



Planning and Building Agency
Planning Division
20 Civic Center Plaza
P.O. Box 1988 (M-20)
Santa Ana, CA 92702
(714) 647-5804
Planning@santa-ana.org
www.santa-ana.org

GROUP HOME SPECIAL USE PERMIT CHECKLIST & APPLICATION

GENERAL INFORMATION:

This application is for a Group Home Special Use Permit to establish a small group home or sober-living home of six or fewer occupants located in the A1, RE, R1, R2, R3, R4 zoning districts or within a Specific Development or a Specific Plan where single-family residential is a principally permitted use. In zones where both single- and multiple-family residential are principally permitted uses, a CUP shall be required. A Group Home Special Use Permit (GHSUP) will be issued for proposals that meet all requirements as described below and abide by regulations specified in [Article XXIII – Group Home Facilities](#) of Chapter 41 (Zoning) of the Santa Ana Municipal Code (SAMC).

ELIGIBILITY

Before proceeding with a permit application, please ensure that the proposed project meets the following requirements. If the answer to any of the questions below is “No”, then the use is not eligible to operate under a Group Home Special Use Permit.

Questions for all proposed Group homes	Yes	No
1. Is the proposed group home a facility to be used as a supportive living environment for persons who are considered disabled under state or federal law?		
2. Is the proposed group home unlicensed?		
3. Will the proposed group home have six or fewer occupants, excluding the house manager?		
4. Is the proposed group home operator the property owner or does the proposed operator have written approval from the property owner?		
5. Will the proposed group home have a house manager who resides at the group home or any multiple persons acting as a house manager who are present at the group home on a 24-hour basis, seven days a week, and who are responsible for the day-to-day operations?		
6. Will occupants not require and operators not provide “care and supervision” as those terms are defined by Health and Safety Code Section 1503.5 and Section 80001(c)(3) of Title 22, California Code of Regulations?		
7. Will the group home operate as a non-integral group home facility? Non-integral facilities operate from a single-parcel of land, including associated services.		



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Additional questions for proposed sober-living homes only. If not a sober-living home, skip questions 9-12.	Yes	No
8. Will all occupants, other than the house manager, be actively participating in a certified or licensed recovery program?		
9. Will the sober-living home have a written visitation policy that precludes any visitors who are under the influence of any drug or alcohol?		
10. Will the sober-living home have and enforce a good neighbor policy?		
11. Is the following statement true? The sober-living home will not provide detoxification, educational counseling, individual or group counseling sessions, and treatment or recovery planning as they are defined by Section 10501(a)(6) of Title 9, California Code of Regulations.		

APPLICATION SUBMITTAL INSTRUCTIONS:

Option 1: Online Submittal

Provide all the documents listed in the submittal checklist below in PDF format by emailing the Planning Division at Planning@santa-ana.org.

Option 2: In-Person Submittal

Visit the Planning Division Counter during [business hours](#). All documents listed in the submittal checklist below must be printed and presented at the counter. In addition, provide two (2) copies of the required site plan (minimum plan size is 11" x 17").

SUBMITTAL CHECKLIST:

The following documents and materials are required for submission. The Planning Division will not accept incomplete applications for review.

Group Home Special Use Permit Checklist and Application (completed and signed)

Payment of Group Home Special Use Permit fee; Refer to the Planning Division's [fee schedule](#) to determine applicable fee

Plan submittal (in-person submittals require two copies); Refer to "Plan Submittal Requirements" in this packet for itemized list of requirements

Site photos, including one of the front and each side of all buildings on the site



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Aerial photo; Refer to “Aerial Photo” in this packet for explanation of requirements

Assessor’s parcel information and mailing labels; Refer to “Assessor’s Parcel Information” in this packet for explanation of requirements

Detailed description of facility operations

Copy of the group home/sober-living home rules and regulations

Copy of the group home/sober-living home eviction/involuntary termination protocol

Signed property owner approval (required if the applicant is not the record owner of the subject property)

Proof of Live Scan request form submittal

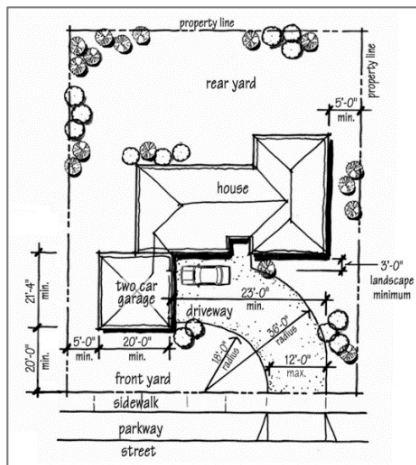


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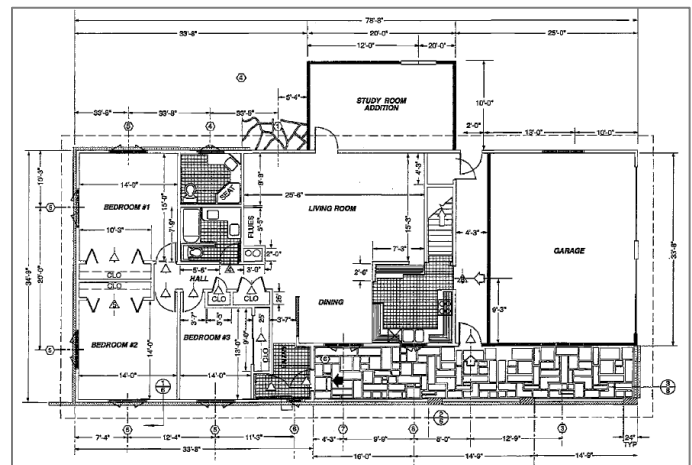
PLAN SUBMITTAL REQUIREMENTS:

1. General Information
 - a. Include dimensioned and accurate property lines, addresses of all dwellings on site, zoning designation, number of parking spaces, and the Assessor's Parcel Number (APN).
 - b. Indicate no care or supervision rooms will be provided within the residence.
2. Site Plan Requirements
 - a. Identify the location of the proposed group home/sober-living facility on-site and provide accurate dimensions.
 - b. Indicate the use of every existing structure, as well as the dwelling unit(s) intentioned for the group home (e.g. primary dwelling, ADU, JADU, shed, garage).
 - c. Identify dimensions of parking spaces.
 - d. Label all abutting streets and alleyways.
 - e. Provide north arrow and site plan scale (not to be smaller than one inch=40 feet)
3. Floor Plan Requirements
 - a. Label and dimension the use of each proposed room, number every bedroom, number of every bed provided, and include the house manager's quarters.

Example Site Plan



Example Floor Plan





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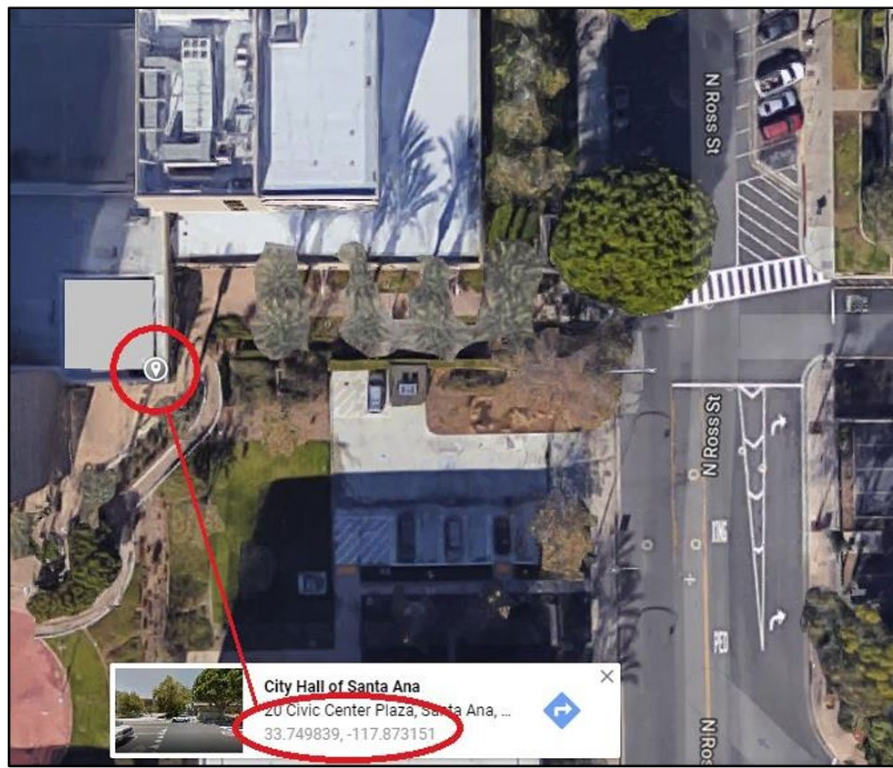
AERIAL PHOTO:

Please provide: 1. Map coordinates, and 2. a digital color aerial photo. Map coordinates may be obtained from Google Maps using the following steps:

Step 1 - Open Google from your internet browser and then enter the proposed group home/sober-living home location's address.

Step 2 - Open the resulting map and zoom in as necessary. Left (single) click where the location of the facility's front door is located.

Step 3 - The map coordinates will then be displayed near the bottom of the screen in the following format: 33.XXXXXX , -117.XXXXXX.





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ASSESSOR'S PARCEL INFORMATION:

Please provide the following information:

1. One assessor's parcel map from the County of Orange. Prior to submittal, the following information must be provided on the assessor parcel map and consolidated on only one sheet of paper:
 - a. A north arrow.
 - b. A 500-foot radius from exterior boundaries of subject property.
 - c. Existing land uses (school, market, auto repair, SFR (single-family residences) etc.) within the 500-foot radius.
 - d. Street addresses of each property within the 500-foot radius.
2. Mailing labels, not older than six months, for property owners and occupants (renters/business tenants) within 500 feet of the subject parcel, including the subject site. Include each property owner's or occupant's name, address, and assessor parcel number on each label. In addition to the required sets of labels, submit a Microsoft Excel spreadsheet with the required information on a USB flash-drive. Each set of addresses shall be provided on preprinted gummed labels.



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PERMIT APPLICATION:

Group Home/Sober-living Home Address: _____ Zip Code: _____

Business Tax Number: _____

Applicant's Name: _____ Phone No.: _____

Applicant's Mailing Address: _____ Zip Code: _____

Applicant's Email Address: _____

Emergency Contact Person's Name: _____ Phone No.: _____

Emergency Contact Person's Mailing Address: _____

Emergency Contact Person's Email Address: _____

Property Owner's Name: _____ Phone No.: _____

Property Owner's Address: _____

Property Owner's Mailing Address: _____ Zip Code: _____

Property Owner's Email Address: _____

Type of Facility:

Group home or

Sober-living home

PROPERTY OWNER APPROVAL

I, as current legal owner of the property identified above, acknowledge submittal of the above application and hereby authorize and approve the applicant named herein to operate a group home at the site identified in the application and in the attached application documents.

Recorded Property Owner or Authorized Signature: _____

Print Name: _____

Title: _____

Date: _____

Note: An original signature is required on this form as part of the application. An agent for the property owner may sign the application provided that a signed original letter of authorization from the property owner accompanies this affidavit.



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UNDERSTANDING AND AFFIDAVIT:

I understand and agree that my application can be processed for final approvals only when the following steps are completed:

1. I/we have received approval from the property owner to operate a group home at this site;
2. I/we have read and also understand the definitions and standard conditions associated with the Operational Standards ([Sec. 41-2402](#)) in its entirety;
3. I/we will comply with all applicable codes and conditions set forth by City agencies;

I CERTIFY under penalty of perjury that the foregoing statements and answers herein contained and any other information herewith submitted as part of this application are in all respects true and correct to the best of my knowledge and belief.

Applicant's Name: _____

Title: _____

Applicant's Signature: _____ Date: _____

DEPARTMENT USE ONLY

Planner Name: _____

Approved Business License? ☐ Yes ☐ No | Fee Required? ☐ Yes ☐ No

Comments: _____

Planning and Building Agency Executive Director Name: _____

☐ APPROVE

☐ DENY

Date: _____ SIGNATURE: _____