



Case # _____

Sussex County, Delaware

Sussex County Planning & Zoning Department
2 The Circle (P.O. Box 417) Georgetown, DE 19947
(302) 855-7878 ph. (302) 854-5079 fax

Application for Group Residential Facility for Persons with Disabilities

Purpose: A group residential facility licensed and approved by the appropriate state agencies serving 10 or fewer persons with disabilities on a twenty-four-hour-per-day basis (a "Group Residential Facility for Persons with Disabilities") is considered a single family dwelling under the Sussex County Code, Chapter 115 (Zoning), § 115-4(B). The purpose of this Application is to provide the Applicant with an opportunity to demonstrate that its proposed use of the property as set forth in this Application meets the definition of a Group Residential Facility for Persons with Disabilities under the Sussex County Code.

Property Address: _____

Tax Map #: _____ Property Zoning: _____

Applicant Information

Applicant Name: _____

Applicant Address: _____

City, State, Zip: _____

Applicant Phone #: _____ Applicant e-mail: _____

Property Owner Information

Owner Name: _____

Owner Address: _____

City, State, Zip: _____ Purchase Date: _____

Owner Phone #: _____ Owner e-mail: _____

Agent/Attorney Information

Agent/Attorney Name: _____

Agent/Attorney Address: _____

City, State, Zip: _____

Agent/Attorney Phone #: _____ Agent/Attorney e-mail: _____



Criteria for Demonstrating Property Use as a Group Residential Facility for Persons with Disabilities.

(Please provide a written statement regarding each criteria)

Disability means, with respect to a person: (1) A physical or mental impairment which substantially limits one or more of such person's major life activities, (2) a record of having such impairment, or (3) being regarded as having such an impairment, but such term does not include current, illegal use of a controlled substance as defined in § 102 of the Controlled Substances Act (21 U.S.C. 802) or Title 16 of Chapter 47, Uniform Controlled Substances Act. 6 Del. C. § 4602(10).

1. Housing

A. How long is it anticipated that the occupants of the facility will stay at the facility?

B. Are the occupants anticipated to treat the facility as their home, even on a temporary basis and, if so, how?

2. Physical or Mental Impairment

Examples include, but are not limited to: recovery from drug or alcohol addiction, chronic depression, mental retardation, organic brain syndrome, emotional or mental illness, learning disabilities, physiological disorder or condition, cosmetic disfigurement, anatomical loss affecting various body systems.

A. Does the Applicant intend to provide housing for persons with a physical or mental impairment?

(1) Describe the type(s) of impairment(s) that occupants are anticipated to possess.

(2) Provide documentation as an attachment to this Application demonstrating the Applicant's intent to provide this type of housing.

3. Substantial Limitation of a Major Life Activity

"Major life activities" include, but are not limited to, caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.

A. Is it anticipated that the physical or mental impairment substantially limits one or more of such person's major life activities and, if so, how?

B. What is the major life activity that is anticipated to be substantially limited?

4. Number of Persons

A. Is the facility anticipated to serve 10 or fewer persons with physical or mental impairments on a 24-hour basis?

5. State Licensing

A. Is the facility required to be licensed or approved by a State agency? _____

B. If so required, when does the Applicant anticipate applying for such licensure/approval? If licensure/approval has already been granted, please provide the details and any supporting documentation.

*** Please be advised that the decision of the Department is final when signed by the Director of the Planning and Zoning Department and will be mailed to the Applicant within three (3) business days. Any final decision of the Department may be appealed to the Sussex County Board of Adjustment within thirty (30) days after the final decision of the Department. To determine whether the decision has been made prior to receiving the decision in the mail, you may call the Planning & Zoning Department at (302) 855-7878. Please include the case number when calling about the decision.**

*** Please be advised that any action taken in reliance on the Department’s decision before it is finalized and the expiration of any applicable appeal period is taken at the Applicant’s risk.**

The undersigned states that that he or she has completed this Application honestly, truthfully and to the best of his/her knowledge and belief.

Applicant Signature

Date

For office use only:

Date Submitted: _____

Staff accepting application: _____ Application & Case #: _____

Location of property: _____

Decision of the Department of Planning and Zoning:

The Application: Meets _____

Does not meet _____

the definition of a single family dwelling under the Sussex County Code Chapter 115 (Zoning), § 115-4(B) as a group residential facility licensed and approved by the appropriate state agencies serving 10 or fewer persons with disabilities on a twenty-four-hour-per-day basis.

Director, Sussex County Planning & Zoning

Date: _____