

# SUPPORTIVE RECOVERY APPLICATION FORM

FOR OFFICE USE ONLY:

File No. PRJ \_\_\_\_\_

## 1. APPLICATION TYPE

- Housing Agreement - Supportive Recovery (for a maximum of 9 residents plus a minimum of 1 staff (maximum of 10 persons); if there are 11 or more residents, a rezoning application to an institutional zone is required)

**COMPLETE  
SECTIONS**

2,3,4,5,6,7

**FEES**

\$1,000

## 2. PROPERTY - A separate application is required for EACH property

A **title search** for the property involved must be submitted with this application, as well as copies of **all covenants, easements and rights-of-way** registered on the subject property(ies) as a charge or listed as a legal notation (note: this does not include mortgages, priority agreements, leases, liens, statutory building schemes, undersurface rights, or assignment of rents). A \$25 fee per document search will be required at the time of application if the application does not include copies of all non-financial charges registered on the title of the subject property(ies).

CIVIC ADDRESS: \_\_\_\_\_

PID: \_\_\_\_\_

LEGAL DESCRIPTION: \_\_\_\_\_

## 3. APPLICANT

For information regarding the collection and use of personal information provided with this application, see item 7 (page 4).

COMPANY NAME (IF APPLICABLE): \_\_\_\_\_

PRIMARY CONTACT NAME\*(REQUIRED): \_\_\_\_\_

ADDITIONAL CONTACT NAME(S) (IF APPLICABLE): \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_

OFFICE PHONE: \_\_\_\_\_

CELL: \_\_\_\_\_

DIRECT LINE: \_\_\_\_\_

EMAIL:  
(REQUIRED)

\*All correspondence will be addressed to the Primary Contact Name at the mailing address or e-mail address (maximum one e-mail address) provided.

## 4. REGISTERED OWNER(S)

List all registered owners as they appear on title (if insufficient space, please attach a separate sheet).

If registered owner is an incorporated company or society, a **BC Company Summary** must accompany this application.

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL:  
(REQUIRED)

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL:  
(REQUIRED)

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL:  
(REQUIRED)

**5. LETTER OF AUTHORIZATION** *This section must be completed if the Registered Property Owner(s) (per Title Search) is(/are) not the Applicant OR if there are more than one Registered Property Owners and not all of the Registered Property Owners are signing as Applicants. Those Registered Property Owners who are not signing as Applicants must provide their written approval for (all of) the Applicant(s) acting on their behalf by signing this Letter of Authorization.*

I/We, (list all of the Registered Property Owner(s) on Title - attach additional completed sheets if necessary) \_\_\_\_\_  
\_\_\_\_\_ (the "Owner"),

own the lands described within this application form listed under Section 2 and confirm the appointment of:

\_\_\_\_\_  
(Applicant Company Name (if Applicable)) (All Contact Names Permitted to Work On This Application (Required))

with the following contact information: \_\_\_\_\_  
(Applicant's Mailing address (Required))

( ) - \_\_\_\_\_ as agent (the "Applicant")  
(Applicant's Phone Number (Required)) (Applicant's Email Address (Required))

with respect to this Development Application (the "Application") regarding the lands described in Section 2.

It is understood, that:

1. the City of Abbotsford shall deal exclusively with the above-noted applicant with respect to all matters pertaining to the Application and is under no obligation to communicate with the Owner or any other person;
2. the above-noted applicant has authority to make all necessary arrangements with the City of Abbotsford, to perform all matters and to take all necessary proceedings with respect the Application;
3. the above-noted applicant has authority to alter this original Development Application by submitting a subsequent related development application and providing an Administrative Change Request Form (No. APL-006) together with the required documents and fees; and
4. a written letter from the Owner is required to cancel this appointment and an Administrative Change Fee will be required.

**By signing this authorization/application, I hereby agree that all information, including personal information, contained on this document including all attachments will be made available to the public.**

If **Incorporated Company or Registered Society** is a Registered Owner, then complete the signature block below. If more than one Company/Society, attach additional completed pages with those signatures, as required. By signing, you are confirming that you're an authorized signatory of the company.

\_\_\_\_\_  
**Signature of Witness**  
Print Name of Witness: \_\_\_\_\_  
Phone: \_\_\_\_\_

\_\_\_\_\_  
**Name of Corporation/Society  
By its Authorized Signatory(ies)**  
\_\_\_\_\_  
**Signature of Authorized Signatory**  
Print Name: \_\_\_\_\_  
Date: \_\_\_\_\_

If Registered Owners are **individual persons**, then complete the signature block below. If more than two individual owners, attach additional *completed* versions of this page signed by those owners, as required.

**ALL INDIVIDUAL PERSONS WHO ARE A REGISTERED PROPERTY OWNER AND ARE NOT AN APPLICANT MUST SIGN THIS AUTHORIZATION:**

\_\_\_\_\_  
**Signature of Witness**  
Print Name of Witness: \_\_\_\_\_  
Phone: \_\_\_\_\_

\_\_\_\_\_  
**Signature of Owner**  
Print Name: \_\_\_\_\_  
Date: \_\_\_\_\_  
\_\_\_\_\_  
**Signature of Owner (if applicable)**  
Print Name: \_\_\_\_\_  
Date: \_\_\_\_\_



**6. REQUIRED APPLICATION DOCUMENTATION**

**(must be submitted in both electronic and hard copy format unless otherwise specified)**

*Note: Electronic Copies must be in PDF format and cannot be secured. These must be received by the City **at time of application**, either prior to submission via email to: **planning-applications@abbotsford.ca**, or brought with the application package on a flash drive or disk.*

*Please use the check boxes to indicate the required documents included in your application.*

- Title search (*retrieved within the last 30 days*)
- Electronic copies of any covenants, easements and rights-of-way registered on title as a charge or listed as a legal notation & modifications to those (note: this does not include mortgages, priority agreements, leases, liens, statutory building schemes, undersurface rights, or assignments of rents) (Note: if applying for only a Phased Strata Plan Approval, these documents are not required).
- BC Company Summary (*retrieved within the last 30 days*) (*if property owner is an incorporated company or society*)
- Letter of Authorization (*page 2 of this form*) (*if applicable; only a hard copy required*)
- Operator's experience and qualifications
- Staff experience, qualifications (including a copy of a **current criminal records** check for the Operator and all staff)
- Typical Client treatment plan and meal plan
- Number of residents proposed (there is a maximum of 10 residents permitted; including resident-staff permitted)
- Gender of residents proposed
- Number of staff proposed and hours
- Emergency contact telephone numbers
- Residence/building size (sq. m) and number of bedrooms
- Written confirmation that there is no Secondary Suite, Residential Care, Boarding, or a Home Occupation on the property
- Written confirmation that there is no exterior signage and will not be any exterior signage
- A **Confirmation - Provincial Licensing Not Required** (*page 5 of this form*) must also be submitted which confirms that licensing under the *Community Care and Assisted Living Act* is not required. The Ministry of Health required that your residence is registered as per the *Community Care and Assisted Living Act*. If you have any questions on this process you must contact them directly. Refer to [www.health.gov.bc.ca/assisted](http://www.health.gov.bc.ca/assisted) for more information.

**7. ACKNOWLEDGEMENT OF NOTICE OF COLLECTION OF PERSONAL INFORMATION**

I/We have attached to this application the attachments required as noted in **Section 6**, along with the required application fee, and hereby agree to submit further information deemed necessary for processing this application.

- I/We understand that for each occasion on which I/we initiate an Administrative Change to this application, an **Administrative Change Fee of \$300** is payable at the time the change is filed. This includes, but is not limited to: **changing the property(ies)** involved; changing the **Applicant or Primary Contact**; or changing/revising/adding an application type(s) and/or sub-type(s) (unless as a subsequent application).

Personal information collected on this form is collected for the purpose of processing this application and for administration and enforcement. The personal information is collected under the authority of the *Local Government Act*, the City's bylaws and Section 26 of the *Freedom of Information and Protection of Privacy Act*. It will not be used or disclosed other than for the purpose for which it was collected, except with the consent of the individual whom the information is about or otherwise in accordance with law.

If you have any questions about this collection and use of your personal information, contact the Information and Privacy Coordinator at 604-864-5575 or [FOI@abbotsford.ca](mailto:FOI@abbotsford.ca) City of Abbotsford, 32315 South Fraser Way, Abbotsford BC V2T 1W7.

**By signing this application I hereby agree that all information, including personal information, contained on this document including all attachments, except criminal records checks, will be made available to the public.**

- If the Applicant is an Incorporated Company or Society, check this box to confirm that all contacts are authorized signatories of the company and they have authority to sign on the company's behalf.** If this box is not checked, a letter on Company Letterhead must be included to outline the permission they have.

\_\_\_\_\_  
Signature of Primary Contact (Applicant)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Additional Contact(s) (if applicable)

\_\_\_\_\_  
Date

Applications will be accepted between the hours of **8:30 am - 4:00 pm.**

**Please allow 15-30 minutes to process the application in-take;**  
additional time required if paying by cash or debit.

Per Development Application Procedures Bylaw No. 2521-2016,  
**incomplete applications cannot be accepted.**

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- ▶ **If application is incomplete, indicate reason(s) and return to applicant:**

\_\_\_\_\_  
\_\_\_\_\_

- ▶ **If application is complete, date stamp all documents and complete in-take.**

Date Stamp:

Received by: \_\_\_\_\_



**CONFIRMATION - PROVINCIAL LICENSING NOT REQUIRED**

To: **General Manager, Planning and Development Services, City of Abbotsford**

I, \_\_\_\_\_, representing  
(Name)

\_\_\_\_\_ (the "Operator"),  
(Organization Name)

am submitting an application for Supportive Recovery at:

CIVIC ADDRESS: \_\_\_\_\_

The Abbotsford Zoning Bylaw defines "Supportive Recovery" as *a residential use providing a supportive and structured environment for individuals recovering from drug or alcohol addiction, which is governed by a Housing Agreement*. One of the conditions of use for a Supportive Recovery Use is that it not be permitted where there is a *Secondary Suite, Residential Care (a provincially licensed facility), Boarding, or a Home Occupation on the lot*.

The Operator agrees that they will not be providing more than two prescribed services, as defined in the *Community Care and Assisted Living Act*.

Prescribed services include:

- Regular assistance with activities of daily living, including eating, mobility dressing, grooming, bathing or personal hygiene.
- Central storage of medication, distribution of medication, administering medication or monitoring the taking of medication.
- Maintenance or management of cash resources or other property.
- Monitoring of food intake or of adherence to therapeutic diets.
- Structured behaviour management and intervention.
- Psychosocial rehabilitative therapy or intensive physical rehabilitative therapy.

The Operator understands that Supportive Recovery is not permitted if they are providing more than two prescribed services.

I understand that the Ministry of Health requires that this residence must be registered as per the *Community Care and Assisted Living Act* and that it is my responsibility to gain registration of this facility.

Further, I hereby agree that all information, including personal information, contained on this document and the Supportive Recovery Application may be made available to the public.

\_\_\_\_\_  
Signature of Operator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Operator