

SUBMIT TO:
City of Vancouver
Community Development
415 W. 6th ST
Vancouver, WA 98660



For Office Use Only

DATE RECEIVED:

CASE NUMBER:

TYPE III APPLICATION

Type III procedures are for quasi-judicial permits and actions that predominantly contain discretionary approval criteria. Type III applications are decided by the Hearings Examiner or Planning Commission, depending on the application. The following applications are classified as Type III:

- Conditional Uses per VMC 20.245
- Human Services Facility (new, modified or expanded)**
- Major Variance that results in the modification of more than 20% of a numerical development standard per VMC 20.290
- Preliminary Subdivisions per VMC Title 20
- Public Facility Master Plans, initial approval
- Shoreline Conditional Use Permit (recommendation to State Department of Ecology)
- Shoreline Major Substantial Development Permit
- Shoreline Variance (recommendation to State Department of Ecology)
- Zone Map amendments of 25 acres or less not involving a Comprehensive Plan amendment

SUBMITTING PLANS FOR REVIEW:

Counter complete status:

An application will be accepted by the City of Vancouver only after the City finds that the application appears to include all the information required. No effort will be made to evaluate the substantive adequacy of the information. If all required information is not submitted, the application will not be accepted.

Fully complete status:

Within 28 days of acceptance of a counter complete application, the City will notify the applicant, in writing, as to the completeness of the application. An application will not be deemed fully complete until all information necessary to evaluate the proposed activity, its impacts, and its compliance with the provisions of the Vancouver Municipal Code and other applicable codes and statutes have been provided.

Decision:

Within 14 calendar days after the date a Type III application is determined fully complete, the Planning Official will issue a Notice of Application to a newspaper of local circulation and parties listed in VMC 20.210.050(F).

Incomplete applications will not be accepted

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Human Services Facility Application

APPLICANT: _____ Telephone: () _____ Fax: () _____
(Print Name)

Mailing Address: _____
(Number, Street, City, State, ZIP)

PROPERTY OWNER: _____ Telephone: () _____ Fax: () _____
(Print Name)

Mailing Address: _____
(Number, Street, City, State, ZIP)

CONTACT PERSON _____ Telephone: () _____ Fax: () _____
(Print Name)

Mailing Address: _____
(Number, Street, City, State, ZIP)

Site address or side of fronting street and distances and direction from nearest cross street _____

General physical description of site (Include current uses) _____

Tax Assessor Serial _____ Zoning _____

Legal description of site as given by a title company, surveyor licensed by the State of Washington, or other party approved by the Planning Director:

Lot(s) _____ Block(s) _____ Plat Name: _____

Check here if a metes and bounds description and attach narrative to this application

I/we understand that per VMC 20.210.090 if it is determined that this application is not complete, the City of Vancouver shall immediately reject and return the application and identify in writing what is needed to make the application counter complete.

I/we agree that City of Vancouver staff may enter upon the subject property at any reasonable time to consider the merits of the application, to take photographs and to post public notices.

Signature of Applicant: _____ Date: _____

Signature of Property Owner: _____ Date: _____

Signature of Counter Person: _____ Date: _____

**The following definitions are provided to assist
in completing the application for Human Services Facility siting.**

Class 1

Human Service Facilities: Any office, store, assembly place or facility the general purpose of which is to provide human need services directly and at no or reduced cost to individuals who do not have the means, ability or opportunity to obtain such services themselves. Offices or clinics where medical, dental, psychological or other such essential human services are provided shall not be considered human service facilities unless low or no cost services are provided to more than 50% of patients or clients. Human Service Facilities that provide on-site food, shelter and/or sleeping accommodations or beds are contained in 20.160.020(A)(3) VMC Transitional Housing.]

Transitional Housing: Public or non-profit living facilities for groups of unrelated individuals that include at least one person residing on the site who is responsible for supervising, managing, monitoring and/or providing care, training or treatment of residents where tenancy is typically less than 30 days. Examples include homeless shelters and drug/alcohol treatment facilities, and can include associated soup kitchens or other on-site food preparation and service. These uses are subject to the standards and review criteria of VMC 20.870 Human Service Facilities. Excludes private, for-profit short-term housing (see 20.160.020(C)(1) VMC, Commercial Lodging); and detention and post-detention facilities (see 20.160.020(E)(5) VMC, Detention Facilities).

Class 2 facility

A Class 2 facility is (1) a human services facility other than a Class 1 facility which (2) serves an average of 75 or more clients per day based on the number of days per week that the facility serves its clients. Medical, dental, psychological offices or clinics, or locations where other such essential human services are provided shall not be considered human service facilities unless low- or no-cost services are provided to more than 50% of patients or clients.

Class 3 facility

A Class 3 facility is (1) a human service facility other than a Class 1 or 2 facility which (2) serves an average of 20-75 clients per day based on the number of days per week that the facility serves its clients. Medical, dental, psychological offices or clinics, or locations where other such essential human services are provided shall not be considered human service facilities unless low- or no-cost services are provided to more than 50% of patients or clients.

Exemption: If the application for location, relocation or expansion of a human service facility states that said facility is to serve an average of 19 or fewer clients per day, based on the number of days per weeks that the facility serves its clients, said facility shall be exempt from the Human Services Facility siting requirements of VMC 20.870.

Adult Day Care: Provision of daytime services, including respite, recreational, social and therapeutic activities, to disabled and/or elderly adults in a group setting. Categories include:

Residential Adult Day Care: Provision of adult day care services for six or fewer handicapped and/or elderly adults, with or without compensation, in the home of the provider.

Institutional Adult Day Care: Provision of adult day care services for seven or more handicapped and/or elderly adults either in a residential or institutional, e.g., nursing home, setting.

Medical Office: Offices for physicians, dentists, chiropractors and allied health care professionals; free-standing outpatient health care facilities; urgency clinics; naturopathic and homeopathic facilities; and home health organizations that provide on-site services to patients and that generally operate during typical peak weekday hours.

The following requirements apply to all Human Services Facilities

1. All functions are to take place within a building.
2. Restrooms must be provided to serve peak numbers of clients and must be kept in working order.
3. Client outdoor waiting areas:
 - a. May be restricted.
 - b. If allowed, shall not be located within public right-of-way.
 - c. Must be physically separated from public right-of-way.
 - d. Must be large enough to accommodate expected numbers of clients.
4. An exterior building and site maintenance plan must be submitted with the application.
5. A litter control plan must be submitted.
6. Sufficient off-street parking must be provided for staff and clients.

Answer the following questions regarding your agency or facility.

- | | YES | NO | |
|----|--------------------------|--------------------------|---|
| A. | <input type="checkbox"/> | <input type="checkbox"/> | Are you proposing to establish a new facility at this site? |
| B. | <input type="checkbox"/> | <input type="checkbox"/> | Is your facility one that was in operation at the site on or before November 4, 1991? |
| C. | <input type="checkbox"/> | <input type="checkbox"/> | Are you proposing to change the operation of an existing facility? |
| D. | <input type="checkbox"/> | <input type="checkbox"/> | Are you proposing to expand an existing facility on site by increasing the average number of persons served?
If yes, indicate the existing number _____ Also indicate the proposed number _____ |
| E. | <input type="checkbox"/> | <input type="checkbox"/> | Are you proposing to relocate an existing facility, in whole or in part? |
| F. | <input type="checkbox"/> | <input type="checkbox"/> | Are you proposing to reestablish your operation in a facility which has been vacant continuously for 12 calendar months or more? |
| G. | <input type="checkbox"/> | <input type="checkbox"/> | Is your primary purpose to provide on-site food, shelter, and/or beds for free or well below market rates? |
| H. | <input type="checkbox"/> | <input type="checkbox"/> | Do you provide temporary emergency shelter? |
| I. | <input type="checkbox"/> | <input type="checkbox"/> | Do you provide permanent emergency shelter? |
| J. | <input type="checkbox"/> | <input type="checkbox"/> | Do you provide a night time shelter? |
| K. | <input type="checkbox"/> | <input type="checkbox"/> | Is your facility best described as a soup kitchen? |
| L. | <input type="checkbox"/> | <input type="checkbox"/> | Do you distribute surplus food? |
| M. | <input type="checkbox"/> | <input type="checkbox"/> | Could your operation be described as a detention facility? |
| N. | <input type="checkbox"/> | <input type="checkbox"/> | Could your operation be described as a drug/alcohol treatment facility? |
| O. | <input type="checkbox"/> | <input type="checkbox"/> | Is the general purpose of your office, store, assembly place or facility to provide human need services directly and at no or reduced cost to individuals who do not have the means, ability or opportunity to obtain such services themselves? |
| P. | <input type="checkbox"/> | <input type="checkbox"/> | If you are a medical, dental, psychological office, clinic, or other such essential human service provider; do you provide low or no cost services to more than 50% of your patients or clients? |
| Q. | <input type="checkbox"/> | <input type="checkbox"/> | Do you serve an average of 75 or more persons per day? |
| R. | <input type="checkbox"/> | <input type="checkbox"/> | Do you serve an average of 20-75 persons per day? |
| S. | <input type="checkbox"/> | <input type="checkbox"/> | Do you serve an average of fewer than 20 persons per day? |

Human Services Facility Submittal Requirements

- The following information is required to be submitted with a Human Services Facility application. The Planning Official may require additional information if it is determined that such information is necessary to properly evaluate the application. The Planning Official may waive required information if it is determined that such information is not necessary to properly evaluate the application.
- Applications submitted without the additional information requested under Section H below will not be deemed fully complete, unless the applicant signs a written statement at Section I of this application stating that the applicant chooses not to submit the specified items, but realizes that by not submitting such items the application may be **DELAYED** or **DENIED**.

- A. Required application fee per VMC 20.180
- B. Current Clark County assessor map(s) showing the property(ies) within a radius of 500' of the site and a complete mailing list with the names and addresses of owners of all properties within that radius, certified as accurate and complete by the Clark County assessor, a title company, licensed surveyor, or other party approved by the review authority.
- C. Two sets of mailing labels for the required certified mailing list. For non-owner occupied properties, provide mailing labels addressed to "occupant," as can be determined from assessor records
- D. One 8½" x 11" reduced site plan.

Provide 1 original and 9 copies of each of the following:

- E. Submit a narrative providing the following information
 - 1. Describe the proposed program/facility
 - 2. Describe the plan for community involvement and community relations
 - 3. If the proposed facility is a Class 1 facility, provide the following information
 - a. Names and addresses of all Class 1 facilities within one mile (5,280') of the perimeter of the proposed site, and distance from proposed site
 - b. Names and addresses of all Class 2 facilities within ¼ mile (1,320') of the perimeter of the proposed site, and distance from proposed site
 - c. Names and addresses of all Class 3 facilities within ¼ mile (1,320') of the perimeter of the proposed site, and distance from proposed site
 - d. Names and addresses of all residential care facilities within ¼ mile (1,320') of the perimeter of the proposed site, and distance from proposed site
 - 4. If the proposed facility is a Class 2 facility, provide the following information:
 - a. Names and addresses of all Class 1 facilities within ¼ mile (1,320') of the perimeter of the proposed site, and distance from proposed site
 - b. Names and addresses of all Class 2 facilities within ¼ mile (1,320') of the perimeter of the proposed site, and distance from proposed site
 - c. Names and addresses of all Class 3 facilities within ¼ mile (1,320') of the perimeter of the proposed site, and distance from proposed site
 - 5. If the proposed facility is a Class 3 facility, provide the following information:
 - a. Names and addresses of all Class 3 facilities within 2,000' of the center of the proposed site, and distance from proposed site.
 - 6. Description of any aspect of the program not covered by the application materials that you feel may assist in the application review process
- F. Site plan. The site plan must be drawn to scale in black ink at a scale no smaller than 1" = 50'. Provide **10** copies of the site plan containing the following information:
 - 1. All existing and proposed and/or expanded structures
 - 2. All outdoor parking facilities
 - 3. All outdoor waiting areas
 - 4. Lighting plan
 - 5. Landscaping plan
- G. Pre-application conference summary

H. **Other applications, plans, studies, etc.** Other information shall be provided as requested at the pre-application conference, including related applications or studies, to show that the development complies with other applicable standards.

Additional information identified at the pre-application conference:

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____

I. **Applicant's statement regarding information not provided at time of application:**

I (the applicant) respectfully request that this application be deemed fully complete without the following information requested at Section H above (complete both sections of the table):

Information Not Submitted	Reason Not Submitted
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____

NOTE: The materials listed above are required for a review by a Counter Staff member to determine if the minimum submittal requirements have been met. Failure to supply all the above information will result in the return of all materials and fees.

I fully understand that the absence of this additional information, particularly if not submitted by the end of the public comment period, may result in my application being DELAYED or DENIED.

Applicant's Signature: _____

(Must be signed to be accepted)