



## Personal Care Home / Assisted Living Facility / Nursing Home Permit Application

- **UDO Section.** 25B-30-9(2)
- **Permit Expiration.** Does not expire.
- **When Permit is Required.** For any Personal Care Home, Assisted Living Facility, or Nursing Home.
- **Application Requirements.**
  - The name, address, telephone number, and email address of the applicant.
  - The street address of the property upon which the personal care home, assisted living facility, or nursing home is to be located. In the absence of a street address, the parcel identification number as assigned by the Troup County Tax Assessor shall be given.
  - The name(s) and address(es) of all owners of the real property upon which the personal care home, assisted living facility, or nursing home is to be located.
  - Verification of the zoning designation of the property upon which the personal care home, assisted living facility, or nursing home is to be located.
  - An affidavit that the applicant either has applied for or will immediately apply for the corresponding permit or authorization for the operation of the facility from the State of Georgia Department of Community Health in accordance with its rules and regulations and the affidavit shall also certify that the proposed facility will meet and be operated in conformance with all applicable state and federal laws and regulations and with all codes and regulations of the City.
  - All application forms and information submitted to the State of Georgia Department of Community Health shall be submitted with the City permit application.

June 23, 2021

- The Director may require clarification or additional information from the applicant that is deemed necessary to determine whether operation of the proposed home will meet applicable laws, regulations and development standards.
- The permit for operation shall not be issued until the applicant has obtained the corresponding permit or authorization for operation of the facility from the State of Georgia Department of Community Health.
- No permit for the operation of the facility shall be transferable.
- No facility shall be operated without both a valid permit from the City and a valid license from the State of Georgia Department of Community Health.
- Confirmation that no such facility shall be located within 1,000 feet of any other such facility.

**Applicant Information**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**Property Owner Information**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**Site Information**

Address / Location: \_\_\_\_\_

Tax Parcel #: \_\_\_\_\_

Nearest Road Intersection: \_\_\_\_\_

Current Zoning Classification: \_\_\_\_\_

Comprehensive Plan Character Area Map Designation \_\_\_\_\_

Size of Property (Square Feet or Acre(s)): \_\_\_\_\_

Is there another personal care home, assisted living facility, or nursing home located within 1,000 feet of the site that you are proposing? Yes \_\_\_\_\_ No \_\_\_\_\_

Please provide a detailed description of the intent and purpose of a permit request of this nature.

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## Property Owner Authorization

### Property Owner Information

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

### Authorization

I swear that I am the owner of the property located at (property address):

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Which is the subject matter of the attached application, as is shown in the records of Troup County, Georgia. I hereby authorize the applicant named below to act as the applicant in the pursuit of a Social Service Facility Permit for the subject property.

Name of Applicant / Agent: \_\_\_\_\_

Applicant's / Agent's Address: \_\_\_\_\_

Applicant's Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature of Owner: \_\_\_\_\_

Print Name of Owner: \_\_\_\_\_



## **Sec. 25B-30-9 (Residential Group Living Uses)**

(2) Personal Care Home, Assisted Living Facility, Nursing Homes.

(a) Persons seeking to operate such a facility must file a permit application with the City.

(b) Each permit application shall include an affidavit that the applicant either has applied or will immediately apply for the corresponding permit or authorization for the operation of the facility from the State of Georgia Department of Community Health in accordance with its rules and regulations and the affidavit shall also certify that the proposed facility will meet and be operated in conformance with all applicable state and federal laws and regulations and with all codes and regulations of the City.

(c) All application forms and information submitted to the State of Georgia Department of Community Health shall be submitted with the City permit application.

(d) The Director may require clarification or additional information from the applicant that is deemed necessary to determine whether operation of the proposed home will meet applicable laws, regulations and development standards.

(e) If the Director determines that an application to operate the facility has met all applicable requirements including the applicable permit requirements delineated in the Table of Permitted and Prohibited Uses for the respective zoning district of the proposed use, the Director shall approve the application for a permit, but the permit for operation shall not be issued until the applicant has obtained the corresponding permit or authorization for operation of the facility from the State of Georgia Department of Community Health.

(f) No permit for the operation of the facility shall be transferable.

(g) No facility shall be operated without both a valid permit from the City and a valid license from the State of Georgia Department of Community Health.

(h) All such facilities must provide at least 80 square feet of personal living space per resident or that amount required by the State of Georgia for the licensing of such facilities, whichever is greater.

(i) No signs shall be permitted other than those permitted by the regulations of the zoning district within which such facility is located.

(j) For personal care homes only, no such facility shall be located within 800 feet of any other such facility.

(3) Social Service Facility, Personal Care Home, Assisted Living, Nursing Home Requiring a Special Use Permit. When a social service facility, personal care home, assisted living facility or nursing home requires a special permit, the following items shall be considered in determining whether the facility shall be approved:

(a) The impact of the facility in view of the use and development of adjacent and nearby properties;

(b) The impact that the proposed facility will have on the public safety, traffic on the public streets, transportation facilities, utilities, and other public services; and

(c) The impact that the proposed facility will have on established property values and on the health, safety, comfort and general welfare of the residents of the City.