



**ZONING CODE INFORMATION
AFFIDAVIT OF APPLICATION**

Please complete this form and return it to the Department of Business & Neighborhood Services, 1200 Madison Ave., Suite 100, Indianapolis, Indiana 46225 or email to BNS.PropertyInspections@indy.gov.

I certify that _____ intends to operate
(Legal Name of Entity/Agency)

_____ located at
(Type of Facility, local ordinance definitions attached)

_____ Parcel # _____
(Address of Facility)

Name of Facility: _____

Date of Application with DMHA/DDRS: _____

ZONING INFORMATION

I further certify the following information:

RESIDENTIAL DETOXIFICATION: _____ YES _____ NO

DISPENSING OF ANY SCHEDULE II CONTROLLED SUBSTANCE AS LISTED UNDER IC 35-48-2-6(b) or (c) OR METHADONE (DOLOPHINE): _____ YES _____ NO

WITHIN 1,000 FEET OF ANOTHER LOCALLY-DEFINED GROUP HOME (DEFINITION ATTACHED):
_____ YES _____ NO

MAXIMUM # OF RESIDENTS: _____

TOTAL # OF BEDROOMS: _____

AVERAGE LENGTH OF STAY PER RESIDENT: _____

KNOWN ZONING VIOLATIONS: _____ YES _____ NO

It shall be the responsibility of the owner, partnership or corporation to verify compliance with any development standard, use limitation, commitment, condition or covenant applicable to the subject property.

If any information submitted is false or violations are verified by the Department of Business & Neighborhood Services that would prohibit the above referenced establishment, the Affidavit of Zoning shall be automatically void until the subject property is in full compliance with the applicable restrictions or limitations.



ADDITIONAL INFORMATION

TYPE OF LICENSE REQUESTED FROM THE INDIANA DIVISION OF MENTAL HEALTH & ADDICTIONS OR THE INDIANA DIVISION OF DISABILITY AND REHABILITATIVE SERVICES:

Desired Occupancy Date: _____

Contact Person: _____

Daytime Phone#: _____

Email: _____

I affirm, under the penalty of perjury, that the foregoing statements are true:

Signature: _____

Printed: _____

State of Indiana)

ss

County of Marion)

Before me, a Notary Public, personally appeared _____ who acknowledged the execution of the foregoing instrument and who having been duly sworn, state that any representations contained therein are true.

Witness my hand and Notary Seal this _____ day of _____ 20_____

Signature: _____

Printed: _____

County Of Residence: _____

My Commission Expires: _____



Local Zoning Code Definitions:

[740-202](#) | **Group Home:** A residential facility for 2 or more individuals meeting the definition of a handicapped person under the Federal Fair Housing Act and court decisions interpreting that act. This definition includes Community residential facilities for persons with developmental disabilities (as defined by IC 12-7-2-61) as licensed by the Division of Disability and Rehabilitative Services – Bureau of Developmental Disabilities Services, per 460 IAC 9-2. This definition includes residential living facilities for persons with psychiatric disorders or addictions as licensed by the Division of Mental Health and Addiction, per 440 IAC 7.5. For purposes of this definition, the term handicapped does not include persons currently using or addicted to alcohol or controlled substances who are not in a recognized recovery program, nor does it include half-way houses for individuals in the criminal justice system, or diversion centers.

[740-202](#) | **Transitional Living Quarters:** A residential facility providing temporary lodging for families or individuals in immediate need. The facility may also provide limited temporary counseling, referral, mediation and similar human service functions. This definition does not include a group home, daily emergency shelter, diversion center, or residential facilities or shelters for residents who are required to leave during the day for work or other purposes

[740-202](#) | **Methadone Clinic or Treatment Facility:** A clinic or facility engaged in dispensing Methadone (dolphine) for the purpose of elimination or reduction of opiate use by drug addicts and abusers.

[740-202](#) | **Substance Abuse Treatment Facility:** A facility, the primary function of which is to administer or dispense a schedule II controlled substance (as listed under IC 35-48-2-6(b) or (c)) to a narcotic addict for maintenance or detoxification treatment. This definition does not include a methadone clinic or treatment facility.