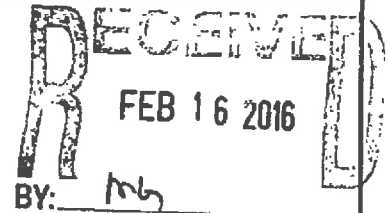




## CITY OF COLORADO SPRINGS

## REQUEST FORM FOR:

- ZONING VERIFICATION LETTER (\$95.00) \_\_\_\_\_
- REBUILD LETTER (\$176.00) \_\_\_\_\_
- LEGAL NON-CONFORMING USE DETERMINATION LETTER (\$176.00) \_\_\_\_\_
- COMPLIANCE INSPECTION AND LETTER (\$301.00) \_\_\_\_\_



Fees: Submittal of this application and review fee is required in order to process this application (checks payable to the City of Colorado Springs). Remit to: Planning & Development, 2880 International Cir #200-7, Colorado Springs, CO 80910

LETTER CONTENT:ZONING VERIFICATION:

Zone(s) of parcel, definition of zone(s) and existing or proposed use(s) and additional information requested from the applicant. Information regarding zoning violations must be obtained from the Colorado Springs Police Department-Code Enforcement Unit; contact information (719) 444-7891.

- NOTE: VERIFICATION LETTERS TAKE SEVEN (7) DAYS TO COMPLETE UPON SUBMITTAL OF THE REQUEST AND REQUIRED FEE

REBUILD AND/OR LEGAL NON-CONFORMING USE DETERMINATION:

Zone(s) of parcel, use of premises, date of structure(s) built, Non-Conforming Use/Structure Statement or Rebuild Statement and additional information requested from the applicant.

- NOTE: REBUILD/LEGAL NON-CONFORMING USE DETERMINATION LETTERS TAKE SEVEN (7) DAYS TO COMPLETE UPON SUBMITTAL OF THE REQUEST AND REQUIRED FEE
- APPLICANT MUST SUBMIT EVIDENCE THAT ONE (1) OF THE FOLLOWING CIRCUMSTANCES IS TRUE:
  - Show that the use was begun or the building constructed inside the City limits before 1952;
  - Show that the use was begun or the building constructed inside the City limits after 1952 and the zoning regulations in effect at the time permitted the use of building. In the case of non-conforming building types (i.e. a garage within a required setback) show that the building was lawfully constructed or converted with an approved building permit.
  - Show that the use was begun or the building constructed outside the City limits before annexation and conformed to the El Paso County zoning regulations existing at that time. In the case of non-conforming building types (i.e. a garage within a required setback), show that the building was lawfully constructed or converted with an approved building permit.

COMPLIANCE INSPECTION AND LETTER:

Zone(s) of parcel, definition of zone(s), existing or proposed use(s) and a site inspection. Information regarding zoning violations must be obtained from the Colorado Springs Police Department-Code Enforcement Unit; contact information (719) 444-7891.

- NOTE: COMPLIANCE INSPECTION LETTERS TAKE TEN (10) DAYS TO COMPLETE UPON SUBMITTAL OF THE REQUEST AND REQUIRED FEE

Please complete ALL of the following information:

Applicant: Courage & Change Jessica Miller Telephone: 719-541-4912 Fax: 719-541-4911

Address: 41250 Alford Road, Simla, CO Zip Code: 80535 Email: mlj@ccw7.com  
net

Property Owner: Jerry Bratton Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_

Letter to be addressed to: Office of Behavioral Health Jerry Bratton

Address: Licensing desk 3824 W. punctor Zip Code: 80236 Email: \_\_\_\_\_

Premises Involved: Chile, Denver

Address: 5485 Appaloosa Drive, Colo Springs, CO 80923

Existing Zone: \_\_\_\_\_ Acreage: 5

Legal Description of property involved: \_\_\_\_\_

Tax Schedule No(s): \_\_\_\_\_

(This information can be obtained from El Paso County Tax Assessor located at 1675 Garden of the Gods Road, #2300, (719) 520-6600 or at their website <http://www.land.elpasoco.com>)

**Sources of evidence/information for Rebuild and/or Legal Non-Conforming Use Determination Letters:**

1. County Tax Assessor's Office, 1675 Garden of the Gods Road, #2300 for descriptions of assessed use(s), inspection date(s), photo(s), etc.
2. Regional Building Department, 2880 International Circle, for building permit information showing legal construction and/or conversion date(s).
3. City Directories (Polk Directory) available at the Penrose Library, Carnegie Library-Local History Division, 20 N. Cascade Avenue. These directories list individual's addresses, business names and their owners and/or occupants by year.
4. Copies of personal income tax forms
5. Copies of licenses issued by the City, County or State agencies
6. Copies of old telephone book advertisements
7. Copies of dated rent receipts
8. Affidavits from neighbors and/or tenants.
9. Any other information that is competent and factual

RECEIVED  
FEB 16 2016  
BY: MB

- NOTE:**
- Planning & Development has minimal wide format copying capability. If you require a copy of an approved site plan, you should contact Land Use Review at (719) 385-5905 to have the site plan sent out for copying at one of the three (3) wide format copy companies. You must have the payment arrangements made prior to sending the site plan out for copies.
  - Required information and/or requested copies of either Building Permits and/or Certificates of Occupancy may be obtained from the Pikes Peak Regional Building Department. They are located at 2880 International Circle, Colorado Springs, CO 80910, (719) 327-2880 or at their website at [www.pprbd.org](http://www.pprbd.org).

**CITY INTAKE:**

Type of application requested: \_\_\_\_\_ Date Accepted: \_\_\_\_\_

Fee Receipt #: \_\_\_\_\_ Intake Staff: \_\_\_\_\_

Login Date: \_\_\_\_\_ File Number: \_\_\_\_\_

Assigned Planner: \_\_\_\_\_ Date Letter Written: \_\_\_\_\_

*The City of Colorado Springs is committed to ensuring that all of our services are accessible to those with disabilities. We encourage participation by all individuals. If you have a disability, advance notification of any special needs will help us better serve you. Please call the City at 385-5905 to request any special service that you may require. A one (1) week advance notice to allow us to accommodate your request is appreciated.*



**COLORADO**  
**Office of Behavioral Health**  
 Department of Human Services

OBH USE ONLY Check# _____ Amount _____	<b>OFFICE OF BEHAVIORAL HEALTH (OBH)</b> <b>SUBSTANCE USE DISORDER LICENSE APPLICATION</b> Application Must Be Typed or Legibly Written in Ink	OBH USE ONLY QA Staff Assigned _____
----------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------

**Use One Application for Each Physical Location**

**LICENSING INFORMATION**

Application Date \_\_\_\_\_ Medicaid Clinic Number (if Medicaid provider) \_\_\_\_\_

License Application Type:    Initial License    License Renewal    Issued up to 2 years    License Modification

Current License Status:    No License    Two-Year License    Provisional License    Limited License    Probationary License

License # \_\_\_\_\_ Date Effective \_\_\_\_\_ Expiration Date \_\_\_\_\_

**PHYSICAL SITE INFORMATION**

Agency (Licensed Name) \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_

Zip \_\_\_\_\_ County \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

TDD/TTY \_\_\_\_\_ E-mail \_\_\_\_\_ Director \_\_\_\_\_

Program Name (if different) \_\_\_\_\_ Director (if different) \_\_\_\_\_

<b>OWNERSHIP INFORMATION</b>	<b>MAILING INFORMATION</b>
------------------------------	----------------------------

Owners Name and Mailing Address:

Preferred mailing address (if different from primary site)

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

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

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

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

City, State, Zip Code: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

**AGENCY GOVERNANCE INFORMATION**

Profit Corporation    Non-profit Corporation    Partnership<sup>2</sup>    Sole Proprietor<sup>2</sup>    Unit of Government

<sup>2</sup> As of January 1, 2007, pursuant to H.B. 06S-1009, C.R.S. 24-34-107, only persons lawfully present in the United States will be issued a license. Therefore, all Sole Proprietor or Partnership applicants for original licensure or licensees renewing a current Colorado license after January 1, 2007 are required to complete and sign an Affidavit of Eligibility, and may also be required to provide valid identification when requested.

Officers, Partners, Sole Proprietor, Unit of Government

Current Address

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

SITE MODIFICATION INFORMATION

- New site? If so, what was the previous address? \_\_\_\_\_
- Additional service/level of care? If so, what is it? \_\_\_\_\_
- Is this site  closing and/or  selling? If so, effective date: \_\_\_\_\_
- Is this an  agency name change  or governance change? \_\_\_\_\_

ASAM LEVEL DEFINITIONS

Level I: Outpatient

Level II.5: Partial Hospitalization

Level III.2 D: Clinically Managed Residential Detox

Level III.5: Clinically Managed High-Intensity Residential Services

Level III.7 D: Medically Monitored Inpatient Detox

Level II.1: Intensive Outpatient

Level III.1: Clinically Managed Low-Intensity Residential Services

Level III.3: Clinically Managed Medium-Intensity Residential Services

Level III.7: Medically Monitored Intensive Residential Services

	ASAM Level I	ASAM Level II.1	ASAM Level II.5	ASAM Level III.1	ASAM Level III.2-D	ASAM Level III.3	ASAM Level III.5	ASAM Level III.7	ASAM Level III.7D
Education & Treatment Services for Persons Involved in the Criminal Justice System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Education & Treatment Services for Persons Involved in the Criminal Justice System Enhanced Outpatient	<input type="checkbox"/>								
Level I DUI Education	<input type="checkbox"/>								
Level II DUI Education	<input type="checkbox"/>								
Level II DUI Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Level II DUI Enhanced Outpatient Therapy	<input type="checkbox"/>								
Opioid Medication Assisted Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medically Monitored In-Patient Detox									<input type="checkbox"/>
Youth Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
MIP	<input type="checkbox"/>								
Youth DUI Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Youth DUI Education	<input type="checkbox"/>								
Alcohol & Drug Involuntary Commitment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinically Managed Residential Detox					<input type="checkbox"/>				
Gender Responsive Treatment for Women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
General Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

ATTESTATION

I attest by my signature that this license application, documentation included with this application, and documentation located at the administrative offices and treatment sites of the applicant is truthful and accurate. I understand that deliberate falsification of the application, documentation included with the application and documentation located at the administrative offices and treatment sites will result in denial of this application and may also result in prosecution for perjury in the second degree as defined by Colorado Revised Statutes Title 18, Article 8, Part 5. I also understand that failing to submit accurate data to OBH in a timely fashion, including Drug/Alcohol Coordinated Data System (DACODS) reports and Discharge Referral Summary (DRS) reports, may result in denial of this application.

I/we have read 2 CCR 502-1 Volume 21 Rules and Regulations issued by the Colorado Department of Human Services and will comply with them should a license be issued. I/we certify that to the best of my/our knowledge all information and statements on the application are true and correct and I/we hereby apply for a license.

Signature: \_\_\_\_\_

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

Date: \_\_\_\_\_

## Affidavit Of Eligibility

Pursuant to H.B. 06S-1009, C.R.S. 24-34-107, all Sole Proprietorship and Partnership applicants for original licensure or licensees renewing a current Colorado license after January 1, 2007 are required to complete and sign this Affidavit of Eligibility.

### Section A: LAWFUL PRESENCE in the United States.

I, (please print your full name) \_\_\_\_\_, swear or affirm under penalty of perjury under the laws of the State of Colorado that (check 1, 2 or 3 below):

1.  I am a US citizen.
2.  I am not a US citizen but am lawfully present in the US as evidenced by one of the following:
  - a.  I am a qualified alien as defined in 8 U.S.C. sec 1641.
  - b.  I am a nonimmigrant under the "Immigration and Nationality Act", Federal Public Law 82-414 as amended.
  - c.  I am an alien who is paroled into the US under 8 U.S.C. sec. 1182 (d) (5).
3.  I am not physically present in the US under 8 U.S.C. sec 1621 (c) (2) (c) or employed in the US pursuant to 8 U.S.C. 1621 (c) (2) (a) (check either a or b below)
  - a.  I am a US citizen, not physically present or employed in the United States.
  - b.  I am a Foreign National, not physically present or employed in the United States.  
*If you selected either 3.a. or 3.b., you do not need to complete Section B. Skip to Section C.*

**Section B: Secure and Verifiable Document.** This section must be completed if you checked number 1 or 2 in Section A.

1. Please check one of the following acceptable secure and verifiable documents. Complete documentation must be provided upon request only.
  - Any Colorado Driver License, Colorado Driver Permit or Colorado Identification Card, expired less than one year. (Temporary paper license with invalid Colorado Driver License, Colorado Driver Permit, or Colorado Identification Card, expired less than one year is considered acceptable.
  - Out-of-state issued photo Driver License or photo Identification Card, photo Driver Permit expired less than one year.
  - Valid foreign passport bearing an unexpired "Processed for I-551" stamp or with an attached unexpired "Temporary I-551" visa.
  - Valid I-551 Resident Alien or Permanent Resident card.
  - Valid foreign passport accompanied by an "I-94" indicating a specific future "until" date.
  - Valid I-94 issued by Canadian government with L1 or R1 status and a valid Canadian Driver License or valid Canadian Identification Card.
  - Valid Temporary Resident Card.
  - Valid I-94 with refugee/asylum stamp.
  - Valid 1688B and 1766 Employment Authorization Card.
  - Valid US Military ID (active duty, dependent, retired, reserve and National Guard).
  - Tribal Identification Card with intact photo (US or Canadian).
  - Certificate of Naturalization with intact photo.
  - Certificate of (US) Citizenship with intact photo.
  - Passport issued by the U.S. Government with one of the following documents: Social Security Card; marriage, divorce or separation certificate or decree; or a Colorado or Federal tax return.
  - Colorado Department of Corrections Inmate Identification Card with a Social Security Card issued by the United States Government.

*Affidavit Of Eligibility, continued*

2. Enter the state or the federal agency name where this secure and verifiable document was issued. \_\_\_\_\_  
(If issued by a state agency, include both the state and agency name.)
3. What is the secure and verifiable document number? \_\_\_\_\_
4. What is the expiration date of your secure and verifiable document (month/day/year)? \_\_\_\_\_  
(If you hold a document without an expiration date, such as a military ID or naturalization certificate, write N/A.)

**Section C: Attestation.**

- I understand that this sworn statement is required by law because I have applied for or hold a professional or commercial license regulated by 8 U.S.C. sec 1621. I understand that State law requires me to provide proof that I am lawfully present in the United States when asked as well as submission of a secure and verifiable document. I may also be required to provide proof of lawful presence.
- I understand that in accordance with sections 18-8-503 and 18-8-501(2)(a)(I), C.R.S., false statements made herein are punishable by law. I state under penalty of perjury in the second degree, as defined in 18-8-503, C.R.S. that the above statements are true and correct.
- I am the person identified above and the information contained herein is true and correct to the best of my knowledge. I understand that under Colorado law, providing false information is grounds for denial, suspension or revocation of a license, certificate, registration or permit.
- I understand that the above information must be disclosed to the Colorado Department of Human Services (CDHS) upon request and is subject to verification.

\_\_\_\_\_  
Signature Date

Printed Name \_\_\_\_\_

Please print your name as shown on your secure and verifiable document.

OBH License Number (if already licensed): \_\_\_\_\_

Please return this application to:

Office of Behavioral Health, Attn: Licensing Desk, 3824 West Princeton Circle, Denver CO 80236-3111

**DOCUMENTATION FOR LICENSING**

**Initial License Documentation \$200.00 License Processing Fee (non-refundable)**

- Description of applicant agency including: treatment philosophy; client populations served; geographic area(s) of operation; evidenced-based or best practice treatment services provided; and methods used to engage and retain clients in treatment.
- Applicant's knowledge of and experience in the treatment of substance use disorders and agency administration. Documentation may include resumes, certificates, licenses, transcripts, etc.
- Up-to-date agency organization charts showing lines of authority, including names of clinical personnel and their credentials, positions and job responsibilities.
- Documentation that counselors are specifically trained or otherwise qualified by education and experience to treat the clients the agency serves. Documentation may include academic transcripts, CAC certificates, professional licenses, resumes, job applications, job descriptions, etc.
- Written agency operating policies and procedures that are in compliance with OBH Substance Use Disorder Treatment Rules.
- Documentation of agency governance, including: copy of articles of incorporation and corporate by-laws for profit and non-profit corporations; documentation of 501(c) 3 status for non-profit corporations; formal partnership agreements for partnerships; trade name affidavits for sole proprietors; documentation of governmental status for units of government.
- A complete and signed *Affidavit of Eligibility* is required for Sole Proprietorship and Partnership agencies, pursuant to H.B. 06S-1009, C.R.S. 24-34-107 (pages 3 and 4 of this application).
- Copy of declaration pages from property liability insurance, **current and in force**. For agencies renting business sites, copy of property liability insurance held by property owner or manager will suffice.
- Copy of declaration pages from agency or individual professional liability insurance, current and in force.
- Copy of **current** fire inspection reports. For agencies renting business sites, copy of most recent fire inspection reports from property owner or manager will suffice.
- Copy of **current** health inspection reports for residential sites and/or sites where food is prepared.
- Copy of zoning compliance. **Current** documentation of compliance with local zoning ordinances from local planning/zoning office. Zoning documentation is to prove "**use confirmation**" which means that **you are able to provide your services at your physical location.** There is a zoning confirmation form online for your convenience and is optional.

**License Renewal Documentation \$200.00 License Processing Fee (non-refundable)**

- Up-to-date agency organization charts showing lines of authority, including names of clinical personnel and their credentials, positions and job responsibilities.
- Operating policies and procedures are to be submitted at renewal time even if there were no changes. Submit a **COMPLETE** set of Policy & Procedures, not just revisions.
- Copy of declaration pages from property liability insurance; **current and in force**.
- Copy of declaration pages from agency or individual professional liability insurance; **current and in force**.
- Copy of **current** fire inspection reports. For agencies renting business sites, copy of **current** fire inspection reports from property owner or manager will suffice.
- Current** health inspection reports for residential sites and/or sites where food is prepared.
- Current** documentation of compliance with local zoning ordinances from local planning/zoning office. Zoning documentation is to prove "**use confirmation**" which means that **you are able to provide your services at your physical location.** There is a zoning confirmation form online for your convenience and is optional.
- A complete and signed *Affidavit of Eligibility* is required for Sole Proprietorship and Partnership agencies, pursuant to H.B. 06S-1009, C.R.S. 24-34-107 (pages 3 and 4 of this application).

**License Modification Documentation**

- When Adding or Moving Treatment Sites:** Copy of site-specific property liability insurance declaration pages; copy of site-specific fire inspection reports; copy of health inspection reports for residential sites and/or sites where food is prepared; and documentation of compliance with local zoning ordinances. **Current** documentation of compliance with local zoning ordinances from local planning/zoning office. Zoning documentation is to prove "**use confirmation**" which means that **you are able to provide your services at your physical location.** There is a zoning confirmation form online for your convenience and is optional.
- When Adding Services or Levels of Care:** Copies of policies and procedures specific to each added service and/or level of care; documentation that counselors are specifically trained or otherwise qualified by education and experience to provide each additional service in each additional levels of care.
- When Selling or Closing Agencies or Treatment Sites or Discontinuing Services/ASAM Levels:** Written plan for carrying out applicable OBH rules and policies, including notification of referral sources and clients. 2CCR502-1



# EL PASO COUNTY

COMMISSIONERS:  
AMY LATHEN (CHAIR)  
DENNIS HISEY (VICECHAIR)



SALLIE CLARK  
DARRYL GLENN  
PEGGY LITTLETON

DEVELOPMENT SERVICES DEPARTMENT  
CRAIG DOSSEY, EXECUTIVE DIRECTOR

March 9, 2016

Judith Miller  
Courage to Change Ranches  
18975 Spruce Road  
Monument Colorado 80132

RE: Zoning Confirmation for Office of Behavioral Health regarding 5485 Appaloosa Drive (5655 Templeton Drive)  
ADM-16-004  
Parcel #6313001013

Dear Judith,

Attached please find the requested zoning confirmation for the Courage to Change program at 5485 Appaloosa Drive. This letter serves as the separate attachment explaining why, in our determination, the facility does not meet the requirements of the local authority having jurisdiction relative to zoning compliance.

As you have noted both in prior discussions with our office and emails, the Appaloosa Drive operates as a sober living arrangement, with the additional function of serving as the meeting location for DUI classes, indicating that "The DUI program is called DUI Education and Therapy and Intensive Outpatient Therapy and has been licensed by OBH since 2011." You have not provided any information indicating that the DUI classes are being held only for the residents of 5485 Appaloosa Drive, and it our understanding those classes held at the site which are the subject of this certification are available to anyone required to take the classes, including those persons who are not in residence at the site.

You previously provided information to us indicating that there were 5 residents living at 5485 Appaloosa Drive. Your staff member indicated that there were 8 beds, but only 5 residents living there at the time of the contact with the Development Services Department.

On several occasions you were asked to explain how the location and activities at 5485 Appaloosa Drive met the definition of a Group Home for Handicapped or Disabled Persons as noted below, and the county standards as attached:

***Group Home for Handicapped or Disabled Persons***

*A group home for persons with mental or physical impairments which substantially limit one or more major life activities and including such additional necessary persons required for the care and supervision of the permitted number of handicapped or disabled persons. "Handicap" and "disability" have the same*

2880 INTERNATIONAL CIRCLE, SUITE 110  
PHONE: (719) 520-6300



COLORADO SPRINGS, CO 80910-3127  
FAX: (719) 520-6695



*legal meaning. A person with a disability is any person who has a physical or mental impairment that substantially limits one of more major life activities; has a record of such impairment; or is regarded as having such an impairment. A physical or mental impairment includes, but is not limited to, hearing, visual, and mobility impairments, alcoholism, drug addiction, mental illness, mental retardation, learning disability, head injury, chronic fatigue, HIV infection, AIDS, and AIDS Related Complex. The term "major life activity" may include seeing, hearing, walking, breathing, performing manual tasks, caring for one's self, learning, speaking, or working. Group homes for handicapped or disabled persons, particularly as they relate to recovering (not currently using) alcoholics and persons with drug addictions, may also be known as sober living arrangements.*

Holding the DUI classes, open to nonresidents of the facility, would not meet the following standard of the zoning code for Group Home for Handicapped or Disabled Persons, and therefore is not in conformance with the zoning and is not permitted:

(2) Meetings or gatherings on-site at a group home for handicapped or disabled persons that are consistent with a normal residential family setting shall be allowed and shall only be for residents, family of residents, and necessary persons required for the support, care and supervision of the handicapped or disabled persons. This does not permit conducting ministerial activities of any private or public organization or agency or permit types of treatment activities or the rendering of services in a manner substantially inconsistent with the activities otherwise permitted in the particular zoning district. See, C.R.S. § 30-28-115(2)(c).

Maintaining a Group Home for Handicapped or Disabled Persons where up to 5 handicapped or disabled persons reside is an allowed use under the zoning regulations, and no special permit is required.

This determination by the Development Services Department Director is subject to appeal to the El Paso County Board of County Commissioners within 30 days of the date noted above.

Respectfully,



Craig Dossey, Executive Director  
El Paso County Development Services

Cc: Craig Dossey, Executive Director Development Services Department  
Cole Emmons, County Attorney's Office

Enclosure: excerpt from El Paso County Land Development code

File: ADM-16-004

## **5.2.2. Child Care Centers, Family Care Homes, and Group Homes**

### **(D) Standards Applicable Only to Group Homes**

.....The following standards apply to group homes for handicapped or disabled persons and state-licensed group homes for mentally ill or intellectually and developmentally disabled persons, all with six or more occupants/enrollees:

(1) A group home for handicapped or disabled persons shall quarterly (by March 31, June 30, September 30 and December 31 of each year), and otherwise upon request by the County, provide evidence and/or demonstrate to the Development Services Department that the residents in the group home are handicapped individuals and entitled to protection under the FHAA, ADA, or the Rehabilitation Act.

(2) Meetings or gatherings on-site at a group home for handicapped or disabled persons that are consistent with a normal residential family setting shall be allowed and shall only be for residents, family of residents, and necessary persons required for the support, care and supervision of the handicapped or disabled persons. This does not permit conducting ministerial activities of any private or public organization or agency or permit types of treatment activities or the rendering of services in a manner substantially inconsistent with the activities otherwise permitted in the particular zoning district. See, C.R.S. § 30-28-115(2)(c).

(3) A group home for handicapped or disabled persons and state-licensed group homes for mentally ill or intellectually and developmentally disabled persons, all with six or more occupants/enrollees, may apply for a special use, which is considered as a request for reasonable accommodation pursuant to the following process:

a) Pursuant to the Fair Housing Amendments Act ("FHAA"), discrimination includes a refusal to make reasonable accommodations in rules, policies, practices, or services, when such accommodations may be necessary to afford disabled or handicapped persons equal opportunity to use and enjoy a dwelling. 42 U.S.C. § 3604(f)(3)(B). Therefore, a reasonable accommodation is required whenever it may be necessary (or indispensable or essential) to achieving the objective of equal housing opportunities between those with disabilities and those without.

b) Reasonable accommodation requests will follow the applicable special use process and procedures pursuant to Sections 2.2.4, 5.3.2.G except that if the DSD Director elevates the application to a public hearing, that hearing shall be exclusively before the BOCC, and except that such requests will follow review criteria based on the FHAA for reasonable accommodations as follows rather than special use review criteria:

i. An accommodation request must be reasonable and necessary. A necessary accommodation is reasonable unless it requires a fundamental alteration in the nature of a program or imposes undue financial and administrative burdens on the County. For example, an applicant could show that the group home is one way of ameliorating the effects of disabled persons' disabilities and that the request to locate in a given location is reasonable. Whether a requested accommodation is reasonable requires balancing the needs of the parties involved.

ii. In order to impose special restrictions on either a special use or a reasonable accommodation approval, the County must show either: (1) that the restriction benefits the protected class or (2) that it responds to legitimate safety concerns raised by the individuals affected, and is not based upon stereotypes.