA2008-104 for UP2008-033
1220 West Balboa Boulevard
Newport Coast Recovery LLC

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PLANNING DEPARTMENT

DEC 12 2008

City of Newport Beach
GROUP RESIDENTIAL USES – USE PERMIT APPLICATION
STANDARD GROUP RESIDENTIAL USE PERMIT APPLICATION
(Form 100 – Revised March 2008)

CITY OF NEWPORT BEACH

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

Haves Properties, LLC

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

16882 Coral Cay Lane Huntington Beach, CA 92649
(Mailing Address of Property Owner) (City/State) (Zip)

(949) 660-1150 _____
(Telephone) (Fax number)

(E-Mail address)

1220 West Balboa Blvd. 047-234-14
(Subject Property Address) Assessor's Parcel Number (APN)

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:

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

C. Evidence of Need for this Extent of Use. Per NBMC §20.91A.030 (E), 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 §20.91A.030.G & H, 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?

X 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:

1234 Main Street, Santa Barbara	ADP-Licensed Facility	8
Street Address, City	Type of Use	Bed Capacity

Has this facility or your operations at this facility, ever been in violation of State or local law?

Yes No

If Yes, please explain: _____

Facility #1

1219 W. Balboa Blvd., Newport Beach Transitional Care 4

Street Address, City Type of Use Bed Capacity

Has this facility or your operations at this facility, ever been in violation of State or local law?

Yes No

If Yes, please explain: _____

Facility #2

Street Address, City Type of Use Bed Capacity

Has this facility or your operations at this facility, ever been in violation of State or local law?

Yes No

If Yes, please explain: _____

Facility #3

Street Address, City Type of Use Bed Capacity

Has this facility or your operations at this facility, ever been in violation of State or local law?

Yes No

If Yes, please explain: _____

Facility #4

Street Address, City Type of Use Bed Capacity

Has this facility or your operations at this facility, ever been in violation of State or local law?

Yes No

If Yes, please explain: _____

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 Newport Beach Planning Department (949-644-3225) 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 §20.91A.030(H), 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):

Newport Coast Recovery, LLC

Name of Facility

1216 W. Balboa Blvd.

(Facility Address)

Newport Beach

(City)

92661

(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:

City of Newport Beach Business License

CA Dept. of Alcohol and Drug Program License and Certification License # 300156AP

Operate and maintain and adult residential alcohol and/or drug abuse/ recovery or treatment facility for men only.

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: _____

Reason for revocation, surrender, denial, or suspension: _____

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: _____

8. NATURE AND CHARACTERISTICS OF PROPOSED USE

Per NBMC §20.91A.030(A-D), please provide the following information about each proposed facility (attach additional sheets if necessary). The components of this Section 8 (and other sections) comprise the Operations and Management Plan and Rules of Conduct envisioned by NBMC §20.91A.050.B:

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. 18

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): 18

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): 0

Are all clients who reside on-site disabled persons? Yes

Number of staff who will reside on-site: 0

Maximum number of staff who will provide services during any one week to clients at the facility: 8

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

Total number of employees of provider: 8

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

Clinical Director, Program Director, case managers, therapists, and administration office staff.

Maximum number of clients who will use the facility on any one day but reside elsewhere: 0

Maximum number of client visitors who will visit the facility during any one week: 3-4

Maximum number of others who will visit the facility during any one week: 3-4. Please explain:

Weekend family counseling is held on the weekend on site. Family members come for two hours to an educational group on how they can support their family members in recovery. These family's park in the carports or at the metered parking on Balboa Blvd.

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 Department for permitted construction.

D. DURATION OF TYPICAL CLIENT STAY IN FACILITY (in days): 90

If you wish, please explain:

Phase I of our program is the first thirty days the client is here. These clients are not allowed to leave on their own for the first thirty days. These client primary focuses is getting the therapy and education to maintain long term sobriety. Phase II clients have already completed Phase I, they are now allowed to go to outside meetings, walk to the beach, and some may be able to drive if they have a car. Phase II clients still have to participate in groups and meet with their therapist and case managers. Phase III clients are staying for 90 days. They have to follow all the same guidelines as phase II, yet they are allowed to start seeking employment. All of our clients have to remain accountable at all times and refrain from the use of drugs and alcohol. We do random drug and urinalysis testing.

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

X Yes No

NOTE: The Americans with Disabilities Act of 1990 (ADA) is a comprehensive federal anti-discrimination law

Medical Products/Medical Waste Pickup: _____ /day or week

Other: _____ /day or week

We use waste management to pick up our trash. They come twice a week to pick up all of our garbage. The City of Newport Beach is not and has not been responsible for our trash.

Our clients prepare their own breakfast and lunch. We cater in dinner and our staff picks that up and brings it to our facility.

We have a business office on 15th Street that our business products and most packages are dropped off. Then staff will take it to the facility.

We drop off our medical waste to the pharmacy.

We take our clients to the YMCA in Newport Beach to work out 3 times a week so we do not work out on-site.

H. TRANSPORTATION AND PARKING:

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

X 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)

Our Phase 2 and 3 clients are allowed to have vehicles. There are very few clients that have vehicles, which are parked in the carport or the metered parking on Balboa Blvd.

Phase I of our program is the first thirty days the client is here. These clients are not allowed to leave on their own for the first thirty days. These client primary focuses is getting the therapy and education to maintain long term sobriety. Phase II clients have already completed Phase I, they are now allowed to go to outside meetings, walk to the beach, and some may be able to drive if they have a car. Phase II clients still have to participate in groups and meet with their therapist and case managers. Phase III clients are staying for 90 days. They have to follow all the same guidelines as phase II, yet they are allowed to start seeking employment. All of our clients have to remain accountable at all times and refrain from the use of drugs and alcohol. We do random drug and urinalysis testing.

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

Clients use bicycles, bus, and facility transportation.

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?

X 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)

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 (See addendum #1)**

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 City's General Services Department at 949-844-3066.

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 §20.91A.030.I).

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*:

X Yes No

K. **OTHER AVAILABLE CERTIFICATIONS**

NBMC §20.91A.050.C.4 directs that applicants shall 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 for more information or contact Certificate Coordinator Lt. Jeff Bartzik at 714-773-4523 or jbartzik@ocsd.org or Margo Grise at 714-773-4521 at mgrise@ocsd.org. This certification is required.
- The Orange County Sober Living Network (see http://www.soberhousing.net/orange_county.html or contact Grant McNiff at 714-875-2954. This certification is recommended.

You do not have to attain the OCSD certification to apply for a Use Permit, but we suggest that you attain the certification within a reasonable amount of time (twelve [12] months) following your application submittal. Should a Use Permit be issued, it may include a condition that certification be obtained within a stated time period. If you have attained this certification prior to applying for the Use Permit, verify here that you have attained this certification, and attach the verifying document from the certifying entity.

Orange County Adult Alcohol and Drug Sober Living Facilities Certification (required) *

Orange County Sober Living Network (recommended)

X Other (please describe) We are ADP Licensed. The above mentioned certification is only for Sober Living Facilities.

L. SECONDHAND SMOKE LIMITATIONS

NBMC §20.91A.050.A 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:

X 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: on first copy Date: _____
See attached

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. Per NBMC §20.90.030.C, false statements are grounds for denial or revocation.
- 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.

Revocation of the Use Permit. NBMC §20.96.040.E provides that the City can revoke a Use Permit if:

- The permit was issued under erroneous information or misrepresentation; or
- The applicant made a false or misleading statement of material fact, or omitted a material fact; or
- The conditions of use or other regulations or laws have been violated; or
- There has been a discontinuance of use for 180 days or more.

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.

on first copy:

(Signature) see attached (Title) _____ (Date) _____

Orange County Adult Alcohol and Drug Sober Living Facilities Certification (required) *

Orange County Sober Living Network (recommended)

X Other (please describe) We are ADP Licensed. The above mentioned certification is only for Sober Living Facilities.

L. SECONDHAND SMOKE LIMITATIONS

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X 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: *[Handwritten Signature]*

Date: 12/12/08

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. Per NBMC §20.90.030.C, false statements are grounds for denial or revocation.
- 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.

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- The permit was issued under erroneous information or misrepresentation; or
- The applicant made a false or misleading statement of material fact, or omitted a material fact; or
- The conditions of use or other regulations or laws have been violated; or
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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.

<i>[Signature]</i>	<i>Partner</i>	<i>12/12/08</i>
(Signature)	(Title)	(Date)
<i>[Signature]</i>	<i>Partner</i>	<i>12/12/08</i>
(Signature)	(Title)	(Date)
(Signature)	(Title)	(Date)



Drug & Alcohol Residential Treatment
State Licensed
Court & Probation Approved
Professionally Licensed Clinical Staff

Newport Coast Recovery enforces strict rules on smoking. There are two smoking areas that are a common area inside the property. We do not allow our clients to smoke, hang out, or walk around in the front or rear of our property. We have designated ashtrays where our clients dispose of their cigarette butts. We walk through our property every hour to insure that these rules are being enforced. Failure to follow these rules may result in the client being discharged. It is very important to us at Newport Coast Recovery that we keep our property looking nice. We care about our neighbor's and environment and will do our best to make it a nice place to live.

Newport Coast Recovery, L.P.
1500 W. Balboa Boulevard, Newport Beach, California 92663
1.949.673.3097 • 1.800.990.9691 • Fax 1.949.673.3098
www.newportcoastrecovery.com

NCR 00332

NEWPORT COAST RECOVERY OPERATIONS MANUAL

PHASES

DESCRIPTION OF CLIENT RESPONSIBILITIES FOR EACH PHASE

Phase I (1 to 30 days)

1. Client will be on the "buddy system" for up to 7 days after admission
2. Be responsible for making one-on-one appointments.
3. Write and present significant history (step 1) within 14 days of admission.
4. Attend and complete all groups and written assignments.
5. Complete and present spiritual concepts (steps 2 & 3) prior to moving to Phase II.
6. Obtain a sponsor
7. Petition staff in writing for advancement to next phase.

Phase II (31 to 60 days)

1. Clients will attend all required groups and one-on-one counseling 2 times per week around work/school schedule (If Applicable).
2. Be active in the local 12-step community.
3. Petition staff in writing for advancement to next phase.

Phase III (61 to 90+ days)

Clients in Phase III will determine their treatment plan on a one to one basis with their counselor.

NEWPORT COAST RECOVERY OPERATIONS MANUAL

PROGRAM MISSION AND PHILOSOPHY STATEMENT

Our philosophy is to give people who suffer from alcohol and drug addictions a safe, sober environment to live, and to learn about the disease of alcohol and drug addiction. Offer them the opportunity to succeed or to fail with dignity. At the same time making every effort to assist them in maintaining a positive attitude, and continued abstinence while gaining a foothold in sobriety.

12/15/03 2:43 PM

NCR 00334

NEWPORT COAST RECOVERY OPERATIONS MANUAL

DRINKING AND DRUG USE POLICY

No drinking of alcohol or ingesting of over the counter medications (including mouthwash) containing alcohol is allowed for any reason.

Any violation of this policy will result in the immediate discharge of any participant with a referral to an appropriate detox or other recovery service for minimum of 72 hours.

This same policy applies to any illicit or prescription medication with euphoric or mind altering effects. Any use of such a drug will result in immediate discharge.

Certain non-euphoric medication, prescribed by a medical doctor, who has full knowledge of the clients alcohol and/or drug problem, for life sustaining purposes, may be allowed with prior approval by the Program Director.

NEWPORT COAST RECOVERY OPERATIONS MANUAL

CRITERIA FOR ROOM REVIEW

No towels / linens or personal clothing on the floors.

Bed made and personal space in order

No food in bed or bedroom.

No electrical equipment left plugged in bathroom

No paint or "spill able" materials in the apartments

Chore(s) Completed

Room review(s) will be held every day.

12/15/03 2:43 PM

NCR 00336

NEWPORT COAST RECOVERY OPERATIONS MANUAL

STAFF TRAINING

In order to continue to best serve the needs of participants, staff is to receive training in subjects, which will improve or expand their capacities.

At a minimum, each member of the staff, shall receive 72 hours of training per year. Training shall be approved by the Program Clinical Director and be logged in the staff file. Any certified or licensed personnel that need Continuing Educational Units, must keep an updated copy of CEU's in their personnel file.

NEWPORT COAST RECOVERY
BALBOA BLUE HOUSE
ADMISSION AGREEMENT

Conditions of Admission

In consideration of the admission of _____ as a client to Newport Coast Recovery, the undersigned agrees and consents to the following Conditions of Admission and agrees to be bound hereby.

Rules and Regulations

Client promises to comply with the rules, regulations, and directions of the facility and its staff while the client is participating in this program. Client acknowledges that such rules, regulations, and directions are formulated and applied for and in the best interest of the client, the program or treatment in which client is involved, and other clients in the program.

Personal Valuables

It is understood and agreed that while participating in the program at Newport Coast Recovery, the facility shall not be liable for loss or damage to any money, jewelry, glasses, dentures, documents, clothes, or other articles of value.

Property Damage

Any damage to or loss of facility property caused by client will be billed to client's account at the cost of repair or replacement.

The undersigned certifies that he has read the foregoing, accepts the conditions, and has received a copy hereof, and accepts binding terms hereof.

Client Signature

Witness

Date

Revised 12-27-99 MD

NCR 00338

NEWPORT COAST RECOVERY

DRUG SCREENING

When alcohol and/or drug screening is deemed appropriate and necessary by the program director or a designee, the following guidelines shall be taken.

1. A refusal to do DRUGCHECK 4 shall be deemed a "dirty test" and the client may be discharged under the relapse policy of NEWPORT COAST RECOVERY.
2. The staff shall use the DRUGCHECK 4 test kits and follow the guidelines as stated on the package. Only staff members that have been trained may administer DRUGCHECK 4 testing.
3. The staff member must witness the client pass urine into the cup as to make sure there is not other source for the urine.
4. All test results, either negative or positive, shall be noted on Drug Screen form and placed in client file.
5. A "dirty test" is a relapse and shall be handled by NEWPORT COAST RECOVERY.
6. If a test is dirty and the client states that it is an error, he may, at his expense, pay for another test (\$25.00). If, after the second test his is "clean," his money will be refunded. If the test remains "dirty" there will be no more test given and the client will be handled under the relapse policy of NEWPORT COAST RECOVERY.

NEWPORT COAST RECOVERY OPERATIONS MANUAL

PROGRAM DESCRIPTION

GENERAL DESCRIPTION:

Newport Coast Recovery is designed to serve adult men with alcohol and drug related problems. The program is built on a residential recovery/treatment model with significant social model features. Newport Coast Recovery offers a two-stage approach with 90 days of intensive treatment initially, followed by aftercare and family group.

An alcohol/drug free environment is maintained at all times.

The program consists of the following:

Morning Goals Group

Each morning clients read daily meditation and then are asked to reflect on it and share their interpretation with the group. A goal for the day is then identified.

Chemical Dependency Education Group

In this group, a variety of topics are discussed in a rotation basis. Clients are educated in the areas of disease of chemical dependency, cross addiction, education to 12-Step support groups, and other informative subjects to help the client develop and improve their dysfunctional living patterns.

Continued Sobriety

Information is presented regarding signs and symptoms of relapse and the clients are encouraged to identify and share possible alternative behaviors.

Individual Journal Writing

Clients are to write about individual situations to help them identify thoughts and feelings in order to assist them with new insights.

Process Group

This group meets weekly, in conjunction with Topic Discussion. The approach is interactional and members are encouraged to talk about problems they have and give feedback to others. The group emphasizes interpersonal relationships and sharing feelings.

Topic Discussion

This group meets daily, in conjunction with Process Group (See Process Group)

NEWPORT COAST RECOVERY OPERATIONS MANUAL

SIGN IN/OUT

- Clients must sign out when leaving the premises and sign in upon return.
- Clients with a work schedule must post their hours in the sign in/out book.

When a sheet is complete the page is removed and placed in the clients chart under Miscellaneous.

NEWPORT COAST RECOVERY OPERATIONS MANUAL

STATEMENT OF PROGRAM OBJECTIVES

The goal of Newport Coast Recovery is to provide a safe environment for which recovering alcoholics and addicts will experience a sober/clean functioning lifestyle, and return to the community as a responsible alcohol/drug-free individual.

1. Educate all clients to the origin of their drug/alcohol problem, and provide a solution to those problems.
2. To get and keep seventy-five percent (75%) of all clients sober/clean for the duration of the program. Random urinary drug screens will be performed to help maintain an alcohol/drug-free environment at all times during residency. It is recognized that relapse is a reality in the best of programs. It is the intent of the program to not turn anyone away that wishes to get and remain sober.
3. Sixty percent (60 %) of clients who successfully complete the program will remain clean/sober for up to one (1) year. As measured by self-report and follow-ups at six (6) and twelve (12) months after completion for those who can be reached.
4. Seventy (70%) of our clients shall either gain employment or participate in further education upon successful completion of the program. Forty-five (45%) to remain employed or in school as measured by self-report and follow-ups at six (6) and twelve (12) months after completion for those who can be reached.
5. Ninety (90%) of all clients in the program for more than thirty (30) days shall have no new criminal activity resulting in a conviction, excluding minor traffic offenses, during treatment.

NEWPORT COAST RECOVERY OPERATIONS MANUAL

SERVICES

The client shall receive a living facility for 90 days while the client is in treatment.

Client shall receive lectures on alcohol and drug abuse, relapse prevention, life skills, spirituality issues.

The client shall receive morning groups, afternoon groups, one to one therapy, and aftercare for clients who have graduated.

The program is built on a residential recovery/treatment model with significant social model features.

The program shall provide services to ensure that all program participants develop recovery or treatment plans.

Newport Coast Recovery does provide food for clients and does provide the facilities for clients to prepare their own meals.

The program shall provide Bedding

The program shall provide Cable TV

The program shall provide Telephone services

The program shall make available a gym

The program shall maintain staff on site 24 hours a day, seven days a week.

NEWPORT COAST RECOVERY

Alcohol and Drug Policy Statement

This is to certify that Newport Coast Recovery L.P. is an alcohol and drug-free environment, therefore no alcohol or drugs will be permitted at anytime in any case. Both clients and staff are required to be alcohol and drug-free at all times while at the premises of Newport Coast Recovery.

NEWPORT COAST RECOVERY OPERATIONS MANUAL

ADMISSION PROCEDURE

1. Application for admission is made to the Program Director.
2. A personal interview is scheduled at that time.
3. At the time of the interview, a complete assessment of the individuals need for recovery services is made, including an alcohol, and drug history.
4. Applicant is briefed on the admissions agreement and any other required forms.
5. Applicant must pass drug-screening test.
6. Full payment for treatment is required at time of entry to the program.
7. If the ability/willingness to pay does not exist, the individual will be given assistance in obtaining a referral for county funded services.

NEWPORT COAST RECOVERY OPERATIONS MANUAL

MEALS

Newport Coast Recovery provides the facilities for residents to prepare their own meals, as well as nutritional information in accordance with the food guide pyramid so that residents may maintain a well balanced diet. There are copies of the food guide pyramid as well as sample menus posted in the kitchens of each resident's apartments. There are also markets, other restaurants, and fast food stores within walking distance of the facility.

NEWPORT COAST RECOVERY OPERATIONS MANUAL

RULES

- No overnight passes within the first thirty days of admission. After thirty days clients may request one overnight pass per month. After sixty days clients may request two overnight passes per month. After ninety days, clients may request three overnight passes per month. Overnight passes must be requested in writing at least 24 hours in advance. A request does not guarantee pass approval.
- Absolutely no stealing will be tolerated (including cigarettes, food and clothes).
- Borrowing or loaning money is not allowed.
- Get along with and be considerate to fellow residents.
- Clients are not allowed to frequent bars or nightclubs.
- No smoking is allowed in Newport Coast Recovery buildings -- smoking is only permitted in designated areas.
- No sexual contact will be allowed upon the premises.
- Friends may visit the house with the permission of the house manager. Visitors are confined to the designated visiting area and are not permitted in the apartments. No visitors after 9:00 p.m. All visitors must check in with and be approved by the manager. No overnight visitors. Visitors are not allowed to participate in recreations or workshops that are held during visiting hours. Visiting must not conflict with scheduled group times.
- All clients must be fully and properly clothed (i.e., shirts and pants or shorts) in the living room, kitchen, and yard. Client must wear shirt and shoes when coming in to the office. No clothing endorsing alcohol, drugs, or with explicit themes is permitted.
- Everyone needs to help keep the house neat and clean. Chores must be done daily or more often as needed. Chores are to be posted on your apartment refrigerator and will be changed weekly. There will also be a complete house cleaning every Saturday.
- You must do your assigned chores, make your bed and clean your room daily before 10:00 a.m. - period! Dirty laundry must be properly put away (out) of sight at all times.
- Clean up after yourself in the kitchen area. Wash, dry and return house utensils to their proper place.
- The telephone is for your use only. Only the local ⁹⁴⁹714 area code can be dialed free. Please be considerate to your housemates and limit your calls to ten minutes if others are waiting to use the telephone. Telephone will be turned off during house meetings.
- The telephone must be answered "Hello" not anything else. Do not volunteer any information about other clients. If you take a message for another client, please be courteous and record the message in the appropriate place.