

MODIFICATION APPLICATION

Full Legal Name of Facility/Organization:	Facility ID: SLH-
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Pursuant to Arizona Revised Statutes Title 36, Chapter 18, Article 4 and Arizona Administrative Code Title 9, Chapter 12, **all requirements** listed below must be submitted before an amended license can be issued by the Department. An inspection of the home may also be required. Missing items or blank fields on the application will result in a request for the missing information and delay processing of the application.

This application must be submitted for a proposed change in the **maximum number of residents** in the sober living home or **construction or modification of the facility**.

APPLICATION CHECKLIST		ADHS Review
	Application with <u>all</u> applicable fields complete	
	If this application involves construction or modification of the facility, attestation that the applicant is in compliance with local zoning ordinances, building codes, and fire codes	
	A floor plan for the sober living home, including: <ul style="list-style-type: none"> • Areas in which construction or modification of facility will occur, if applicable • Location and size of each "resident bedroom" • Location of each openable window or door from a resident bedroom • Must be provided on 8.5 x 11 paper (architectural drawings will not be accepted) 	
	If the modification will increase the maximum number of residents, a fee of \$100 x the difference between the current maximum number of residents and the new maximum number of residents. <ul style="list-style-type: none"> • Licensing Fee: \$_____ Please make Cashier's check or money order payable to the Arizona Department of Health Services	

Pursuant to A.R.S. § 41-1030(B)(E)(F)(G): B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition. This section may be enforced in a private civil action and relief may be awarded against the state. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the state for a violation of this sections. A state employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the agency's adopted personnel policy. G. This section does not abrogate the immunity provided by section 12-820.01 or 12-820.02.

You may drop off or mail your application & payment to:
Arizona Department of Health Services

150 N 18th Avenue, Suite 410, Phoenix, AZ 85007

OR contact us at our email:
BSLFacilities@AzDHS.gov

SOBER LIVING HOME INFORMATION

Name of Sober Living Home, if applicable		Facility ID: SLH-
Street Address of Sober Living Home		
City	State	Zip Code

PROPOSED NAME CHANGE OF SOBER LIVING HOME ONLY

Any Organizational change does not apply and requires a new license application.

New Location Name:

PROPOSED CHANGE IN MAXIMUM NUMBER OF RESIDENTS

Are you proposing to change the maximum number of residents in the sober living home?

Yes **No**

If yes, what is the current maximum number of residents?

If yes, what is the new proposed maximum number of residents?

PROPOSED CONSTRUCTION OR MODIFICATION OF THE FACILITY

Are you proposing construction or modification of the sober living home?

Yes **No**

If yes, provide a description of the proposed construction or modification of the facility.

LOCAL ZONING ORDINANCES, BUILDING CODES, & FIRE CODES COMPLIANCE ATTESTATION

Complete this attestation if this application involves construction or modification of the facility.

Pursuant to R9-12-103(A)(1)(j), I, _____, attest that all construction and modifications to the Sober Living home will be completed in compliance with all local zoning ordinances, building codes, and fire codes.

Signature of Applicant (Actual Signature or E-Signatures Accepted / No Typing)

Date Signed

APPLICANT ATTESTATION

I, _____ attest that all information submitted as part of this application is true and accurate.

Signature of Applicant (Actual Signature or E-Signatures Accepted / No Typing)

Date Signed