



LAND USE SERVICES DEPARTMENT Planning Division

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www.sbcounty.gov/uploads/LUS/Planning/Applications/ReasonableAccommodationRCF.pdf

MAJOR REASONABLE ACCOMMODATION REQUEST FOR A LAND USE MODIFICATION (RESIDENTIAL CARE FACILITY) INFORMATION SHEET AND APPLICATION

Actual Cost Initial Deposit (J687): \$1,083.00 (Initial Deposit)

In compliance with Fair Housing Laws (42 USC section 3600 et seq. and Government Code section 12900 et seq.), the County of San Bernardino may provide reasonable accommodation to any person with a disability who seeks access to fair housing. This application is for a Major Reasonable Accommodation for a land use modification, specifically for a Residential Care Facility.

All requests for reasonable accommodation shall be submitted with the application, supporting materials, and site plan, as described below.

Application: Submit one copy of a completed Reasonable Accommodation Request Application.

CHECKLIST OF SUBMITTAL MATERIALS

1. _____ Check or money order payable to "San Bernardino County" in the amount of \$1,083.00.
2. _____ Documentation of the disability of the person(s) for whom reasonable accommodation is requested.
3. _____ One copy of a site plan, drawn to scale, and illustrating the following:
 - A. Boundaries of the subject property
 - B. Name(s) of any abutting streets
 - C. Footprint of the subject residence/structure, including a floor plan of all rooms intended for residents' use
 - D. Identify the number of residents proposed for each bedroom and the location and number of beds for all residents
 - E. Driveways, carports, garage structures or other parking improvements
 - F. Patios, swimming pools, and any other structures on the subject property
 - G. Note land uses on adjacent properties, and distance to existing structures on adjacent properties.
4. _____ One copy of a site plan, reduced to 11" x 17" if original is larger.
5. _____ Other materials as may be needed to support answers to the application questionnaire.
6. _____ **Submit a schedule of the weekly activities** for the residents/clients. (*For your convenience a Weekly Activity Schedule Form is provided on page 3 of this application or you may provide your own schedule.*)
7. _____ **Submit any and all Good Neighbor Policy(ies) and House Rules** prepared for the facility.
8. _____ **Submit a Facility Staffing Data Form** to include employment date of hire, total time of recovery program experience, scheduled hours per month, CPR training and First Aid Training. (*For your convenience a Facility Staffing Data Form is provided on page 4 of this application or you may provide your own form.*)
9. _____ Submit 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.
10. _____ Submit the Disposal Plan for Medical and Bio-Waste showing how and where these wastes are disposed, if applicable.
11. _____ One completed Financially Responsible Party Information form.

**Required Findings
(Development Code Section 84.31.050)**

1. The following findings must be made in order to approve a request for reasonable accommodation:
 - (a) The housing, which is the subject of the request for reasonable accommodation, will be occupied as the primary residence by an individual protected under the Fair Housing Laws.
 - (b) The request for reasonable accommodation is necessary to make specific housing available to one or more individuals protected under the Fair Housing Laws.
 - (c) The requested reasonable accommodation will not impose an undue financial or administrative burden on the County.
 - (d) The requested accommodation will not require a fundamental alteration of the zoning or building laws, policies and/or procedures of the County.
 - (e) The requested accommodation will not, under the specific facts of the case, result in a direct threat to the health and safety of other individuals or substantial physical damage to the property of others.

2. The County may consider, but is not limited to, the following factors in determining whether the requested accommodation is necessary to provide one or more individuals with a disability an equal opportunity to use and enjoy a dwelling:
 - (a) Whether the requested accommodation will affirmatively enhance the quality of life of one or more individuals with a disability.
 - (b) Whether the individual or individuals with a disability will be denied an equal opportunity to enjoy the housing type of their choice absent the accommodation.

3. Relative to residential care facilities, the County may consider, but is not limited to, the following factors in determining whether the requested accommodation would require a fundamental alteration in the nature of the County's zoning program:
 - (a) Whether the requested accommodation would fundamentally alter the character of the neighborhood.
 - (b) Whether the accommodation would result in a substantial increase in traffic or insufficient parking.
 - (c) Whether granting the requested accommodation would substantially undermine any express purpose of either the County's General Plan or an applicable Specific Plan.
 - (d) Whether the requested accommodation would create an institutionalized environment due to the number of and distance between facilities that are similar in nature or operation.

4. In granting a request for reasonable accommodation, the reviewing authority may impose any conditions of approval deemed reasonable and necessary to ensure that the reasonable accommodation will comply with the finding required by the Development Code.

Weekly Activities Schedule for _____
 (Name of Facility)

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

Total hours per week of individual/group education sessions, recovery or treatment planning and detoxification services (if provided):

Comments:

Facility Staffing Form for _____

(Name of Facility)

You may 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

MAJOR REASONABLE ACCOMMODATION REQUEST QUESTIONNAIRE

Complete all sections of this application. The information furnished in this application will be used in evaluating your project for reasonable accommodation. If you believe an item does not apply to your request, provide an explanation. Do not leave any blank spaces. If you require more space to answer any question, please refer to an attachment and attach the additional information.

Section 1 - APPLICANT AND PROPERTY INFORMATION

Assessor's Parcel Number (APN): _____

Property Address: _____

Parcel Size (acreage or sq. ft.): _____

Applicant Data: (If applicant is a housing provider, include the legal name of the corporation or company)

Applicant Name: _____

Company Name: _____

Individual Contact: _____

Street Address: _____

City: _____ Zip: _____

Phone: _____ FAX No.: _____ E-Mail: _____

Property Owner Data (If same as above check)

Property owner of record name: _____

Firm Name: _____

Street Address: _____

City: _____ Zip: _____

Phone: _____ FAX No.: _____ E-Mail: _____

Representative Data (If same as above check)

Representative Name: _____

Firm Name: _____

Street Address: _____

City: _____ Zip: _____

Phone: _____ FAX No.: _____ E-Mail: _____

Applicant's Signature: _____ Date: _____

To be completed by County Staff:

Filing Date: _____

Land Use Zoning District: _____ Overlay(s): _____

Section 2 – QUESTIONNAIRE

PROJECT DESCRIPTION AND LOCATION/LEGAL DATA

Briefly describe the project and use:

Land Use District: _____

Overlay(s): _____

Legal Description: Township: _____ Range: _____ Section: _____

Location: Community: _____ Nearest cross street: _____

Street name: _____ Side of street: _____

Site Size (Gross acres or square footage): _____ Number of lots: _____

Site Address: _____

Developed Area: _____

Size of Buildings: _____

Previously approved land use applications for this site: _____

OCCUPANCY

1. Maximum Occupancy of Facility Allowed per the California Building Code. (This is the maximum number of individuals who may live in the residence(s) located at site address and are approved by the fire safety inspector.)

2. Maximum Requested Adult Resident Capacity of the Facility (The number of adult residents that will reside in the residence(s) at any one time, not counting the house manager.

Number of Facility Users and Staff: _____

UTILITIES:

1. Water: _____
(Name of Provider)

Is the site presently served? Yes No

Are any existing or proposed wells within 200 feet from any existing or proposed liquid waste disposal system?

Yes No If yes, attach an explanation

2. Sewage Disposal: Septic? Yes No

Sewer : _____
(Name of Provider)

Is the site presently served? Yes No

If septic system/leach lines are proposed or existing, attach information showing proposed or existing location and how the size of the sewage disposal area was determined.

3. **Gas:** _____
(Name of Provider)

Is the site presently served? Yes No

4. **Electricity:** _____
(Name of Provider)

Is the site presently served? Yes No

5. **Phone:** _____
(Name of Provider)

Is the site presently served? Yes No

6. **Cable TV:** _____
(Name of Provider)

Is the site presently served? Yes No

STAFFING:

1. Manager:

Manager Name: _____
Firm Name: _____
Address: _____
City: _____
Phone): _____ Email: _____

2. Twenty-four Hour Contact Person:

Name: _____
Firm Name: _____
Address: _____
City: _____
Phone): _____ Email: _____

3. Representative:

Representative's Name: _____
Firm Name: _____
Address: _____
City: _____
Phone): _____ Email: _____

OPERATIONS:

1. Your Firm's Historic Uses: In the past five years, have you or your firm or any entity or person affiliated with you or your firm operated, managed, or owned other residential care facilities in California? Yes No

If yes, on a separate sheet of paper 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 laws.

2. License and Permit History of Applicant:

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

Name of Facility

(Facility Address)

(County)

(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 (use attachment if necessary):

- 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 Health Care Services?

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 license 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 Health Care Services for a group residential use in this community or another community? Yes No

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

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

NATURE & CHARACTERISTICS OF PROPOSED USE: *Please provide the following information about each proposed facility (attach additional sheets if necessary):*

1. Services

A. Types of specific services that will be provided to residents/clients by the operators:

B. State the specific Development Code standard, ordinance, policy or procedure from which the applicant seeks reasonable accommodation.

C. Explain the reasonable accommodation request, and state why the requested accommodation is necessary to provide one or more individuals with a disability an equal opportunity to use and enjoy the residence.

D. Explain how the requested accommodation will enhance the quality of life of the individual with a disability. Provide documentation to support the explanation, if possible:

E. Explain how the individual with a disability would be denied an equal opportunity to enjoy the housing type of his or her choice absent the requested accommodation. Provide documentation to support the explanation, if possible.

F. If the applicant is a developer or provider of housing for individuals with a disability, please explain why the requested accommodation is necessary for the facility to provide individuals with a disability an equal opportunity to live in a residential setting, taking into consideration the existing supply of facilities of a similar nature and operation in the community. Provide documentation to support the explanation, if possible.

G. Types of specific services that will be rendered to residents/clients by outside agencies, or other providers. Please identify each provider(s), specifically describe the program and services to be rendered, and identify the location of the program/services (attach additional sheets if necessary).

H. Are all residents/clients who reside on-site disabled persons? Yes No

How will the operator determine that a resident/client is disabled, as defined under Federal and State Law?

If the resident/client is in recovery from for alcohol or substance abuse, will there be alcohol and drug testing? Yes No Please describe how the testing will be administered. (*Note: While individuals in recovery from alcohol or substance abuse are considered to have a disability under Federal and State law, current users of illegal controlled substances and alcohol are not considered disabled.*)

I. Are all residents/clients who will reside on-site: Male Female or both Male and Female

J. Will any individuals under the age of 18 years reside on-site? Yes No

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

L. Maximum number of client visitors who will visit the facility during any one week: _____

M. Maximum number of others who will visit the facility during any one week: _____

2. Duration:

Duration of typical resident/client stay in the facility (in days): _____

If you wish, please explain:

3. 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 County reminds all providers of residential recovery facilities that discrimination against persons with disabilities is prohibited. Please contact Building and Safety Division (909) 387-4111 for specific ADA requirements that may apply to your facility.

4. Program Activity Information:

A. Hours each facility will be in use: 24/7

Other (please describe): _____

B. Will there be a curfew? Yes No If so, please note quiet hours: 10 p.m. – 8 a.m.

Other (please describe): _____

C. 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, if any) will attend?

“AA”-type meetings Physical Fitness (gym, yoga, etc.)

Meal preparation and or Meal Delivery

Other wellness (massage, etc.) Other _____

5. Facility Staffing Data:

A. Number of staff who will reside on-site: _____

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

C. Total number of employees of provider: _____

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

DELIVERY INFORMATION:

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

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

TRANSPORTATION AND PARKING:

1. Will the veterans 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, vans, bicycle, etc.):

2. Will staff serving the facility be allowed to drive personal vehicles to the site? Yes No How many parking spaces are anticipated for each shift on site? _____

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

3. Will visitors be allowed to park within the facility? Yes No Or will visitors utilize on-street parking or other, be specific about which streets will be used.
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MEDICAL AND BIO-WASTE:

The disposal of certain medical waste or bio-waste is prohibited into the County's refuse disposal system. Syringes, needles, urinalysis cups, and other waste must be disposed in accordance with the state and local applicable laws. If you are uncertain as to what wastes can be disposed of in the County's disposal system, contact the County's Environmental Health Services Division of the Public Health Department at (800) 442-2283.

1. Will the facility be disposing of Medical or Bi-Waste? Yes No

ADDITIONAL QUESTIONS

1. Are you filing other land use applications for this site at this time? Yes No If so, which one(s)?
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2. Is the applicant a housing developer? Yes No

3. Provide information to support the following findings required for approval of a request for reasonable accommodation. Provide supporting documentation, if possible.

A. The housing which is the subject of the request for reasonable accommodation will be occupied as the primary residence of an individual protected under the Fair Housing Laws.

B. The request for reasonable accommodation is necessary to make specific housing available to one or more individuals protected under the Fair Housing Laws.

C. The requested reasonable accommodation will not impose an undue financial or administrative burden on the County.

D. The requested reasonable accommodation will not require a fundamental alteration of the zoning or building laws, policies, or procedures of the County.

FINANCIALLY RESPONSIBLE PARTY INFORMATION

Please print your responses.

The Financially Responsible Party is the individual or legal entity that will sign the Financially Responsible Party Agreement (attached), which agreement establishes the entity that: is responsible for all permit processing costs associated with the project application; will receive project accounting during the application processing; is responsible for paying for consultants necessary to complete the processing of the project application; is deemed the owner of funds held in the project trust fund; and indemnifies the County for legal challenges to project approval.

Have you ever had a Trust Account with San Bernardino County Land Use Services? Yes No

If yes, what name was used? _____

Financially Responsible Party Name: _____

The Financially Responsible Party is a (choose one): Company/Organization Individual

If Company/Organization, type, i.e. corporation, LLC, partnership: _____

Are you registered with the California Secretary of State? Yes No

If yes, what is your entity number? _____

If Company/Organization, Contact Name: _____

Mailing Address: _____

City _____ State _____ Zip _____

Home/Business Phone: _____ Cell Phone: _____

Email: _____

What is your preferred method for receiving invoices: Email U.S. Mail

If you are not the Financially Responsible Party, do you have notarized authorization to encumber the Financially Responsible party? Yes No (Please attach a copy of the authorization.)

----- **For Office Use Only** -----

Project Number: _____ Type of Application: _____

Received By: _____ Date: _____

Entered By: _____ Date: _____

FINANCIALLY RESPONSIBLE PARTY AGREEMENT

This Agreement is entered for the benefit of San Bernardino County by and through the San Bernardino County Land Use Services Department (LUSD) by

_____ (Financially Responsible Party) in reference to LUSD application processing costs associated with a Project. [If the Financially Responsible Party is a legal entity (e.g. corporation or partnership), the representative must supply notarized authorization that he/she is approved to financially encumber that legal entity.]

1. The Financially Responsible Party will pay the security deposit required at the time of Project submittal in an amount established by the County Code or by LUSD policy; will pay monthly invoices within twenty-five (25) days from invoice date, subject to LUSD stopping work until payment is received; and agrees to be responsible for payment of all permit processing costs associated with the Project application.
2. If it is deemed necessary by LUSD to utilize consultant services, the Financially Responsible Party will pay a deposit to cover consultant costs prior to execution of the contract with the consultant, with charges against the contract with the consultant to be billed on an hourly basis against the deposit.
3. Financially Responsible Party agrees that all funds deposited in the Project Trust Account will be held by the County in an account under the name of Financially Responsible Party, and that the Financially Responsible Party shall be considered the owner of all funds in said account.
4. Financially Responsible Party agrees that the LUSD is not required to issue any clearances or permits without receipt of full payment of fees, unless waived by the Board of Supervisors, by Board Action.
5. Financially Responsible Party agrees that if there is an outstanding amount on any other LUSD application for which the Financially Responsible Party is the applicant, the depositor, of the Financially Responsible Party, subsequent applications will not be accepted until such amounts are paid.
6. Financially Responsible Party agrees that LUSD may refund any funds remaining in the project trust account at the completion of work to the Financially Responsible Party.
7. The Financially Responsible Party agrees that the person or entity designated as the Financially Responsible Party maintains that designation until the project is completed and all legal challenges to the County's approval have been resolved, or the County is notified, and accepts, a Change of Financial Responsibility form (available on the San Bernardino County LUSD website).
8. Indemnification. In compliance with Development Code §81.01.070, the Financially Responsible Party agrees, to defend, indemnify, and hold harmless the County or its "indemnitees" (herein collectively the County's elected officials, appointed officials (including Planning Commissioners), Zoning Administrator, agents, officers, employees, volunteers, advisory agencies or committees, appeal boards or legislative body) from any claim, action, or proceeding against the County or its indemnitees to attack, set aside, void, or annul an approval of the County by an indemnitee concerning a map or permit or any other action

relating to or arising out of County approval, including the acts, errors or omissions of any person and for any costs or expenses incurred by the indemnitees on account of any claim, except where such indemnification is prohibited by law. In the alternative, the developer may agree to relinquish such approval.

The Financially Responsible Party shall reimburse the County and its indemnitees for all expenses resulting from such actions, including any court costs and attorney fees, which the County or its indemnitees may be required by a court to pay as a result of such action.

Although the County may, at its sole discretion, participate at its own expense in the defense of any such action, such participation shall not relieve the Financially Responsible Party of their obligations under this condition to reimburse the County or its indemnitees for all such expenses.

This indemnification provision shall apply regardless of the existence or degree of fault of indemnitees. The Financially Responsible Party's indemnification obligation applies to the indemnitees' "passive" negligence but does not apply to the indemnitees' "sole" or "active" negligence or "willful misconduct" within the meaning of Civil Code Section 2782.

The Financially Responsible Party agrees that its indemnification obligations under this agreement remain in effect even though a court may order the County to set aside its approvals of the project.

9. In the event of a transfer of project or property, the Financially Responsible Party shall notify the County within two (2) working days, in writing and by telephone as follows:

Land Use Services Department
Attn: Administrative Manager
385 N. Arrowhead Avenue, 1st Floor
San Bernardino, CA 92415-0187
(909) 387-4000

Executed on the _____ day of _____, 20_____

Financially Responsible Party (Please print and sign)