

**Howard Township – Cass County, Michigan**  
**Zoning Compliance Application – Adult Foster Care (please print)**

**Property Owner Name** \_\_\_\_\_

**Property Address** \_\_\_\_\_

**Parcel Number 14-020-**\_\_\_\_\_

**ADULT FOSTER CARE FACILITY:** Zoning Ordinance #192 definition: A facility defined by the Adult Foster Care Facility Licensing Act (PA218 of 1979), as amended, having as its principal function the receiving of adults for foster care. Such facility includes facilities and foster care family homes for adults who are aged, mentally ill, developmentally disabled, or physically handicapped who require supervision on an ongoing basis, but who do not require continuous nursing care. This definition shall not apply to adult foster care facilities, licensed by a state agency, for the care and treatment of persons released for or assigned to adult correctional institutions.

**Initial the following Zoning District that applies to your property to show that you have read and understand:**

\_\_\_\_\_ **AR (Agricultural Residential District) Permitted Use – *put a check mark next to the facility you will operate***  
\_\_\_\_\_ **Adult Foster Care Family Home:** a private residence in which the licensee is a member of the household and an occupant, providing foster care for five (5) or more days a week and for two (2) or more consecutive weeks with the approved capacity to receive six (6) or fewer adults.

\_\_\_\_\_ **Adult Foster Care Small Group Home:** an adult foster care facility with the approved capacity to receive twelve (12) or fewer adults to be provided with foster care.

\_\_\_\_\_ **R1 (Low Density Residential District) Permitted Use**  
\_\_\_\_\_ **Adult Foster Care Family Home:** a private residence in which the licensee is a member of the household and an occupant, providing foster care for five (5) or more days a week and for two (2) or more consecutive weeks with the approved capacity to receive six (6) or fewer adults.

\_\_\_\_\_ **R4 (Lake Residential District) Permitted Use**  
\_\_\_\_\_ **Adult Foster Care Family Home:** a private residence in which the licensee is a member of the household and an occupant, providing foster care for five (5) or more days a week and for two (2) or more consecutive weeks with the approved capacity to receive six (6) or fewer adults.

\_\_\_\_\_ **C1 (Mixed Use District) Permitted Use – *put a check mark next to the facility you will operate***  
\_\_\_\_\_ **Adult Foster Care Family Home:** a private residence in which the licensee is a member of the household and an occupant, providing foster care for five (5) or more days a week and for two (2) or more consecutive weeks with the approved capacity to receive six (6) or fewer adults.

\_\_\_\_\_ **Adult Foster Care Small Group Home:** an adult foster care facility with the approved capacity to receive twelve (12) or fewer adults to be provided with foster care.

\_\_\_\_\_ **Adult Foster Care Large Group Home:** an adult foster care facility with the approved capacity to receive at least thirteen (13) but not more than twenty (20) adults to be provided with foster care.

**The following must be completed by all applicants:**

\_\_\_\_\_ An Adult Foster Care Facility is not a permitted use in the following districts: R3 (Manufactured Housing Park District), C2 (General Commercial District), L1 (Light Industrial District), and M (Manufacturing District)

\_\_\_\_\_ **ATTACHED IS A COPY OF MY STATE LICENSE**

\_\_\_\_\_ **Date**

\_\_\_\_\_ **Signature of Property Owner(s)**