



Town of Georgetown Supportive Housing Registration Form

Supportive Housing Facility Information:

Name of Facility: _____

Property Address: _____ Zoning: _____

Property Owner Information:

Property Owner Name*: _____

*If the applicant is a Corporation or Partnership please provide a list of all principal officers or partners, addresses and telephone numbers. You may attach a separate sheet with this information.

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Facility Operator Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Type of Supportive Housing - Check one that applies:

- Developmental Disability Facility / Group Home
- Developmental Disability Facility / Neighborhood Home
- Developmental Disability Facility / Rest (Family Care) Home
- Mental Health Facility (Group Home)
- Sober House (Licensed)
- Sober House (Self-Governed)
- Transitional House

Is the Facility State Licensed (if "Yes" attach copy of license) Yes No

Number of Residents able to be served (Maximum Capacity): _____

Proposed Number of Residents: _____

Owner/Operator Certification:

I hereby certify compliance with all applicable ordinances of the Town of Georgetown, Delaware including:

- Chapter 116 -Housing Standards Chapter 212 -Vehicles, Abandoned or Inoperable
- Chapter 144 - Noise Chapter 230 - Zoning
- Chapter 165- Property Maintenance Chapter 130-15 - Rental Licenses
- Chapter 167 - Residential Rental Properties

I further certify that the Applicant Facility is at least 500 feet from any other Supportive Housing Facility, measured from property line to property line.*

I agree to notify the Town, within 30 days, of any change in my contact information; change of use; change in maximum number of residents; transfer, termination or change of the Supportive Housing Facility use, and agree to revise this Registration Form as appropriate.

Property Owner (printed name)

Facility Operator (printed name)

Signature

Signature

Date

Date

BELOW FOR OFFICE USE ONLY

Date Registration received: _____	Date Rental License Appl. received: _____
Pre Rental Inspection Scheduled: _____	Rental Inspection: Approved ___ Denied ___
Re-inspection Scheduled: _____	Re-Inspection: Approved ___ Denied ___
Zoning: _____	Maximum # of Residents Permitted: _____
500' Separation Required: <u>Yes</u> <u>No</u>	500' Separation Met: <u>Yes</u> <u>No</u>
Notes: _____	

*This representation is not necessary if the Applicant Facility is classified as a "Single Family Residential Use" under the Zoning Code or if it has been in continuous operation at the present location since prior to March 11, 2015, and the ownership, size, location and nature of the use has not changed since that time.