

CITY COUNCIL  
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# City of Hogansville



David Milliron, City Manager  
Lisa Kelly, City Clerk  
Jeff Todd, City Attorney

400 E Main St  
Hogansville GA 30230-1196  
706-637-8629 | cityofhogansville.org

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## COUNCIL ACTION FORM

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MEETING DATE: February 4, 2019 SUBMITTED BY: Lynne Miller

AGENDA TITLE: Special Use Request for Group Home and Private School, 301 Pine Street

CLASSIFICATION (City Attorney must approve all ordinances, resolutions and contracts as to form)

- |   |                                     |   |  |
|---|-------------------------------------|---|--|
| <input type="checkbox"/> Ordinance (No. _____)  | <input type="checkbox"/> Contract   | <input type="checkbox"/> Information Only             | <input checked="" type="checkbox"/> Public Hearing |
| <input type="checkbox"/> Resolution (No. _____) | <input type="checkbox"/> Ceremonial | <input checked="" type="checkbox"/> Discussion/Action | <input type="checkbox"/> Other                     |

BACKGROUND (Includes description, background, and justification)

Dr. Jimmy McCamey of the Family Life Center is requesting a Special Use Permit from the City to create a group home and private school at 301 Pine St, Hogansville, Troup Tax No. 0244B010001. The home will have up to 25 tenants aged 12-17 who are awaiting foster care, and a certified school for grades 6-12. Staff/ client ratios would average 1:5, and would meet State requirements. A fence would be erected between the proposed use and the existing daycare facility at this site. On January 10, 2019 the Hogansville Planning & Zoning Commission recommended that the City Council approve this Special Use Permit request, with four P&Z Commission members in favor and one abstention.

BUDGETING & FINANCIAL IMPACT (Includes project costs and funding sources)

STAFF RECOMMENDATION (Include possible options for consideration)

None.



# City of Hogansville

## Application for Special Use Permit

Received:

Business Name: The Family Life Center, Inc.  
 Address: 301 Pink Street, Hogansville Ga. 31230  
 Mailing Address: 405 W. Tyler Street Palmetto, Ga. 31826  
 Telephone: 706.523.1114 Fax: 1

Owner Name: DR. Jimmy D. McCamey, Jr. Address: 162 W. Bacon St., LaGrange Ga.  
 Phone: 706.523.1114 E-mail: DRJIMMYDMCCAMEYJR@GMAIL.COM  
 Type: ( ) Sole Proprietor ( ) Partnership ( ) Corporation ( ) Other DR

Note: If business is a Partnership or Corporation, list, on a separate sheet, all partners or corporate officers, their addresses and their phone numbers.

Name of Manager of Facility: DR. Jimmy D. McCamey, Jr.  
 Address of Manager: 102 West Bacon Street, LaGrange Ga. 30240  
 Phone Number of Manager: 706.523.1114

Type of Special Use Requested:  
 Other Private School  Group Home ( ) Personal Care Home

Hours of Operation: 24hr Facility

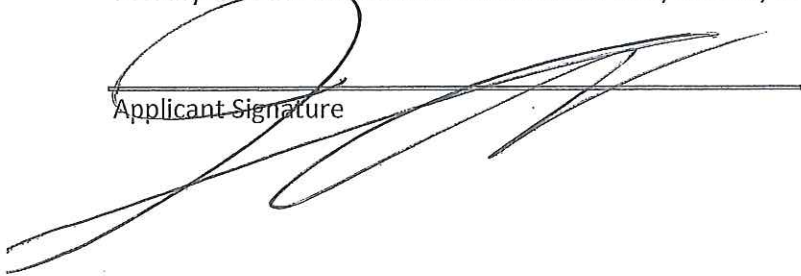
Please list the nature of services and/or treatments to be provided, and, if applicable, the number of residents to be housed at any given time.

Private School Grades 6-12 / GED / Night School  
Residential Care / Foster Group Setting  
Community Center (Free Meals/Lunch Senior Citizens)

Note: If this application is for a Group Home, the applicant shall submit a "Good Neighbor" plan, which contains, at minimum the following components:

1. Hours / Days of Operation
2. Designated Staff Member, telephone number and administrative procedure for neighborhood complaints or concerns
3. Grounds maintenance plan
4. Other requirements may apply

I certify that the information submitted is true, correct, and complete to the best of my knowledge.

  
 Applicant Signature

11/15/2018  
 Date

(b) The zoning administrator's report may recommend amendments to the applicant's request which would reduce the land area for which the application is made, change the zoning district requested, or recommend conditions of rezoning which may be deemed advisable so that the purpose of this chapter will be served and health, public safety, and general welfare secured.

(Ord. of 7-7-2003, § 16.5)

**Sec. 102-154. Planning commission action.**

The planning commission shall hold a meeting on each application for amendment in accordance with a schedule adopted by the city council or as needed. The planning commission shall with respect to each application consider each of the matters set forth in section 102-152(c)(6)a—f. As to each application, the planning commission shall make a recommendation for approval, approval with conditions, denial, deferral, withdrawal without prejudice or no recommendation. A written report of the planning commission's investigation and recommendation, along with the investigation and recommendation of the zoning administrator, shall be submitted to the city council and shall be a public record. The planning commission's action may recommend amendments to the applicant's request which would reduce the land area for which the application is made or change the district requested, or recommend conditions of rezoning which may be deemed advisable so that the purpose of this chapter will be served and health, public safety and general welfare secured. The failure of the planning commission to take any action as to a particular petition within 60 days of its meeting will be the same as approval thereof.

(Ord. of 7-7-2003, § 16.6)

**Sec. 102-155. Public notice.**

(a) *Publication of notice.* Due notice of the public hearing before the city council on an application for amendment under this division shall be published in the newspaper of general circulation for the city in which is carried the legal advertisements of the city by advertising the application and the date, time, place, and purpose of the public hearing at least 15 days and not more than 45 days prior to the date of the hearing conducted by the city council. If the application is for amendment to the official zoning map, then this notice also shall include the location of the property, the present zoning classification of the property, and the proposed zoning classification of the property.

(b) *Posting of signs.* As to an application to amend the official zoning map, the zoning administrator or a designee shall post, at least 15 days and no more than 45 days in advance of the city council's hearing, in a conspicuous place on the property for which an application has been submitted, a sign containing information as to the application and the date, time, and place of the public hearing before the city council.

(Ord. of 7-7-2003, § 16.7)

written recommendations to the city council. A public hearing is required by the city council (see public hearing requirements). Upon receiving recommendations from the planning commission or after the 30-day period has expired, the city council shall schedule the proposed special use to be voted on at the next regularly scheduled council meeting. Each application shall be accompanied by a simple sketch of the site, showing the following:

- (1) General location of existing structures and property lines.
  - (2) Present zoning of adjacent property.
  - (3) Existing use of adjacent property.
  - (4) Location of proposed buildings and land use.
  - (5) Legal description of the property.
  - (6) Setbacks.
  - (7) Parking spaces, if applicable.
- (Ord. of 7-7-2003, § 16.19-3)

**Sec. 102-124. Standards for approval; fee.**

(a) Specifically, in order to grant approval of a special use, the city council must find the following standards have been met:

- (1) The available existing street system is adequate to efficiently and safely accommodate the traffic which will be generated by the proposed use or development.
- (2) The existing public utilities, facilities and services are adequate to accommodate the proposed use-or development.
- (3) The use or development will not generate or cause conditions such as noise, light, glare, odor or similar objectionable features which would reduce the value, use or enjoyment of surrounding properties.
- (4) The use would not have a detrimental environmental impact on the surrounding area.
- (5) The use would not adversely affect the health, safety, morals, and general welfare of the community.

(b) Each application for a special use shall be assessed a fee according to the fee schedule posted in city hall and approved by the city council to partially defray administrative and notification costs.

(Ord. of 7-7-2003, § 16.19-4)

**Secs. 102-125—102-150. Reserved.**

(d) A record of all certificates of occupancy shall be kept on file in the office of the building inspector and a copy shall be furnished on request to any person having a proprietary or tenancy interest in the building or land involved.

(Ord. of 7-7-2003, § 16.16)

**Sec. 102-96. Certificate of zoning compliance.**

(a) *Required.* A certificate of zoning compliance, issued by the zoning administrator, and certifying that the proposed structure, land use, or alteration complies with the provisions of this chapter, is required.

(b) *Site plan.* Each application for a certificate of zoning compliance shall be accompanied by simple sketch of the site indicating such information as may be needed to present a record of existing conditions and proposed usage, including proposed off-street parking and/or loading areas.

(c) *Suspension or abandonment of use.* A certificate of zoning compliance shall become invalid after the use authorized is suspended or abandoned for the period of nine months.

(Ord. of 7-7-2003, § 16.17)

**Secs. 102-97—102-120. Reserved.**

DIVISION 4. SPECIAL USES

**Sec. 102-121. Generally.**

The planning commission shall review and the city council shall approve or deny special uses which are specifically authorized by this chapter. A public hearing is required (see hearing requirements).

(Ord. of 7-7-2003, § 16.19-1)

**Sec. 102-122. Conditions and limitations.**

The planning commission shall include any condition, requirement, or limitation which may be necessary to protect adjacent properties and carry out the provisions of this chapter in its review and the city council may impose conditions, requirements or limitations it deems necessary. If, at any time after a special use permit has been issued, the zoning administrator or building official finds that the conditions imposed and the agreements made have not been or are not being fulfilled by the holder of a special use permit, the permit shall be terminated. The applicant shall file an acceptance of conditions form, provided by the city, and the certificate shall be notarized.

(Ord. of 7-7-2003, § 16.19-2)

**Sec. 102-123. Application; hearing.**

Application for a special use shall be filed with the office of the zoning administrator, and the planning commission shall have 30 days within which to consider each request and make

AN ORDINANCE

AN ORDINANCE OF THE MAYOR AND COUNCIL OF THE CITY OF HOGANSVILLE TO AMEND THE CODE OF THE CITY; TO AMEND THE ZONING ORDINANCE AND BUSINESSES CHAPTERS OF THE CODE IN ORDER TO MODIFY THE DEFINITIONS OF GROUP HOME AND PERSONNEL CARE HOME; TO CREATE AND DEFINE THE PARAMETERS OF THE SPECIAL USE PERMIT FOR GROUP HOMES AND PERSONAL CARE HOMES; TO REPEAL CONFLICTING ORDINANCES; TO FIX AN EFFECTIVE DATE; AND FOR OTHER PURPOSES.

THE COUNCIL OF THE CITY OF HOGANSVILLE HEREBY ORDAINS:

SECTION 1:

That the Zoning Ordinance of the City of Hogansville be amended by deleting, within Section 102-2, the definition entries for "Group home" and "Personal care home" and inserting in lieu thereof new definition entries in proper alphabetical order and to read as follows:

*"Group home:* A dwelling unit which is used to provide assisted community living for persons with physical, mental, emotional, familial or social difficulties.

*Personal care home:* A dwelling shared by persons, excluding resident staff, who live together as a single housekeeping unit and in a long-term, family-like environment in which staff persons provide care, education and participation in community activities for the residents with the primary goal of enabling the residents to live as independently as possible in order to reach maximum potential under the direction and guidance of twenty-four (24) hour per day supervision. The term group residential facility shall not include a half-way house, a treatment center for alcoholism or drug abuse, a work release facility for convicts or ex-convicts, a home for the detention and/or rehabilitation of juveniles adjudged delinquent or unruly and placed in the custody of the state, or other housing facilities serving as an alternative to incarceration. The term group residential facility shall also not allow the use of a dwelling as an apartment or duplex. A group residential facility shall not allow use of the dwelling as a home for individuals on parole, probation, or convicted and released from incarceration, for any crimes including child molestation, aggravated child molestation, or child sexual abuse, as defined in O.C.G.A. § 16-6-4 or individuals required to register as sex offenders pursuant to O.C.G.A. § 42-1-12. A group residential facility may include a home for the handicapped which shall mean, consistent with the Fair Housing Act, a person (1) with a physical or mental impairment which substantially limits one or more of such person's major life activities; (2) having a record of having such an impairment; or (3) being regarded as having such an impairment. However, such term does not include the current illegal use of or addiction to a controlled substance, nor shall it include any person whose residency in the home would constitute a direct threat to the health and safety of other individuals."

**SECTION 2:**

That Chapter 18 of the Code be amended by creating therein a new Division VII, to be entitled "Group Homes and Personal Care Homes" and to read as follows:

**"DIVISION VII. GROUP HOMES AND  
PERSONAL CARE HOMES**

**Section 18-210. Special Use Permit Required for Group Home and Personal Care Home.**

- (1) All operators of group homes and personal care homes, including those facilities operating as a non-conforming use, are required to apply for and obtain a special use permit from the city and to register the facility with the city. The applicant shall apply for the permit required under this chapter with the City Manager or his designee on forms provided by the city and shall provide such information as may be reasonably required including, without limitation, the following:
  - a. The name and address of the applicant;
  - b. If the applicant is not an individual, the names and addresses of all members of the board of directors if the applicant is a corporation. If the applicant is an entity other than a corporation, the applicant shall state the type of entity, principals, and where organized;
  - c. The name and address of the manager of the facility;
  - d. Whether the proposed location will serve as a group home or a personal care home, including the nature of services and treatments to be provided to residents of the facility and, for personal care homes, the maximum number of residents, excluding staff, to be housed at any one time;
  - e. Whether the applicant contends that the facility at issue is operating as a conditional use, and, if so, the date the facility began operation; and
  - f. If the application is for a group home, the applicant shall submit 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. Grounds maintenance plan.
- (2) Within sixty (60) days of the submission of a completed application, the Planning Commission shall review the contents of said application and transmit to the Mayor and Council a recommendation of approval or denial of same. The Mayor and Council shall thereafter act on a completed special use permit application within forty-five (45) days of the recommendation of the Planning Commission.

- (3) Any special permit issued pursuant to this section shall become invalid if the appropriate permits or licenses required by the State of Georgia are revoked or otherwise terminated. Such special permits shall also become invalid if the facility is not operated for a continuous period of six (6) months.
- (4) Each group home 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 group treatment facility. Those group home facilities operating as a conditional use shall be required to apply for and receive such accreditation by January 1, 2014, and shall maintain such accreditation while operating the group home.
- (5) Each facility shall be required to pay an annual permit fee of \$20.00, said fee to be paid no later than January 1st of each year of operation. For a facility which begins operation subsequent to January 1st, the permit fee shall not be prorated but shall be due in full for the remainder of the calendar year.
- (6)
  - a. 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 hereinafter 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.
  - b. Due cause for the suspension or revocation of a permit shall consist of a violation of any laws or ordinances applicable to regulating such group home or personal care home 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.
  - c. 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."

**SECTION 3:**

All ordinances or parts of ordinances in conflict with this ordinance are hereby repealed.



**SECTION 4:**

This Ordinance after adoption by the Council and upon approval by the Mayor shall become effective immediately.

INTRODUCED AND FIRST READING November 7, 2011

SECOND READING AND ADOPTED/REJECTED November 21, 2011

SUBMITTED TO MAYOR AND APPROVED/DISAPPROVED Approved

BY: Jemma Jackson  
Mayor

ATTEST: [Signature]  
Clerk



# City of Hogansville Application to Operate a Business

Type of Application:

New

Renewal

Date:

11/15/2018

<b>Business Information:</b>	
Business Name & Mailing Address: <i>The Family Life Center, Inc. 301 Pink Street Hogansville, Ga. 30230</i>	Type of Organization: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> LLC <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Non-Profit <input type="checkbox"/> Veteran
Federal Tax ID Number or Social Security Number: <i>35-258139 3405</i>	State Sales Tax Number: <i>27-3818195</i>
Type of Business: <i>Community Mental Health</i>	Standard Industry Classification Code:
Is this Business a:	Commercial Location <input type="checkbox"/> Home Based Business <input type="checkbox"/> <small>Additional Information is Needed for this selection</small>
Business Location / Address: <i>301 Pink Street Hogansville, Ga. 30230</i>	Business Phone: <i>706 523 1114</i> Fax: <i>844 273 4209</i> E-Mail: <i>DRJIMMYDMCCAMEYJR@GMAIL.COM</i> Website:
<b>Owner / Applicant Information:</b>	
Name: <i>DR Jimmy D. McClamey Jr.</i>	Title: <i>Director</i>
Address: <i>102 W. Bacon Street LaGrange, Ga. 30240</i>	Phone: <i>706.523.1114</i> E-Mail: <i>DRJIMMYDMCCAMEYJR@GMAIL.COM</i>

By signing below, I certify that all the information contained herein is true and exact. I further understand the issuance of a business license does not authorize me or my business to violate any regulation, ordinance of the City of Hogansville, the State of Georgia, or the United States of America, nor shall such signature relieve any business from any requirement to obtain any license or permit required by ordinance, regulation, or law.

Signature

*[Handwritten Signature]*, Ph.D., LCSW, LPC Director

Title

Date

11/15/2018

Fee Schedule is as follows:

Circle the option that applies

# of employees	Fee
0-2	\$ 120.00
3-5	\$ 170.00
6-10	\$ 220.00
11-15	\$ 270.00
16-25	\$ 320.00
25 & over	\$ 320.00 plus \$4 per employee over 25



**Affidavit**  
**Pursuant to O.C.G.A 50-36-1(e)(2)**

A copy of your driver's license (or other "secure and verifiable document"), along with this NOTARIZED Affidavit must be submitted as part of the application for or renewal of an Alcohol License, Occupation Tax Certificate, or any other License or Permit from City of Hogansville. This affidavit must be complete and must be notarized. The License or permit cannot be processed or issued, otherwise.

AFFIDAVIT PURUSANT TO O.C.G.A. §50-36-1 (e) (2)  
VERIFYING STATUS FOR CITY OF HOGANSVILLE PUBLIC BENEFIT APPLICATION

By executing this Affidavit under oath, as an applicant for a City of Hogansville, Georgia Alcohol License, Occupation Tax Certificate, or any other License or Permit, or other "public benefit" as referenced in O.C.G.A. Section 50-36-1, I am stating the following with respect to the application therefore:

- 1.  I am a United States Citizen.
- 2. \_\_\_\_\_ I am a legal permanent resident of the United States.
- 3. \_\_\_\_\_ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is: \_\_\_\_\_.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1 (e) (1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be described as: \_\_\_\_\_

I hereby declare under penalty of perjury that the foregoing information is true and correct.

Executed on Nov 15, 2018 in Hogansville (city), Ga. (state)

Signature of Business Representative: [Signature], Pro, Lesny, LLC

Printed Name and Title of Business Representative: Jimmy D. McCann Jr., Pro.

*For Notary Use Only*

Subscribed and sworn before me on this 15 day of Nov

Lillian B. Drake  
Notary Public

June 22, 2022  
Date my Commission Expires



Seal





# Private Employer Affidavit of Compliance Pursuant to O.C.G.A 36-60-6(d)

By executing this affidavit, the undersigned private employer verifies its compliance with O.C.G.A. 36-60-6, stating affirmatively that the individual, firm or corporation:

- a) \_\_\_\_\_  
Employs **more than ten (10) employees** and has registered with and utilizes the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. 13-10-90. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:

Name of Business: Family Life Center, Inc. Number of Employees: 01  
 Federal Work Authorization (E-Verify) User Identification Number: 202003100481378668  
 Date of Authorization (Date Number Obtained): 1/1/2016

OR

- b)  \_\_\_\_\_  
Verifies that it is exempt from compliance with O.C.G.A. 36-60-6, stating affirmatively that the individual, firm or corporation employs less than ten (10) employees and therefore is not required to register with and utilize the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. 13-10-90.

Name of Business: Family Life Center, Inc. Number of Employees: 1

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on Nov 15, 2018 in Hogansville (city),  
GA. (state)

Signature of Business Representative: \_\_\_\_\_

Printed Name and Title of Business Representative: Jimmy D. McCamy, Jr. Ph.D.

*For Notary Use Only*

Subscribed and sworn before me on this 15 day of Nov

Lillian B. Drake  
 Notary Public

June 17, 2022  
 Date my Commission Expires



Seal

## Request for Taxpayer Identification Number and Certification

Give Form to the  
 requester. Do not  
 send to the IRS.

Print or type  
 See Specific Instructions on page 2.

Name (as shown on your income tax return)  
*Family Life Center, Inc.*

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:  
 Individual/sole proprietor     C Corporation     S Corporation     Partnership     Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶

Other (see Instructions) ▶

Exempt payee

Address (number, street, and apt. or suite no.)  
*405 West Tyler Street*

City, state, and ZIP code  
*Talbotton, Ga. 31827*

Requester's name and address (optional)

List account number(s) here (optional)

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I Instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number

<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>	<i>7</i>	<i>8</i>	<i>9</i>	<i>0</i>
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**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number

<i>2</i>	<i>7</i>	<i>3</i>	<i>8</i>	<i>1</i>	<i>8</i>	<i>1</i>	<i>9</i>	<i>5</i>
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**Part II Certification**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the Instructions on page 4.

Sign Here      Signature of U.S. person ▶ *[Handwritten Signature]*      Date ▶ *11/15/2018*

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Purpose of Form**

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

**Family Life Center, Inc.  
301 Pine Street  
Hogansville, Georgia 30230**

**Good Neighbor Plan**

**Submitted to:** City Council of Hogansville, Georgia  
**Submitted by:** Dr. Jimmy D. McCamey, Jr., President/CEO/Founder

**I. Mission**

Family Life Center, Inc. mission is to provide quality services, creative interventions and form partnerships to work in collaboration with clients and their families to promote positive mental health, growth and human development.

**II. Vision**

The vision for Family Life Center, Inc. is to apply best practice approaches to working with children, adolescents and families who are in need of out of home placement. It is our vision that the aforementioned youth and his/her family system learn new ways of living as a family. All children served in our RBWO program will return to loving and willing family members, move into post secondary education and/or vocational training, enter the armed forces or work force and become healthy productive citizens.

**III. Clientele**

The Family Life Center, Inc. is a private residential treatment program that provides Room, Board and Watchful Oversight (RBWO) services to youth ages 12 to 18. Clinical, support and administrative staff combine over 100 years of clinical experience in mental health settings to include psychiatric hospitalization, residential treatment, outpatient clinics and in-home intensive treatment services.

**IV. Purpose-Goal of Good Neighbor Protocol**

The good neighbor policy is designed to ensure compliance for quality of care for clients at FAMILY LIFE CENTER, INC. as well as accountability for all employees of the agency. More importantly, this policy is designed to nurture good will by developing a healthy relationship with citizens of Hogansville through positive media coverage, community services events and activities and responsible supervision of youth in our care. This policy is designed to foster good will by integration youth under our care into community activities through public school, church,

cultural events, local parks and recreation, etc. This procedure is also designed to foster good will with owner of Family Life Center, Inc. encourage staff on duty to work with community leaders, citizens and law authorities as well as local business as social networks through purchasing supplies and goods from local business.

Additionally, as part of the good neighbor plan, the goal of Family Life Center. is to seek to employ as many qualified citizens of Hogansville, Georgia to show good will and social responsibility for the community in which we are conducting the business of transforming lives of youth, adults and families in Georgia. Though small in comparison to other much large organizations and industrial companies, it is estimated that over a five year period, more than 80 employees will be added to the work force in the city of Hogansville, which will allow the corporate headquarters for Family Life Center to be housed at 301 pine Street in Hogansville, Georgia well as RBWO units, cafeteria for Senior Citizens and certified school program for youth, young adults and others who wish to obtain their high school diploma or GED. In addition to adding youth for 24 hour supervision, FAMILY LIFE CENTER, INC. will also afford the community needed mental health services for local children, adolescents and adults in the city of Hogansville, Georgia.

#### V. Management of Critical Incident/Accident (s)

The agency president is responsible for reviewing and investigating all critical incidents that occur at FAMILY LIFE CENTER, INC. . The president provides supervision for upper management staff, thus providing fair and accurate evaluation of any critical incidents that may occur throughout the agency. The president has the authority to review, investigate or make recommendation for all critical incidents that may include but not limited to confidentiality, records release, personnel policy infractions, abuse, theft, etc.

All critical incidents which involves outside support such as police, fire, and other emergency personnel is reported to the Office of Residential Child Care (ORCC), within 24 hours of the incident. Although FAMILY LIFE CENTER, INC. conducts internal investigations, all critical incidents are reviewed by ORCC and the placing agency (Department of Family and Children-DFCS or Department of Juvenile Justice-DJJ) of any youth who are involved in a critical incident

It is the policy of FAMILY LIFE CENTER, INC. that all incidents and/or accidents, regardless of nature, be reported promptly and accurately through a written incident/accident report. All employees are responsible for promptly and accurately reporting to their immediate supervisor any incident/accident (known or suspected), and for completing an Incident/Accident Report Form and Behavior Management Report, when appropriate.



## **Definitions**

### **A. Accident**

1. A happening that is not expected, foreseen or intended
2. Departs from accepted protocol that might result in harm or grave consequences to clients.
3. An unforeseen event that occurs without anyone's fault or negligence.

### **B. Incident**

1. Out of the ordinary
2. An unpleasant and unintended happening, sometimes resulting from negligence that results in injury, loss, damage, etc.
3. Any potential or threatened liability issue.

### **C. Serious Incident**

1. Allegations of sexual assault or sexual exploitation
2. Seclusion or restraints resulting in injury
3. Incident requiring treatment for a fracture
4. Allegations of abuse, neglect and or exploitation
5. Incident requiring hospitalization
6. Suicide attempts
7. Homicide attempts
8. Unexpected absence or absence without leave
9. Allegations of abuse, neglect and or exploitation
10. Communicable disease outbreak'
11. Vehicle accidents
12. Theft of property
13. Damage to property allegedly by consumer (not minor damage)
14. Bombs, fires, or explosions.
15. Natural disasters (tornadoes, hurricanes, floods, etc.)
16. Other high visibility serious incident

### **D. Minor Incident**

1. Accident or injury which is handled on site.
2. An occurrence not reported under the Serious/Unusual incident policy

## **II. Procedure:**

### **A. When a Serious Incident occurs, injury requiring hospitalization or other high visibility serious incident occurs, the program Director or designee should call:**

1. 911 (if it is an urgent need)

2. law enforcement
3. guardian or next of kin
4. attending physician
5. President/CEO or designee
6. Appropriate contact person at the referring and licensing agency.

**B. If law enforcement is involved, the President/CEO or designee must ensure staff cooperation.**

**C. Incident/Accident Reports shall be completed promptly (immediately after the incident/accident) and accurately for all known or suspected incidents/accidents.**

1. Staff who observes the incident/accident shall complete the Incident/Accident Report and Behavior Management Report promptly.
2. Staff shall complete the form (s) before departing their shift and such occurrence must be reported to ORCC, DFCS, and or DJJ within 24 hours of the occurrence.
3. If the staff/client is involved in the incident/accident, the employee is responsible for documenting in the daily progress notes the relevant information
4. The incident/accident and Behavior Management Report Forms do not substitute for Interdisciplinary Progress Reporting. The I/A Report Forms shall be completed correctly and in detail.
5. In the event that injuries resulted from the incident/accident, a copy of the medical records indicating treatment shall be attached to the I/A Report Form.
6. If basic first aid was rendered, this shall be indicated on the I/A Report Form.
7. If the police/fire department is involved the incident/accident, a copy of their written report shall be attached to the I/A Report Form.
8. The immediate supervisor should review the I/A Report Form and Behavior Management Report Form and provide relevant comments, sign and date.
9. The immediate supervisor is responsible for forwarding the I/A Report Form/Behavior Management Report Form, and supporting documentation to his/her supervisor.

**D. Required reporting to Outside Agencies**

1. All serious incidents shall be verbally reported to the Office of Child Care Services and the appropriate placing agency within 24 hours.
2. All serious incidents shall be reported in writing within 24 hours to ORCC and the appropriate placing agency.

**E. Reviews of Serious Incidents**

1. The immediate supervisor shall review all incident/accidents and ensure that the appropriate individuals are notified (i.e., placing agency, parent, ORS, etc.)
2. The immediate supervisor shall forward information from the I/A Report Form to the President/CEO or designee and to the Interdisciplinary Treatment Team.
3. The immediate supervisor shall complete a monthly summary of incidents/accidents to be reviewed by the President/CEO. Data from the summary shall be shared with the supervisors and analyzed in order to determine patterns (such as time-frames, frequency, level of severity, or risk, etc.) and responses and to be used in the organization's quality assurance and improvement.

#### **F. Investigations of Serious Incidents**

1. When serious incidents are reported, the President/CEO (and/or officials of the placing agency) shall decide if an investigation is warranted. This shall be predicated upon the degree of seriousness of the incident.
2. If an investigation is warranted, the President/CEO or designee shall conduct the official agency investigation.
3. The President/CEO or designee shall take written statements from all staff that were present or on duty at the time of the incident.
4. The President/CEO or designee shall document confidential information in the investigation only if and when it is necessary to document facts that are relevant and material to reaching a conclusion.
5. The President/CEO or designee shall gather and report evidence.
6. If criminal conduct is founded, this information shall be reported to ORS, DFCS/DJJ and local authorities.

#### **G. Investigators of Serious Incidents**

1. The President/CEO shall be the primary investigator of serious incidents or his designee.
2. Designees shall have at least five years experience in the childcare field.
3. Designees must be free of conflicts of interest.

#### **H. Format of the Investigative Report**

1. The investigative report shall include:
  - a. Statement of the facts or concerns contained in the initial serious incident report.
  - b. Brief list of MHDDAD services that the consumer is receiving.
  - c. List of documents and physical evidence reviewed which shall include at a minimum:
    - i. Death certificate, if application
    - ii. Relevant clinical records of all consumers involved.
    - iii. Available reports or investigations by the police or other persons or entities.
    - iv. Relevant personnel records of all staff involved, as applicable.
    - v. Relevant policies and procedures.
  - e. Photographs, if necessary, properly labeled.
  - f. Chronology of events derived from all evidence.
  - g. Evaluation of the facts in light of the requirements of applicable laws, regulations, policies, protocols, etc.
  - h. Conclusion regarding the facts.
2. Guidelines on talking with consumers, their family and representatives.

**Accountability:** Every supervisor and the President/CEO are responsible for ensuring that these policies and procedures are maintained in his/her Residential Treatment Unit. The clinical services committee has accountability for policy administration. Any recommended changes to this policy, therefore, must be submitted for consideration by the clinical coordinator.

VI. Maintenance Procedure

- a. **Grounds and Upkeep-** All grounds are to be kept in clean presentable manner at all times and free from trash, debris, abandon vehicles, and or dumped material. The agency maintains city purchased trash pickup weekly. During designated months and times throughout the year, the lawn, hedges, flowers and to be maintained a minimum of twice a month and as needed.

**Note:** Please see appendix for copy of actual maintenance request form used by agency employees and management of staff. In additional to this form, the residential managers track all unit maintence isseus monthly and provide a monthly report on such issues. Please refer to residential manger report page 9 of this document.

Management Staff /Contact Information

Dr. Jimmy D. McCamey, Jr., President/CEO

706.523.1114

133

Deed Doc: QCD  
Recorded 03/03/2011 01:42PM  
Georgia Transfer Tax Paid : \$0.00  
JACKIE TAYLOR  
Clerk Superior Court, TROUP County, Ga.  
Bk 01605 Pg 0246-0247  
This Quitclaim Deed made 2<sup>nd</sup> March, 2011, by THE HOGANVILLE  
COMMUNITY IMPROVEMENT ASSOCIATION, INC., THE WEST END SCHOOL,  
INC, Richard Woods, and Ms. Oberian Geter  
[Grantors]

Quitclaim Deed

MAILING ADDRESS  
818 BUCHANAN ST.  
LAGRANGE, GA. 30240  
RE: J DAWSON McCamey, JR.

to: **West Georgia Child and Family Life Center, Inc.**  
Grantee

Grantors, in consideration of Ten Dollar and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, remises, releases, and forever quitclaims to Grantee all of the interest of Grantors, if any, in and to that real property located in the County of Troup, and State of Georgia and more certainly described as follows:

All that tract or parcel of land lying and being in Land Lot 23 of the 12<sup>th</sup> Land District of Troup County, Georgia, containing 3.16 acres and being more particularly described as follows: Beginning at an iron pin set at the intersection of West right of way of Pine Street with the South right of way of Hightower Street and run thence South 03 degrees 01 minutes West 419.13 feet along the West right of way of Pine Street to an iron pin set; thence run North 88 degrees 47 minutes West 205.80 feet to an iron pin set; thence run North 08 degrees 52 minutes West 105.31 feet to an iron pin set; thence run North 33 degrees 01 minutes West 150.06 feet to an iron pin set; thence North 04 degrees 37 minutes East 240.52 feet to an iron pin set; thence run North 70 degrees 41 minutes East 182.81 feet to an iron pin set, located on the South right of way of Hightower Street; thence run South 49 degrees 06 minutes East 177.08 feet along the South right of way of Hightower Street to the Point of Beginning.

The above described property is the property conveyed by the City of Hoganville, Georgia to **THE HOGANVILLE COMMUNITY IMPROVEMENT ASSOCIATION, INC.** by Quitclaim deed dated 18<sup>th</sup> day of April, 1994, and recorded in Deed Book 664 Page 453, Troup County, Georgia, records.

To have and to hold, all and singular the described property, together with the tenements, hereditaments, and appurtenances belonging to such property, or in

anywise appertaining, and the rents, issues, and profits of such property to Grantee, and Grantee's heirs and assigns and successors forever.

IN WITNESS WHEREOF, grantors have executed this Quitclaim Deed on the date first above written.

[Grantors]

By: THE HOGANVILLE COMMUNITY IMPROVEMENT ASSOCIATION, INC.

*\* O'Barian J. Gates*      *Richard Wood*      *Edward*  
 [Signer Name]    *Director*      *Chairman*  
 [Signer Title]    *Individual*

By: THE WEST END SCHOOL, INC

*O'Barian J. Gates*      *Richard Wood*      *Chairman, Inc.*  
 [Signer Name]    *Director*  
 [Signer Title]    *Individual*

By:

[Signer Name]  
[Signer Title]

*Betty Brown*  
 [Signer Name]  
 [Signer Title]

*Betty Brown*  
 WITNESS: *Betty Brown*

Acknowledgment

State of Georgia )  
 ) ss  
 County of Troup )

On this March 2, 2011, before me personally appeared Grantors to me know to be the persons described in and who executed the foregoing Quitclaim Deed and acknowledged to me that Grantors executed the same as their free act and deed.

*Audria M. Norwood*  
 Notary Public



TROUP COUNTY, GEORGIA  
FILED IN OFFICE

'94 MAY 11 PM 1 59

RAMONA S. WARD  
CLERK OF SUPERIOR COURT

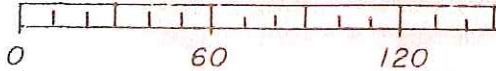


Magnetic North



AREA = 3.16 ACRES

GRAPHIC SCALE



SCALE: 1" = 60'

SURVEY FOR		
THE CITY OF HOGANSVILLE (PINE STREET SCHOOL)		
L.L. 23	Land Dist. 12	TROUP
City OF HOGANSVILLE		County GA.
201 Pine Street		

N 04° 37' E; 240.52'

N 70° 41' E  
182.81'

DRIVEWAY

HIGHTOWER ST.  
S 43° 06' E  
177.08'

Gym  
Classroom  
Class room

Cafeteria  
Office

Residence Hall  
Office

Existing  
Day Care

Parking

Parking

N 150° 06' W  
105.31'

N 08° 52' W  
108.50'

205.80'  
N 88° 47' W

419.13'  
S 03° 01' W

PINE STREET

664 455

Legend:

TROUP COUNTY, GEORGIA

**Submitted by: Dr Jimmy D McCamey, Jr.**  
**Submitted to: Planning and Zoning, City of Hogansville, Georgia**  
**Attention: Mrs. Lynne S. Miller, AICP, Planning & Development Director**

**Date Submitted: January 3, 2019**

Ms. Miller, please accept the following narrative as an official written response to the planning and zoning commission as requested at the December 20, 2018 meeting. If you need additional information, feel free to contact me when your time permits.

*At the Hogansville Planning and Zoning Commission meeting on December 20, 2018, the Commission voted to request you to furnish the following written information no later than January 4, 2019:*

- 1) **Written description of how the proposed group home will be separated from the existing day care center at the Pine Street site, and how this separation will be maintained and secured;**

The West End Campus of the family Life Center will be separated from the existing day care with a security fence, video surveillance and 24-hour staff supervision. Please see staff ratio as outlined in question number two which was posed by plan and zoning as additional security for separating the existing daycare center at Pine Street.

- 2) **Your proposed staff/child ratio;** The residential facility managed at the West End campus will be staff based on the state standards for 1 to 5 during awake hours and 1 to 9 during the overnight hours. More specifically, for every 5 youth in care during the awake hours, there will be 1 staff member and for every 9 youth in care during the night time hours, there will be 1 awake staff supervising the youth while they sleep.
- 3) **Written answers to Section Two, Division VII:** Group Homes and Personal Care Homes; Section 18-210: Special Use Permit Required for Group Homes: (1) a-h; of the City of Hogansville Group Home Ordinance 15-09-0A dated September 8, 2015; and

- a. Dr. Jimmy D. McCamey, Jr.  
102 West Bacon Street  
LaGrange, Georgia 30240

- b. **Corporation:**

Jimmy D. McCamey, Jr., PhD, CEO, 102 West Bacon Street, LaGrange, Georgia  
Natalie Sanders, M.S., Board Member, 517 Ridley Avenue, LaGrange, Georgia  
Naomi Ericks, Board Member, 77 Shadewood Drive, Cataula Georgia 31804  
Andrew Hall, M. Ed, Board Member, 90 Hawk Road, Talbotton, Georgia 31827

- c. Dr. Jimmy D. McCamey, Jr., Ph.D, 102 West Bacon Street, LaGrange, Georgia  
30240



- d. Dr. Jimmy D. McCamey, Jr. has active license to provide residential child care services since 2006.
  - e. Dr. Jimmy D. McCamey, Jr. residential child care license has not been suspended, revoked or otherwise terminated by licensing authority.
  - f. Dr. Jimmy D McCamey, Jr. has completed a background check and participates in annual background checks as a condition to hold a license to provide residential child care program in Georgia.
  - g. The Center will house youth between the ages of 12 to 17 who are wards of the state, homeless or in need of shelter. The youth will be direct placements from the Georgia's Foster Care System. The West End Center will be an all-boys program.
  - h. The West End campus plans to be reviewed by the state of Georgia for residential approval between July of 2019 and October 2019 to provide 24-hour foster care services. The review process by the state for approval takes 30 to 90 days.
  - i. A good neighbor plan was provided with the application for special use permit, which provided a 24-hour time of operation as well as a detailed plan to work in collaboration with the community and a grounds maintenance plan. There are no staff members currently. The estimated staff will range from 40 to 50 staff members over the course of the phases of projects.
- 4) **Proposed timeline for rehabilitating the Pine Street property and opening and developing the business.** The West End campus will be three to five year project that will include renovating the campus.

Sincerely,

*Jimmy D. McCamey, Jr.*

Jimmy D. McCamey, Jr., Ph.D.  
Diplomate in Clinical Social Work  
License Clinical Social Worker # 003153  
License Professional Counselor # 003854  
Substance Abuse Clinical Evaluator, Georgia #2436  
Substance Abuse Treatment Provider, Georgia #2436  
DUI Instructor # 1735  
Defensive Driver Instructor # 1735  
EAP Workplace Crisis Manager

AN ORDINANCE

AN ORDINANCE OF THE MAYOR AND COUNCIL OF THE CITY OF HOGANSVILLE TO AMEND THE CODE OF THE CITY; TO AMEND THE ZONING ORDINANCE AND BUSINESSES CHAPTERS OF THE CODE IN ORDER TO MODIFY THE DEFINITION OF PERSONNEL CARE HOME; TO AMEND PARAMETERS OF THE SPECIAL USE PERMIT FOR GROUP HOMES AND PERSONAL CARE HOMES; TO REPEAL CONFLICTING ORDINANCES; TO FIX AN EFFECTIVE DATE; AND FOR OTHER PURPOSES.

THE COUNCIL OF THE CITY OF HOGANSVILLE HEREBY ORDAINS:

SECTION 1:

That the Zoning Ordinance of the City of Hogansville be amended by deleting, within Section 102-2, the definition entries for "Group home" and "Personal care home" and inserting in lieu thereof new definition entries in proper alphabetical order and to read as follows:

*Group home:* A dwelling unit which is used to provide assisted community living for persons with physical, mental, emotional, familial or social difficulties.

*Personal care home:* A dwelling shared by persons, excluding resident staff, who live together as a single housekeeping unit and in a long-term, family-like environment in which staff persons provide care, education and participation in community activities for the residents with the primary goal of enabling the residents to live as independently as possible in order to reach maximum potential under the direction and guidance of twenty-four (24) hour per day supervision. The term personal care home shall not include a half-way house, a treatment center for alcoholism or drug abuse, a work release facility for convicts or ex-convicts, a home for the detention and/or rehabilitation of juveniles adjudged delinquent or unruly and placed in the custody of the state, or other housing facilities serving as an alternative to incarceration. The term personal care home shall also not allow the use of a dwelling as an apartment or duplex. A personal care home shall not allow use of the dwelling as a home for individuals on parole, probation, or convicted and released from incarceration, for any crimes including child molestation, aggravated child molestation, or child sexual abuse, as defined in O.C.G.A. § 16-6-4 or individuals required to register as sex offenders pursuant to O.C.G.A. § 42-1-12. A personal care home may include a home for the handicapped which shall mean, consistent with the Fair Housing Act, a person (1) with a physical or mental impairment which substantially limits one or more of such person's major life activities; (2) having a record of having such an impairment; or (3) being regarded as having such an impairment. However, such term does not include the current illegal use of or addiction to a controlled substance, nor shall it include any person whose residency in the home would constitute a direct threat to the health and safety of other individuals."

**SECTION 2:**

That Chapter 18 of the Code be amended by deleting therefrom Division VII, inserting in lieu thereof a new Division VII, to be entitled "Group Homes and Personal Care Homes" and to read as follows:

**"DIVISION VII. GROUP HOMES AND  
PERSONAL CARE HOMES**

**Section 18-210. Special Use Permit Required for Group Home.**

- (1) *Applications; Content and Requirements.* All operators of group homes, including those facilities operating as a non-conforming use, are required to apply for and obtain a special use permit from the city and to register the facility with the city. The applicant shall apply for the permit required under this chapter with the City Manager or his designee on forms provided by the city and shall provide such information as may be reasonably required including, without limitation, the following:
- a. The name and address of the applicant;
  - b. If the applicant is not an individual, the names and addresses of all officers and members of the board of directors if the applicant is a corporation (hereafter sometimes "principals"). If the applicant is an entity other than a corporation, the applicant shall state the type of entity, principals, and where organized;
  - c. The name and address of the manager of the facility;
  - d. Whether the applicant, manager (or, if the applicant is not an individual the principals of the entity) have ever had a state or local government license for operation of a group home and, if so, the issuing jurisdiction and duration of each;
  - e. Whether any license referenced in subparagraph d. above was suspended, revoked, or otherwise terminated by the licensing authority and, if so, identify the licensing authority, the action taken and the reason for the action taken against the license;
  - f. Criminal background information, and a release for the City to obtain same, to allow for review of the standards contained in subsection (2)a. below;
  - g. The nature of services and treatments to be provided to residents of the facility and the maximum number of residents, excluding staff, to be housed at any one time;
  - h. Whether the applicant contends that the facility at issue is operating as a non-conforming use, and, if so, the date the facility began operation; and

i. The applicant shall submit 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. Grounds maintenance plan.

(2) **Planning Commission Review; Mayor and Council Action.** Within sixty (60) days of the submission of a completed application, the Planning Commission shall review the contents of said application and transmit to the Mayor and Council a recommendation of approval or denial of same. The Mayor and Council shall thereafter act on a completed special use permit application within forty-five (45) days of the recommendation of the Planning Commission. The Mayor and Council may grant the special use permit only if the requirements of this code section are met, and the following conditions are satisfied:

- a. No applicant, manager (or principal if the applicant is an entity) shall have been convicted within the ten (10) years preceding the application of any felony, any misdemeanor involving moral turpitude, or any sexually related crime. This requirement shall apply with respect to the laws of this state, other states, the United States, and other countries. A plea of nolo contendere or the forfeiture of a bond shall be considered a conviction for purposes of this section. Sentencing as first offender status shall not be considered as a conviction if the sentence was successfully completed without any violation of probation and with no adjudication of guilt ever being entered;
- b. The applicant, manager (or principal if the applicant is an entity) shall not have had revoked, suspended or otherwise terminated, within the ten (10) years preceding his application, any license or permit to operate a group home issued by any governmental entity; and
- c. The applicant must be of good moral character and a citizen of the United States or an alien lawfully admitted for permanent residence.

(3) **Automatic Revocation.** Any special permit issued pursuant to this section shall become invalid if the appropriate permits or licenses required by the State of Georgia are revoked or otherwise terminated. Such special permits shall also become invalid if the facility is not operated for a continuous period of six (6) months.

(4) **Accreditation Requirements.** Each group home 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 group treatment facility.

- (5) ***Annual Permitting; Fee.*** Each facility shall be required to pay an annual permit fee of \$20.00, said fee to be paid no later than January 1st of each year of operation. For a facility which begins operation subsequent to January 1st, the permit fee shall not be prorated but shall be due in full for the remainder of the calendar year.

(6) ***Additional Requirements for Each Group Home.***

- a. ***Floor area requirements.*** To avoid unsafe or unhealthy conditions that may be produced by the overcrowding of persons living in these facilities, a minimum floor area per person shall be required below.
- b. ***Total interior living space.*** A minimum of 175 square feet of interior living space shall be provided per residing facility resident. Interior living space shall include sleeping space and all other interior space accessible on a regular basis to all facility residents.
- c. ***Minimum sleeping areas.*** A minimum of 70 square feet shall be provided in each sleeping space for single occupancy. A minimum of 60 square feet of sleeping space shall be provided for each bed in a sleeping space for multiple occupancy.
- d. ***Bathroom facilities.*** One full bathroom with toilet, sink, and tub or shower per five residents plus an additional toilet and sink shall be provided for each additional group of three persons or any fraction thereof.
- e. ***Lot and building requirements.*** Each facility shall meet the lot and building requirements of the district in which it is located. All applicable fire safety codes, building codes, and housing codes shall likewise apply.
- f. ***Off street parking.*** Minimum of two (2) off-street parking space or one parking space per shift employee, plus one per number of permanent vehicles stored at the facility shall be provided, whichever is greater.
- g. ***Authorization from state and county agencies.*** It shall be the responsibility of the licensee to obtain all appropriate state or county licenses prior to issuance of a certificate of occupancy.

(7) ***Suspension or Revocation.***

- a. 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 hereinafter 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.

- b. Due cause for the suspension or revocation of a permit shall consist of a violation of any laws or ordinances applicable to regulating such group home, 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.
- c. 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.

**Section 18-211. Special Use Permit Required for Personal Care Home.**

- (1) ***Applications; Content and Requirements.*** All operators of personal care homes, including those facilities operating as a non-conforming use, are required to apply for and obtain a special use permit from the city and to register the facility with the city. The applicant shall apply for the permit required under this chapter with the City Manager or his designee on forms provided by the city and shall provide such information as may be reasonably required including, without limitation, the following:
  - a. The name and address of the applicant;
  - b. If the applicant is not an individual, the names and addresses of all officers and members of the board of directors if the applicant is a corporation (hereafter sometimes "principals"). If the applicant is an entity other than a corporation, the applicant shall state the type of entity, principals, and where organized;
  - c. The name and address of the manager of the facility;
  - d. Whether the applicant, manager (or, if the applicant is not an individual the principals of the entity) have ever had a state or local government license for operation of a personal care home and, if so, the issuing jurisdiction and duration of each;
  - e. Whether any license referenced in subparagraph d. above was suspended, revoked, or otherwise

terminated by the licensing authority and, if so, identify the licensing authority, the action taken and the reason for the action taken against the license;

- f. Criminal background information, and a release for the City to obtain same, to allow for review of the standards contained in subsection (2)a. below;
- g. The nature of services and treatments to be provided to residents of the facility and the maximum number of residents, excluding staff, to be housed at any one time; and
- h. Whether the applicant contends that the facility at issue is operating as a non-conforming use, and, if so, the date the facility began operation.

(2) ***Planning Commission Review; Mayor and Council Action.*** Within sixty (60) days of the submission of a completed application, the Planning Commission shall review the contents of said application and transmit to the Mayor and Council a recommendation of approval or denial of same. The Mayor and Council shall thereafter act on a completed special use permit application within forty-five (45) days of the recommendation of the Planning Commission. The Mayor and Council may grant the special use permit only if the requirements of this code section are met, and the following conditions are satisfied:

- a. No applicant, manager (or principal if the applicant is an entity) shall have been convicted within the ten (10) years preceding the application of any felony, any misdemeanor involving moral turpitude, or any sexually related crime. This requirement shall apply with respect to the laws of this state, other states, the United States, and other countries. A plea of nolo contendere or the forfeiture of a bond shall be considered a conviction for purposes of this section. Sentencing as first offender status shall not be considered as a conviction if the sentence was successfully completed without any violation of probation and with no adjudication of guilt ever being entered;
- b. The applicant, manager (or principal if the applicant is an entity) shall not have had revoked, suspended or otherwise terminated, within the ten (10) years preceding his application, any license or permit to operate a personal care home issued by any governmental entity; and
- c. The applicant must be of good moral character and a citizen of the United States or an alien lawfully admitted for permanent residence.

(3) ***Automatic Revocation.*** Any special permit issued pursuant to this section shall become invalid if the appropriate permits or licenses required by the State of Georgia are revoked or otherwise terminated. Such special permits shall also become invalid if the facility is not operated for a continuous period of six (6) months.

(4) **Annual Permitting; Fee.** Each facility shall be required to pay an annual permit fee of \$20.00, said fee to be paid no later than January 1st of each year of operation. For a facility which begins operation subsequent to January 1st, the permit fee shall not be prorated but shall be due in full for the remainder of the calendar year.

(5) **Suspension or Revocation.**

- a. 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 hereinafter 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.
- b. Due cause for the suspension or revocation of a permit shall consist of a violation of any laws or ordinances applicable to regulating such personal care home, 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.
- c. 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."

**SECTION 3:**

All ordinances or parts of ordinances in conflict with this ordinance are hereby repealed.

**SECTION 4:**

This Ordinance after adoption by the Council and upon approval by the Mayor shall become effective immediately.

INTRODUCED AND FIRST READING August 17, 2015

SECOND READING AND ADOPTED/REJECTED September 08, 2015

SUBMITTED TO MAYOR AND APPROVED/DISAPPROVED Approved

BY: [Signature]  
Mayor

ATTEST: [Signature]  
Clerk