



GROUP HOME FORM

For additional information see [Section 17.4.3.1.L](#) of the zoning ordinance.

APPLICANT INFORMATION

Name: _____ Phone: _____
Firm: _____ E-Mail: _____
Address: _____
City: _____ State: _____ Zip: _____

PROPOSED GROUP HOME

Business Name: _____
Address: _____
City: _____ State: _____ Zip: _____

1. What is the maximum number of residents that will reside in the group home? _____
- 2a. How many single occupancy bedrooms? _____ 2b. How many double occupancy bedrooms? _____
3. Please describe your clients, and the nature of care, treatment, and supervision that will be provided:

The Fair Housing act protects individuals with mental or physical impairments which substantially limit one or more major life activities. The term mental or physical impairment may include, but is not limited to, conditions such as blindness, hearing impairment, mobility impairment, HIV infection, mental retardation, alcoholism, drug addiction, chronic fatigue, learning disability, head injury, and mental illness.

4. Please describe any modifications to the existing structure or new construction required for the proposed group home.

CERTIFICATION: I hereby certify, by entering 'YES' in the box below that, to the best of my knowledge and belief, all information supplied with this application is true and accurate.

☐

SIGNATURE OF APPLICANT: _____ DATE: _____

Please click the **SUBMIT** button to send an e-mail using your client program (e.g. Outlook, Apple Mail, Lotus Notes). Remember to attach all other required additional documents. If you are using a web based e-mail program (e.g. Hotmail, Yahoo, Gmail, Comcast.net) please save using the **SAVE FORM** button below and continue by using your web browser to create an e-mail and attach this form and all other required electronic documents.
Please address e-mail to: pod@lakewood.org. If this form or e-mail fails for any reason, please contact us at 303-987-7505.

Please use ONLY Adobe Acrobat Reader or Adobe Acrobat Pro as third party applications do not work correctly.

For Staff to Complete

Case Number: _____ Project Manager: _____

Zone District: _____ Number of Residents: _____

Complete the following information:

☐ Yes ☐ No ☐ N/A Is the proposed group home limited to those individuals protected by the Fair Housing Act?

☐ Yes ☐ No ☐ N/A Does the proposed group home require a Reasonable Accommodation Application?

Other Notes:

Review Complete Date: _____

Reviewed By: _____