



LAGRANGE
G E O R G I A

Social Service Facility Permit Application

- **UDO Sections.** 25B-30-9(1), 25B-55-6 and 25B-55-7
- **Social Service Facilities.** A facility that provides treatment for persons who present a direct threat to the persons or property of others. Includes persons convicted for illegal manufacture or distribution of a controlled substance, sex offenders, and juvenile offenders. Also includes facilities that provide transient housing related to post-incarceration and social service programs.
- **Permit Expiration.** Does not expire.
- **When Permit is Required.** For any Social Service Facility.
- **Application Requirements.**
 - The name, address, telephone number, and email address of the applicant.
 - The street address of the property upon which the social service facility is to be located. In the absence of a street address, the parcel identification number as assigned by the Troup County Tax Assessor shall be given.
 - The name(s) and address(es) of all owners of the real property upon which the social service facility is to be located.
 - Full payment of a \$300.00 (non-refundable) application fee.
 - Verification of the zoning designation of the property upon which the social service facility is to be located.
 - If required by state regulations, such uses shall be approved by the appropriate state licensing agency.
 - Confirmation that the use is located at least 3,000 feet from any other such use, measured in a straight line from property line to property line.
 - All application forms and information submitted to the State of Georgia Department of Community Health shall be submitted with this City permit application.

June 23, 2021

Applicant Information

Name: _____

Mailing Address: _____

Telephone: _____ Email: _____

Property Owner Information

Name: _____

Mailing Address: _____

Telephone: _____ Email: _____

Site Information

Address / Location: _____

Tax Parcel #: _____

Nearest Road Intersection: _____

Current Zoning Classification: _____

Comprehensive Plan Character Area Map Designation _____

Size of Property (Square Feet or Acre(s)): _____

Please provide a detailed description of the intent and purpose of the Social Service Facility Permit being applied for.

Social Service Facility Permit Application

Property Owner Authorization

Property Owner Information

Name: _____

Mailing Address: _____

Telephone: _____ Email: _____

Authorization

I swear that I am the owner of the property located at (property address):

Which is the subject matter of the attached application, as is shown in the records of Troup County, Georgia. I hereby authorize the applicant named below to act as the applicant in the pursuit of a Social Service Facility Permit for the subject property.

Name of Applicant / Agent: _____

Applicant's / Agent's Address: _____

Applicant's Telephone: _____ Email: _____

Signature of Owner: _____

Print Name of Owner: _____

Sec. 25B-30-9 (Residential Group Living Uses)

(1) Social Service Facility, including Halfway House, Drug Rehabilitation Centers, Drug Dependency Treatment Facilities.

(a) Persons seeking to operate such a facility must file a permit application with the City.

i. If required by state regulations, such uses shall be approved by the appropriate state licensing agency.

ii. Such uses shall be located at least 3,000 feet from any other such use, measured in a straight line from property line to property line.

iii. Each permit application shall include an affidavit that the applicant either has applied for or will immediately apply for the corresponding permit or authorization for the operation of the facility from the State of Georgia Department of Community Health in accordance with its rules and regulations and the affidavit shall also certify that the proposed facility will meet and be operated in conformance with all applicable state and federal laws and regulations and with all codes and regulations of the City.

- iv. All application forms and information submitted to the State of Georgia Department of Community Health shall be submitted with the City permit application.
- v. The Director may require clarification or additional information from the applicant that is deemed necessary to determine whether operation of the proposed home will meet applicable laws, regulations and development standards.
- vi. No permit for the operation of the facility shall be transferable.
- vii. No facility shall be operated without both a valid permit from the City and a valid license from the State of Georgia Department of Community Health.
- viii. All such facilities must provide at least 80 square feet of personal living space per resident or that amount required by the State of Georgia for the licensing of such facilities, whichever is greater.
- ix. No signs shall be permitted other than those permitted by the regulations of the zoning district within which such facility is located.
- x. All applications shall include a "good neighbor plan" which contains, at minimum, the following components: (1) hours of operation; (2) designated staff member, telephone number and administrative procedure for neighborhood complaints or concerns; and (3) a grounds maintenance plan.
- xi. Each social service facility governed by this ordinance shall be required to apply for and received accreditation by the Council on Accreditation (group living services) or Commission on Accreditation of Rehabilitation Facilities (group home care) within two (2) years of the receipt of the special use permit required hereunder, and shall maintain such accreditation while operating the social service facility. Those group treatment facilities operating as a nonconforming use shall be required to apply for and receive such accreditation by August 1, 2023, and shall maintain such accreditation while operating the social service facility.
- xii. Any special permit which has been issued or which may hereafter be issued by the city to any permittee under this code section may be suspended or revoked for due cause as herein after defined, and after a hearing has been held by the mayor and council for the purpose of considering any such suspension or revocation. At least five (5) days prior to such hearing, written notice of the time, place and purpose of such hearing, and a statement of the charge or charges upon such hearing is to be held, shall be given to the holder of such permit for which suspension or revocation is to be considered. Due cause for the suspension or revocation of a permit shall consist of a violation of any laws or ordinances applicable to regulating such social service facility, violation of regulations made pursuant to authority granted for the purposes of regulating such facility, or failure of the permittee or his employees to promptly report to the police department any violation of the law or ordinances, any breach of the peace, disturbance or altercation resulting in violence which may occur in or upon the permitted premises. A decision shall be rendered in writing by the mayor and council within ten (10) days of the hearing referenced hereinabove. Appeal of such decision shall be by writ of certiorari or any other lawful process to the Superior Court of Troup County.