



730 Washington Ave Rm. 103
Racine, WI 53403
Phone: (262) 636-9171

City of Racine Building Division

ADULT FAMILY HOMES OCCUPANCY PERMIT APPLICATION

PERMIT NUMBER _____

Project Address

Applicant

Address

City/ZIP

Email

Phone

Property Owner

Address

City/ZIP

Email

Phone

Facility Name

Licensee Name

Person of Contact

Address

City/ZIP

City/ZIP

Email

Email

Phone

Phone

Number of On-Site Staff

☐ This Adult Family Home will ONLY serve individuals that need the accommodation due to disability or handicap.

NOTE: If the Adult Family Home is NOT ONLY serving individuals that need the accommodation due to disability or handicap the property will need to be 2,500 feet from another licensed Adult Family Home or will require a Conditional Use Permit.

The signature(s) hereby certify that the statements made by myself and constituting part of this application are true and correct. I am fully aware that any misrepresentation of any information on this application may be grounds for denial of this application or revocation of the permit.

Signature of Applicant _____

DATE _____

Signature of Owner _____

DATE _____

PERMIT FEE \$275

(Additional fees may apply: Water Rec Fee)

PERMIT APPLICATION PROCEDURES

Applications must include:

- ☐ Completed Adult Family Home Occupancy Permit Application
- ☐ Permit Payment