



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



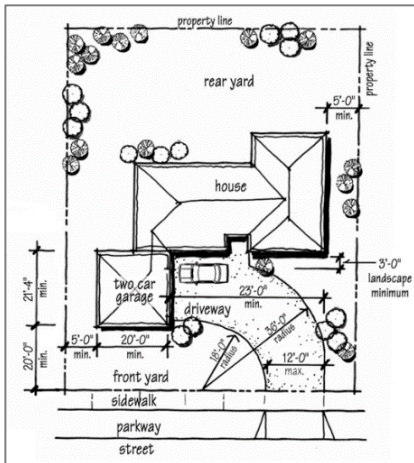
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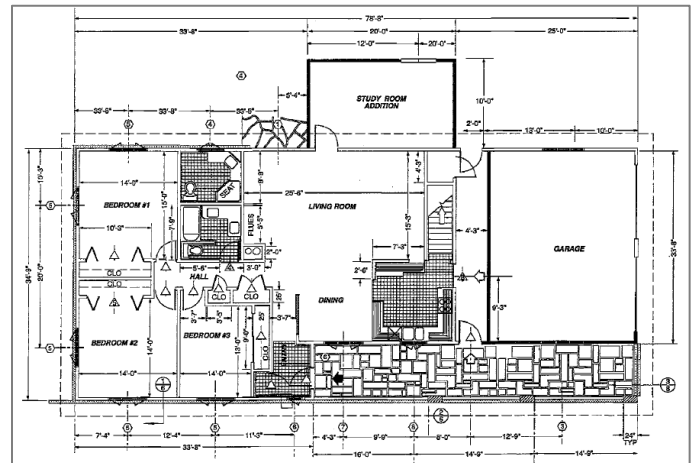
PLAN SUBMITTAL REQUIREMENTS:

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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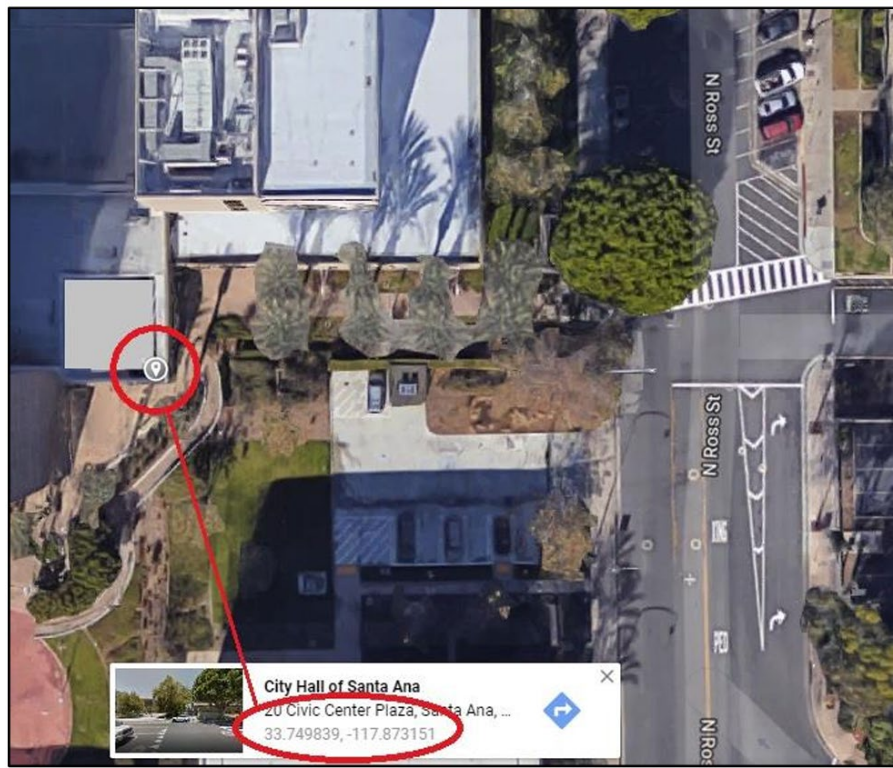
AERIAL PHOTO:

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: _____



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

CA0301900

ORI (Code assigned by DOJ)

LICENSE CERT. OR PERMIT

Authorized Applicant Type

REGISTRATION APP. FOR RSP

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

SANTA ANA POLICE DEPARTMENT

Agency Authorized to Receive Criminal Record Information

A09680

Mail Code (five-digit code assigned by DOJ)

60 CIVIC CENTER PLAZA

Street Address or P.O. Box

YVETTE PORTUGAL

Contact Name (mandatory for all school submissions)

SANTA ANA

City

CA

State

92702

ZIP Code

(714) 667-2701

Contact Telephone Number

Applicant Information:

Last Name

First Name

Middle Initial

Suffix

Other Name: (AKA or Alias)

Last Name

First Name

Suffix

Sex ☐ Male ☐ Female

Date of Birth

Driver's License Number

Height

Weight

Eye Color

Hair Color

Billing
Number

(Agency Billing Number)

Place of Birth (State or Country)

Social Security Number

Misc.
Number

(Other Identification Number)

Home

Address Street Address or P.O. Box

City

State

ZIP Code

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

Applicant Signature

Date

Your Number:

OCA Number (Agency Identifying Number)

Level of Service: ☒ DOJ ☐ FBI

(If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.)

If re-submission, list original ATI number:

(Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

Employer Name

Street Address or P.O. Box

Telephone Number (optional)

City

State

ZIP Code

Mail Code (five digit code assigned by DOJ)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed



REQUEST FOR LIVE SCAN SERVICE

Privacy Notice

As Required by Civil Code § 1798.17

Collection and Use of Personal Information. The California Justice Information Services (CJIS) Division in the Department of Justice (DOJ) collects the information requested on this form as authorized by Business and Professions Code sections 4600-4621, 7574-7574.16, 26050-26059, 11340-11346, and 22440-22449; Penal Code sections 11100-11112, and 11077.1; Health and Safety Code sections 1522, 1416.20-1416.50, 1569.10-1569.24, 1596.80-1596.879, 1725-1742, and 18050-18055; Family Code sections 8700-87200, 8800-8823, and 8900-8925; Financial Code sections 1300-1301, 22100-22112, 17200-17215, and 28122-28124; Education Code sections 44330-44355; Welfare and Institutions Code sections 9710-9719.5, 14043-14045, 4684-4689.8, and 16500-16523.1; and other various state statutes and regulations. The CJIS Division uses this information to process requests of authorized entities that want to obtain information as to the existence and content of a record of state or federal convictions to help determine suitability for employment, or volunteer work with children, elderly, or disabled; or for adoption or purposes of a license, certification, or permit. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The DOJ's general privacy policy is available at <http://oag.ca.gov/privacy-policy>.

Providing Personal Information. All the personal information requested in the form must be provided. Failure to provide all the necessary information will result in delays and/or the rejection of your request.

Access to Your Information. You may review the records maintained by the CJIS Division in the DOJ that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information. In order to process applications pertaining to Live Scan service to help determine the suitability of a person applying for a license, employment, or a volunteer position working with children, the elderly, or the disabled, we may need to share the information you give us with authorized applicant agencies.

The information you provide may also be disclosed in the following circumstances:

- With other persons or agencies where necessary to perform their legal duties, and their use of your information is compatible and complies with state law, such as for investigations or for licensing, certification, or regulatory purposes.
- To another government agency as required by state or federal law.

Contact Information. For questions about this notice or access to your records, you may contact the Associate Governmental Program Analyst at the DOJ's Keeper of Records at (916) 210-3310, by email at keeperofrecords@doj.ca.gov, or by mail at:

Department of Justice
Bureau of Criminal Information & Analysis
Keeper of Records
P.O. Box 903417
Sacramento, CA 94203-4170



REQUEST FOR LIVE SCAN SERVICE

Privacy Act Statement

Authority. The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose. Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses. During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental, or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.



REQUEST FOR LIVE SCAN SERVICE

Noncriminal Justice Applicant's Privacy Rights

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification¹ that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.²
- If you have a criminal history record, the officials making a determination of your suitability for the employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or update of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record.³

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.⁴

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.) *You can find additional information on the FBI website at <https://www.fbi.gov/about-us/cjis/background-checks>.*

¹ Written notification includes electronic notification, but excludes oral notification

² <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

³ See 28 CFR 50.12(b)

⁴ See U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c)