

GROUP HOME APPLICATION FORM

GROUP HOME NUMBER

NAME _____

ADDRESS _____

CITY Peterborough

POSTAL CODE _____

TELEPHONE _____

OPERATOR

NAME _____

ADDRESS _____

CITY _____

POSTAL CODE _____

TELEPHONE _____

OWNER

NAME _____

ADDRESS _____

CITY _____

POSTAL CODE _____

TELEPHONE _____

DETAILS OF GROUP HOME

LEGISLATIVE OR OTHER AUTHORITY UNDER WHICH GROUP HOME OPERATES

DATE GROUP HOME COMMENCED OPERATION ON THIS PROPERTY

SOURCE OF FUNDING

TYPE OF CARE PROVIDED

NUMBER OF SUPERVISORS IN ATTENDANCE AT ALL TIMES

MAXIMUM NUMBER OF RESIDENTS (OTHER THAN STAFF)

SLEEPING ROOMS

MAXIMUM NUMBER OF ROOMS _____

SQUARE FOOTAGE OF EACH ROOM

ROOM 1	_____	ROOM 2	_____
ROOM 3	_____	ROOM 4	_____
ROOM 5	_____	ROOM 6	_____
ROOM 7	_____	ROOM 8	_____
ROOM 9	_____	ROOM 10	_____

NUMBER OF OCCUPANTS IN EACH SLEEPING ROOM

ROOM 1 _____	ROOM 2 _____
ROOM 3 _____	ROOM 4 _____
ROOM 5 _____	ROOM 6 _____
ROOM 7 _____	ROOM 8 _____
ROOM 9 _____	ROOM 10 _____

DATE OF APPLICATION

SIGNATURE OF GROUP HOME OPERATOR

FOR USE OF ZONING OFFICER

ZONING OF PROPERTY

PERMISSION FOR GROUP HOME OF:

UP TO SIX PEOPLE

UP TO 10 PEOPLE

PERMISSION GRANTED

SIGNATURE OF ZONING OFFICER

FOR USE OF REGISTRAR OF GROUP HOMES

DATE OF REGISTRATION

APPROVED BY REGISTRAR (INITIAL)

FEE PAID -