



State of California—Health and Human Services Agency
Department of Health Care Services



EDMUND G. BROWN JR.
GOVERNOR

TO: LOCAL PLANNING DEPARTMENT

**FROM: DEPARTMENT OF HEALTH CARE SERVICES
SUBSTANCE USE DISORDER COMPLIANCE DIVISION
LICENSING AND CERTIFICATION BRANCH DIVISION**

SUBJECT: ZONING APPROVAL

The Department of health Care Services certifies residential and outpatient alcohol and/or other drug treatment programs. These programs are required by certification standards to obtain a local building use permit, zoning approval, or a letter indicating that zoning approval is not required by the local authorities.

Attached is a sample form which indicates the information required by the Department in order to process applications for program certification. Please feel free to copy this form onto your letterhead when requests are received by your office for zoning approval, or you may use the form as typed and affix an official seal.

Thank you for your cooperation and assistance to these programs which provide a valuable service to our communities. If you have any questions, please contact Field Services at (916) 322-2911.

Attachment

Substance Use Disorder Compliance Division
Licensing and Certification Branch, MS 2600
PO Box 997413
Sacramento, CA 95899-7413
Phone: (916) 322-2911 Fax (916) 322-2658

ZONING APPROVAL*

Name of Program

- has been approved by the local authorities for building use
 is not required to obtain a use permit

to operate an outpatient alcohol and/or other drug treatment program at the following address:

Address, City and Zip Code of program

Local Planning Department Name

Planning Department Address, City, and Zip Code

Planning Department Telephone Number

Name, title, and telephone number of individual confirming compliance

Signature of local planning department representative

Date signed

Official seal or date stamp here

***Please do not submit this sample form for approval**