

## 6a. Staff Report - Dev. Code Amendment - Community Residential Facilities

Planning Commission Meeting Date: April 5, 2018

Agenda Item: 6a.

### PLANNING COMMISSION AGENDA ITEM CITY OF SHORELINE, WASHINGTON

**AGENDA TITLE:** Development Code Amendment – Community Residential Facilities Study Session #2

**DEPARTMENT:** Planning & Community Development

**PRESENTED BY:** Paul Cohen, Planning Manager  
Steven Szafran, AICP, Senior Planner

Public Hearing  
 Discussion

Study Session  
 Update

Recommendation  
 Other

#### Introduction

A non-resident property owner, the Ashley House, has applied for a privately-initiated code amendment to SMC 20.40.120 to allow a Community Residential Facility II (CRF-II) to be located in the R-4 and R-6 zones (low density residential) subject to the approval of a Conditional Use Permit (CUP) as provided in SMC 20.30.300.

The Planning Commission discussed the proposed amendments to the Community Residential Facilities (CRF-II) on March 1, 2018. The staff report for the March 1, 2018 meeting can be found here:

<http://www.shorelinewa.gov/home/showdocument?id=37315>

The Commission heard testimony about Shoreline's need to provide skilled nursing care to a wide variety of people. The applicant and speakers spoke during public comment for the need of infant and youth care outside of the hospital environment. Staff explained that the proposed amendments will allow any type of residential care as long as they meet the indexed criteria.

Since the March 1 meeting, staff have conducted additional research and have made additions and changes to the proposed Residential Care Facilities (RCF) Development Code amendment. Those changes include:

- More examples of Adult Family Homes and CRFs definitions from around the region;
- Adding definition for Adult Family Homes and Nursing and Personal Care Facilities;
- Adding Adult Family Homes to SMC 20.40 Land Use Table;
- Updating the indexed criteria to base the number of residents on bedroom size based on State requirements (WAC 388-97-2440);
- Updating the indexed criteria to allow a maximum of 15 patients per RCF; and
- Updating the parking standards to include parking for employees on duty.

Approved By:

Project Manager *PLC*

Planning Director *Pr*

## 6a. Staff Report - Dev. Code Amendment - Community Residential Facilities

As the Planning Commission is aware, amendments to the Development Code are processed as legislative decisions. Legislative decisions are non-project decisions made by the City Council under its authority to establish policies and regulations. The Planning Commission is the reviewing authority for legislative decisions related to SMC Title 20 and is responsible for holding an open record public hearing on the proposed amendments and making a recommendation to the City Council.

### Proposal

Currently, a CRF-I (up to 10 residents and staff) is permitted in the R-4 and R-6 zones subject to approval of a Conditional Use Permit (CUP). However, a CRF-II (11 or more residents and staff) is prohibited outright in the R-4 and R-6 zones. A CRF-II is allowed in the R-8 and R-12 zones subject to approval of a CUP and permitted in the R-18 through R-48, Town Center (TC) 1 through 4, Neighborhood Business (NB), Community Business (CB), and Mixed-Business (MB) zones without a CUP but subject to Indexed Supplemental Criteria. See, Table 20.40.120.

The applicant, the Ashley House,<sup>1</sup> has submitted an application to allow a CRF-II to be located in the R-4 and R-6 zones subject to the approval of a Conditional Use Permit. The applicant states that a homeowner or potential business owner should have the opportunity to apply for a CRF-II use in the R-4 and R-6 zones in the same way as a CRF-I use. The Applicant states that some CRF-I uses may be more intense than some CRF-II uses and the number of residents is less relevant than the intensity of the use. The application and supporting materials are included as **Attachment A**.

### Background

The City is divided into zones established in the Development Code. SMC 20.40.010 provides for the purpose of this zoning structure:

- 1. To provide for the geographic distribution of land uses into zones that reflect the goals and policies of the Comprehensive Plan.*
- 2. To maintain a stability in land use designation with similar characteristics and level of activity through the provisions of harmonious groupings of zones together.*
- 3. To provide an efficient and compatible relationship of land uses and zones.*

---

<sup>1</sup> The Ashley House is a nonprofit agency whose purpose is to serve young adults and children with special health care needs and their families by providing a transition between hospital and home for individuals still needing complex medical care. For more information – [www.ashleyhousekids.com](http://www.ashleyhousekids.com)

## 6a. Staff Report - Dev. Code Amendment - Community Residential Facilities

4. *To facilitate the redevelopment of the light rail station subareas in a manner that encourages a mix of housing, employment and other uses that support the light rail stations.*

SMC 20.40.030(A) states the purpose of the low density residential zoning districts:

*The purpose of low density residential, R-4 and R-6, is to provide for a mix of predominantly single detached dwelling units and other development types, such as accessory dwelling units and community facilities that are compatible with existing development and neighborhood character.*

SMC 20.20.014 (C) defines Community Residential Facility (CRF) as:

*Living quarters meeting applicable Federal and State standards that function as a single housekeeping unit and provide supportive services, including but not limited to counseling, rehabilitation and medical supervision, excluding drug and alcohol detoxification which is classified as health services. CRFs are further classified as follows:*

1. *CRF-I – Nine to 10 residents and staff;*
2. *CRF-II – Eleven or more residents and staff.*

*If staffed by nonresident staff, each 24 staff hours per day equals one full-time residing staff member for purposes of subclassifying CRFs. CRFs shall not include Secure Community Transitional Facilities (SCTF).*

It is important to note that the CRF-II use does not have an upper threshold for residents and staff. Also, the R-4 and R-6 zones are not comprised of exclusively single family land uses. Uses such as fire stations, schools, churches, libraries, daycares, museums, utility facilities, transfer stations, bed and breakfasts, boarding houses, and other regional uses are allowed through a conditional use process and by supplemental index criteria.

Other residential “type” uses are permitted by the City in residential zoning districts. For example, although not specifically listed in the use tables or defined in the SMC, the City allows Adult Family Homes (AFH) that meet the definition of “family” as defined by SMC 20.20.020 (F) in residential zones.<sup>2</sup> Specifically, Adult Family Homes can have no more than six unrelated people. While RCW 70.28.140 requires the City to consider Adult Family Homes as a residential use of property for zoning purposes, they can serve a similar function as CRF when providing medical care to residents. In addition, Nursing and Personal Care facilities, which are also not defined but are listed on Table 20.40.140, can provide medical care to residents and are permitted in R-18 to R-48 and TC-4 zones subject to an approved CUP and outright in the NB, CB, MB, and TC 1 to TC 3 zones.

---

<sup>2</sup> RCW 70.128.140(2) requires that the City permit adult family homes in all areas zoned for residential or commercial purposes including areas zoned for single-family dwellings.

## 6a. Staff Report - Dev. Code Amendment - Community Residential Facilities

Therefore, there are conceivably four categories of care facilities in Shoreline – AFH, CRF-I, CRF-II, and Nursing and Personal Care Facilities.

The table below lists each use with the corresponding number of residents and what zone each use is allowed in.

Use	Max. Residents	Allowed in R-4/R-6?
Adult Family Home	6	Yes
CRF-I	10 including staff	With CUP
CRF-II	No Max	No
Nursing Care	No Max	No

Research shows that the City has very few, if any, CRFs in R-4 and R-6 zones. The City recently approved a CRF-II in the R-12 zone for a facility that treats patients with traumatic brain injuries (TBI). The facility is located at 1548 NE 175<sup>th</sup> Street just east of the North City Business District. The facility houses adult TBI survivors who are not able to live independently. In addition to 24-hour support services, residents have access to specialized therapy and nursing services. More information on this facility may be found here: <http://www.provail.org/tbi-boarding-home.php>.

### Discussion

Staff recommends that CRFs be allowed in the R-4 and R-6 zones with clarifying amendments to the definition, use tables, and establishing supplemental index criteria to address impacts such as parking and signage. CRF is a somewhat outdated or misunderstood term that was inherited from King County in 1995<sup>3</sup> when the City incorporated and is proposed to be changed later in this report. King County commonly referred to CRFs as “group homes” and they are either a permitted or a conditional use in the residential zoning categories. Staff recommends that the following issues be addressed going forward including:

#### 1. Intent of CRF-I and CRF-II Facilities

Despite King County’s history with the term CRF, it is a confusing term since most other jurisdictions use the word “community” to mean places accessible to the public. Typical definitions including the term “community” are places meant to be open to the public such as schools, parks, and libraries such as:

*A non-commercial use established primarily for the benefit and service of the population of the community in which it is located. (Palm Desert, CA)*

---

<sup>3</sup> While King County still retains this land use, it has amended the definition in 2002 and 2008. In 2002, via King County Ordinance 14503, SCTFs were expressly excluded from the definition of a CFR. In 2008, via King County Ordinance 16040, the definition was amended to address domestic violence shelters and does not count minors living with a parent as part of the maximum number of residents and did not require a CUP for these types of shelters.

## 6a. Staff Report - Dev. Code Amendment - Community Residential Facilities

*A community use including but not limited to schools, churches, community centers, fire stations, libraries, parks and playgrounds, cemeteries, or government buildings. (Sandy, OR)*

Typically, CRFs refer to uses that are open and accessible to the public and not private, residential health care centers.

Staff recommends that “Community Residential Facility” be renamed to “Residential Care Facility” since the name better describes the land use and clarifies that these uses are intended for personal care in residential zones.

Residential Care Facilities (RCF) will allow people of all ages to permanently or temporarily live in a residential setting versus a larger and more sterile institutional setting such as a hospital or large scale nursing home. This care option will benefit the patients and families of the residents of the RCF. The common business model is that an RCF can provide 24-hour specialized care that a patient might need, while also providing the comforts of a residential home. Staff has recently received requests from Ashley House (<https://www.ashleyhousekids.com/>) and Nursing Evolutions (<https://www.nursingevolutions.com/copy-of-our-vision-1>) which conduct the types of businesses that are described above. These businesses, and ones like it, provide skilled health care at a cost less than a hospital, in a comforting residential setting. An RCF will allow slightly more patients than an Adult Family Home but less than can potentially live in a single-family home. Shoreline defines “family” as,

*An individual; two or more persons related by blood or marriage, a group of up to eight persons who may or may not be related, living together as a single housekeeping unit; or a group living arrangement where eight or fewer residents receive supportive services such as counseling, foster care, or medical supervision at the dwelling unit by resident or nonresident staff. For purposes of this definition, minors living with a parent shall not be counted as part of the maximum number of residents*

### 2. CRF-II Upper Limit

Under the current regulations, CRF-II facilities have no upper limit for the number of residents. This raises the question - is a CRF-II appropriate in R-4 to R-12 zoning with only a Conditional Use Permit to shape the capacity and compatibility to the neighborhood? Conversely, a family is not limited to the amount of people that may reside in a single-family home as long as they are related by blood or marriage. However, there is a limit to the amount of vehicles that can be stored outdoors (six cars and two recreational vehicles or boats) before vehicles need to be stored indoors. See, SMC 20.50.410(D). Even though CRFs have the potential to add more population to a neighborhood, so does a large family or a house with eight unrelated adults and their children. Staff recommends adding a maximum number of residents for an RCF.

### 3. City-wide Residential Care Facilities

There is confusion about the difference between AFHs, CRFs and Nursing and Personal Care Facilities. As noted above, the SMC defines CRFs (SMC 20.20.014) but

## 6a. Staff Report - Dev. Code Amendment - Community Residential Facilities

not AFHs and Nursing and Personal Care Facilities. Other cities in the region have similar uses to Shoreline's Nursing and Personal Care and CRFs and define them as follows:

City of Bellevue BMC 20.50.036 N –

***Nursing home*** – Any home, place or institution which operates or maintains facilities providing convalescent or chronic care, for 24 consecutive hours for three or more patients not related by blood or marriage to the operator, who by reason of illness or infirmity, are unable properly to care for themselves. Convalescent and chronic care may include but not be limited to any or all procedures commonly employed in waiting on the sick, such as administration of medicines, preparation of special diets, giving of bedside nursing care, application of dressings and bandages, and carrying out of treatment prescribed by a duly licensed practitioner of the healing arts. It may also include care of mentally incompetent persons. Nothing in this definition shall be construed to include general hospitals or other places which provide care and treatment for the acutely ill and maintain and operate facilities for major surgery or obstetrics, or both. Nothing in this definition shall be construed to include any boarding home, guest home, hotel or related institution which is held forth to the public as providing, and which is operating to give only board, room and laundry to persons not in need of medical or nursing treatment or supervision except in the case of temporary acute illness. The mere designation by the operator of any place or institution as a hospital, sanitarium, or any other similar name, which does not provide care for the acutely ill and maintain and operate facilities for major surgery or obstetrics, or both, shall not exclude such place or institution from the provisions of this Code; provided, that any nursing home providing psychiatric treatment shall, with respect to patients receiving such treatment, comply with the provisions of RCW 71.12.560 and 71.12.570.

The City of Kent allows a similar type of use at the applicant's request in their residential zones called Residential Facility with Health Care. Kent, at KMC 15.02.335.3 defines the use as:

*A medically staffed facility intended for the long-term residential care of more than 10 handicapped individuals who, because of age or medical condition, are incapable of independent living. This definition also includes nursing homes, as defined in RCW 18.51.010, and continuing care retirement communities as defined in RCW 70.38.025, but does not include group homes.*

The City of Marysville allows Adult Family Homes and Residential Care Facilities in all residential zones and defines them as:

*Adult family home* – A residential home in which a person or persons provide personal care, special care, room and board to more than one but not more than six adults who are not related by blood or marriage to the person or persons providing the services.

## 6a. Staff Report - Dev. Code Amendment - Community Residential Facilities

*Residential care facility – A facility, licensed by the state, that cares for at least five but not more than 15 people with functional disabilities, that has not been licensed as an adult family home pursuant to RCW 70.128.175.*

Redmond allows AFHs in all residential zones but RCFs require a CUP in most of the residential zones. Redmond defines AFHs and RCFs as:

*Adult Family Home – The regular family abode of a person or persons who are providing personal care, room, and board under a license issued pursuant to RCW Chapter 70.128, to more than one but not more than four adults who are not related by blood or marriage to the person or persons providing the services; except that a maximum of six adults may be permitted if the Washington State Department of Social and Health Services determines that the home and the provider are capable of meeting standards and qualifications provided for by RCW Chapter 70.128*

*Residential Care Facility – A facility that provides, on a regular basis, personal care, including dressing and eating and health-related care and services for at least five, but not more than 15 functionally disabled persons and which is not licensed under RCW Chapter 70.128. A residential care facility shall not provide the degree of care and treatment that a hospital or long-term care facility provides.*

Thurston County:

*Residential Care Facility – A licensed establishment operated with twenty-four hour supervision for the purpose of serving those persons, who by reason of their special circumstances, require care while living as a single housekeeping unit. Residential care facilities for the purposes of this title, may include group homes, foster homes, and congregate care facilities, but shall not include correctional facilities, nursing homes, Type III group care facilities, or foster family homes.*

Tacoma:

*Tacoma uses the phrase “Extended Care Facility” as part of the Special Needs Housing. This use is permitted outright in some but not all residential zones. Tacoma sets two levels of occupation; 7-15 residents and 16 residents or more. Tacoma defines “Extended Care Facilities” as establishments providing 24-hour supervised nursing care for persons requiring regular medical attention, but excluding facilities providing surgical or emergency medical services. Such facilities are licensed by the state as nursing homes.*

Research shows that most jurisdictions around the region allow Adult Family Homes, Residential Care Facilities, and Nursing Homes. While the State allows a maximum of six (6) residents per AFH, most jurisdictions have set the maximum number of residents of a RCF to 15. While the City of Shoreline has very few CRF-I or CRF-II facilities, the City does have 107 registered AFHs with a majority of those housing up to six patients (**Attachment 2**).

---

## 6a. Staff Report - Dev. Code Amendment - Community Residential Facilities

### OPTIONS

Option 1 – This option is the Applicant’s proposed amendment. The applicant has proposed to change Table 20.40.120 only to make CRF II a Conditional Use in the R-4 and R-6 zones. No other modifications to the CRF land use is proposed.

**TABLE 20.40.120 Residential Uses**

NAICS #	SPECIFIC LAND USE	R4-R6	R8-R12	R18-R48	TC-4	NB	CB	MB	TC-1, 2 & 3
GROUP RESIDENCES									
	Boarding House	C-i	C-i	P-i	P-i	P-i	P-i	P-i	P-i
	Community Residential Facility-I	C	C	P	P	P	P	P	P
	Community Residential Facility-II	<u>C</u>	C	P-i	P-i	P-i	P-i	P-i	P-i
721310	Dormitory		C-i	P-i	P-i	P-i	P-i	P-i	P-i

**Recommendation** – Staff does not recommend this option. This option allows an applicant to apply for a CRF-II in the R-4 and R-6 zones which, by definition, does not have an upper limit to the amount of residents and staff that may occupy a home in the low-density residential neighborhoods. With no occupant limitation, a CRF-II could become an intense use that is not consistent with the character of the surrounding community and the intent of the low-density zoning district designation.

---



---

**Option 2** – This option is proposed by staff because the City anticipates the demand for more residential care facilities as the population starts to age and more of these types of uses will increase pressure in the single-family neighborhoods. Staff proposes the following amendments:

- Combine CRF-I and CRF-II into one land use category and rename this use as “Residential Care Facility” (RCF);
- Allows an RCF as a conditional use in the R-4, R-6, R-8, and R-12 zones;
- Add RCF as a permitted use in the R-18, R-24, R-48, and TC-4 zones with indexed criteria;
- Add index criteria to address parking, screening, and maximum number of patients in R-4 through R-48 zones and the TC-4 zone;
- Impose a separation of RCFs; and
- Add definitions for Adult Family Home, Residential Care Facility, and Nursing and Personal Care Facilities.



## 6a. Staff Report - Dev. Code Amendment - Community Residential Facilities

The Proposed Development Code amendments are shown below:

### Adult Family Home

A residential home in which a person or persons provide personal care, special care, room, and board to more than one but not more than six adults who are not related by blood or marriage to the person or persons providing the services.

### Nursing and Personal Care Facility

Any place that operates or maintains facilities providing convalescent or chronic care, for 24 consecutive hours for any number of patients not related by blood or marriage to the operator, who by reason of illness or infirmity, are unable properly to care for themselves. Convalescent and chronic care may include but not be limited to any or all procedures commonly employed to people who are sick, such as administration of medicines, preparation of special diets, giving of bedside nursing care, application of dressings and bandages, and carrying out of treatment prescribed by a licensed practitioner of the healing arts. It may also include care of mentally challenged persons. Nothing in this definition shall be construed to include general hospitals or other places which provide care and treatment for the acutely ill and maintain and operate facilities for major surgery or obstetrics, or both. Nothing in this definition shall be construed to include any boarding home, guest home, hotel or related institution which is held forth to the public as providing, and which is operating to give only board, room and laundry to persons not in need of medical or nursing treatment or supervision except in the case of temporary acute illness. Any place or institution such as a hospital, sanitarium, or any other similar name, which does not provide care for the acutely ill and maintain and operate facilities for major surgery or obstetrics, or both, shall not exclude such place or institution from the provisions of this Code; provided, that any nursing home providing psychiatric treatment shall, with respect to patients receiving such treatment, comply with the provisions of RCW 71.12.560 and 71.12.570.

### Residential Care Facility (RCF) Community

Living quarters in a residential home meeting applicable Federal and State standards that function as a single housekeeping unit and provide supportive services, including but not limited to counseling, rehabilitation, and

**6a. Staff Report - Dev. Code Amendment - Community Residential Facilities**

**Residential Facility (GRF)**

medical supervision, and medical treatment, excluding drug and alcohol detoxification which is classified as Personal Care Facility health services. Residential Care Facilities do not maintain and operate facilities for major surgery including obstetrics. RCFs are further classified as follows:

- A. ~~GRF-I~~ — ~~Nine to 10 residents and staff~~;
- B. ~~GRCF~~ — ~~Eleven or more residents and staff~~, Up to a maximum of 15 residents, excluding staff.

If staffed by nonresident staff, each 24 staff hours per day equals one full-time ~~residing~~ staff member for purposes of calculating parking requirements ~~subclassifying GRFs~~. GRCFs shall not include Secure Community Transitional Facilities (SCTF).

**TABLE 20.40.120 Residential Uses**

NAICS #	SPECIFIC LAND USE	R4- R6	R8- R12	R18- R48	TC- 4	NB	CB	MB	TC- 1, 2 & 3
GROUP RESIDENCES									
	<u>Adult Family Home</u>	<u>P</u>	<u>P</u>	<u>P</u>	<u>P</u>				
	Boarding House	C-i	C-i	P-i	P-i	P-i	P-i	P-i	P-i
	<u>Residential Care Facility-Community Residential Facility-I</u>	<u>C-i</u>	<u>C-i</u> <u>P-i</u>	<u>P-i</u>	<u>P-i</u>	<u>P</u>	<u>P</u>	<u>P</u>	<u>P</u>
	<del>Community Residential Facility-II</del>		<u>C</u>	<u>P-i</u>	<u>P-i</u>	<u>P-i</u>	<u>P-i</u>	<u>P-i</u>	<u>P-i</u>
721310	Dormitory		C-i	P-i	P-i	P-i	P-i	P-i	P-i

**20.40.280 Residential Care Facilities ~~Community residential facilities I and II~~**

Repealed by Ord. 352-

Residential Care Facilities are permitted in the R-4, R-6, R-8, and R-12 zones with the approval of a Conditional Use Permit and permitted in the R-18, R-24, R-48 and TC-4 zones provided:

1. The number of residents shall be based on bedroom size. Patient bedroom size

**6a. Staff Report - Dev. Code Amendment - Community Residential Facilities**

requirements must comply with WAC 388-97-2440<sup>4</sup>, as amended. In any case, the total number of residents shall not exceed 15.

2. An RCF must be 1,000 feet from an existing RCF (measured in a straight line from property line to property line).
3. Parking must be located onsite, screened from adjacent residential uses through a solid six-foot high fence or wall, and one parking space for every three patients, plus one space for each staff on duty shall be provided.
4. No more than six parking spaces may be located outside. If more than six parking spaces are required or provided, those spaces above six must be located in an enclosed structure.
5. Signs are limited to Residential sign standards in Table 20.50.540(G).

Miscellaneous amendments to change the name “Community Residential Facilities” to “Residential Care Facilities” throughout the Development Code are shown below.

**20.40.400 Home Occupation**

Note: Daycares, Residential Care Facilities ~~community residential facilities~~, animal keeping, bed and breakfasts, and boarding houses are regulated elsewhere in the Code

**Table 20.50.390B – Special Residential Parking Standards**

<b>RESIDENTIAL USE</b>	<b>MINIMUM SPACES REQUIRED</b>
Bed and breakfast guesthouse:	1 per guest room, plus 2 per facility
<u>Residential Care Facilities</u> <del>Community residential facilities</del> :	1 per <u>3</u> <del>2</del> <u>patients units</u> , <u>plus 1 per FTE employee on duty</u>
Dormitory, including religious:	1 per 2 units
Hotel/motel, including organizational hotel/lodging:	1 per unit
Senior citizen assisted:	1 per 3 dwelling or sleeping units

**Secure Community Transitional Facility (SCTF)**

A residential facility for persons civilly committed and conditionally released to a less restrictive community-based alternative under Chapter 71.09 RCW operated by or under contract with the Washington State Department of Social and Health Services. A secure community transitional facility has supervision and security, and either provides or ensures the provision of sex offender treatment services. SCTFs shall not be considered Residential Care Facilities ~~community residential facilities~~.

<sup>4</sup> WAC 388-97-2440 - The nursing home must ensure that minimum usable room space exclusive of toilet rooms, closets, lockers, wardrobes, must:

(1) In existing facilities, be at least eighty square feet per bed in each multibed room and at least one hundred square feet for each single bed room;  
 (2) In a new building or addition, be one-hundred and ten square feet per bed in multibed rooms, and one-hundred square feet in single bed rooms;  
 (3) In new construction, ensure that the minimum usable room space is also exclusive of vestibules; and  
 (4) For exceptions to room size requirements refer to WAC 388-97-2180.

## 6a. Staff Report - Dev. Code Amendment - Community Residential Facilities

**Table 20.50.540(G) – Sign Dimensions.**

A property may use a combination of the four types of signs listed below. Refer to SMC 20.50.620 for the Aurora Square Community Renewal Area sign regulations.

	All Residential (R) Zones, MUR-35', Campus, PA 3 and TC-4	MUR-45', MUR-70', NB, CB and TC-3 (1)	MB, TC-1 and TC-2
<b>MONUMENT Signs:</b>			
Maximum Area Per Sign Face	4 sq. ft. (home occupation, day care, adult family home, <u>residential care facilities</u> , bed and breakfast) 25 sq. ft. (nonresidential use, residential subdivision or multifamily development) 32 sq. ft. (schools and parks)	50 sq. ft.	100 sq. ft.
Maximum Height	42 inches	6 feet	12 feet
Maximum Number Permitted	1 per street frontage	1 per street frontage	1 per street frontage
		Two per street frontage if the frontage is greater than 250 ft. and each sign is minimally 150 ft. apart from other signs on same property.	
Illumination	Permitted	Permitted	
<b>BUILDING-MOUNTED SIGNS:</b>			
Maximum Sign Area	Same as for monument signs	25 sq. ft. (each tenant) Building Directory 10 sq. ft. Building Name Sign 25 sq. ft.	50 sq. ft. (each tenant) Building Directory 10 sq. ft. Building Name Sign 25 sq. ft.
Maximum Height	Not to extend above the building parapet, soffit, or eave line of the roof. If perpendicular to building then 9-foot clearance above walkway.		
Number Permitted	1 per street frontage	1 per business per facade facing street frontage or parking lot.	
Illumination	Permitted	Permitted	Permitted

**Recommendation** – The City currently allows Adult Family Homes in all zones throughout the City with up to a maximum of six residents and two staff per home. Currently, a CRF-I allows the number of residents to be increased by two, up to 10 people, with the approval of a CUP. Staff believes Residential Care Facilities can be

## **6a. Staff Report - Dev. Code Amendment - Community Residential Facilities**

appropriate in the residential zones, including the low density zones with a CUP with indexed criteria. RCF uses that are conditioned and meet proposed criteria are intended to be like all other residential uses in these low density zones. Staff recommends amendments proposed in Option 2.

---

---

**Option 3** – This option leaves the Development Code unchanged and will address the topic of residential care facilities with other housing issues in the future. These include Accessory Dwelling Units, Cottage Housing, Tiny Homes, and housing design. Residential Care Facilities is another use that could potentially impact residential neighborhoods and the development of guidelines should be included in a bigger, community-wide planning process.

Recommendation – While Option 3 will analyze a number of issues affecting the single-family neighborhoods, staff does not recommend this option. There is an urgency by the applicant to move forward with their proposed use, staff work has progressed to the point that a reasonable Development Code amendment can be evaluated by the Planning Commission and Council, and the proposed Development Code amendment has been distributed to a wide audience including the Council of Neighborhoods and posted to the City’s webpage so the proposal can be viewed in a community-wide context.

---

### **Decision Criteria**

SMC 20.30.350 states, “An amendment to the Development Code is a mechanism by which the City may bring its land use and development regulations into conformity with the Comprehensive Plan or respond to changing conditions or needs of the City”. Development Code amendments may also be necessary to reduce confusion and clarify existing language, respond to regional and local policy changes, update references to other codes, eliminate redundant and inconsistent language, and codify Administrative Orders previously approved by the Director. Regardless of their purpose, all amendments are to implement and be consistent with the Comprehensive Plan.

The Planning Commission’s role is to provide a recommendation to the City Council on the proposed amendment after holding a public hearing. The decision criteria for a Development Code amendment in SMC 20.30.350 (B) states the City Council may approve or approve with modifications a proposal for a change to the text of the land use code when all of the following are satisfied. The decision criteria in SMC 20.30.350(B) are:

1. The amendment is in accordance with the Comprehensive Plan; and
2. The amendment will not adversely affect the public health, safety or general welfare; and

## 6a. Staff Report - Dev. Code Amendment - Community Residential Facilities

3. The amendment is not contrary to the best interest of the citizens and property owners of the City of Shoreline.

The Applicant provided responses to the following decision criteria and staff has analyzed each of the criteria below (**Attachment A**).

### **SMC 20.30.350(1): The amendment is in accordance with the Comprehensive Plan.**

#### Applicant's Response:

Since the proposal calls for a Conditional Use Permit, any potential uses that would be contrary to the Comprehensive Plan could be identified and prohibited. However, expanding the opportunity for consideration of operation in the R-4 and R-6 zones to CRF-IIs could enhance the accomplishment of the goals and policies of the Comprehensive Plan.

#### Staff Analysis:

The Applicant cites goals and policies that support the proposed Development Code amendment in their application. While some of the goals and policies cited by the Applicant could be interpreted to meet SMC 20.30.350(B)(1) there are a number of goals and policies that may not support the proposal including:

Goal LU V: Enhance the character, quality, and function of existing residential neighborhoods while accommodating anticipated growth.

LU15: Reduce impacts to single-family neighborhoods adjacent to mixed-use and commercial land uses with regard to traffic, noise, and glare through design standards and other development criteria.

Goal T V: Protect the livability and safety of neighborhoods from the adverse impacts of the automobile.

H23: Assure that site, landscaping, building, and design regulations create effective transitions between different land uses and densities.

ED3: Encourage and support home-based businesses in the city, provided that signage, parking, storage, and noise levels are compatible with neighborhoods.

Contrary to the Applicant's response, the City cannot restrict a proposed CRF-II facility solely based on the type of CRF-II. There may be some CRF proposals that are inconspicuous and may not be a burden on the residential neighborhoods. In other cases, there may be proposals that negatively impact a single-family neighborhood. Staff is proposing indexed criteria that will lessen the impact of RCFs (renaming the use to Residential Care Facilities accompanied by

## **6a. Staff Report - Dev. Code Amendment - Community Residential Facilities**

refined regulations for the proposed use) throughout Shoreline including maximum number of patients, screening, parking, and signage standards.

Staff believes the Applicant's request (Option 1) does not meet SMC 20.30.350(B)(1) but staff proposed Option #2 does meet SMC 20.30.350(B)(1).

**SMC 20.30.350(B)(2): The amendment will not adversely affect the public health, safety or general welfare.**

### Applicant's Response:

The Applicant states that the amendment does not automatically allow for any uses that are contrary to the well-being of the neighborhood and it does not allow for a change in the types of activities that can currently be considered for R-4 and R-6 neighborhoods. The amendment does allow for consideration of the operation of a facility with more than ten occupants, but the impact of the change would be fully examined under the CUP process and any detriment to the neighborhood could be specifically determined at the time.

### Staff Analysis:

The Applicant's proposed change to the Development Code has the potential to adversely affect the public health, safety or general welfare. The potential number of patients that could inhabit a single-family home could adversely affect public health, safety or general welfare. Increased noise, traffic, and parking could impact established single-family neighborhoods. The City does have the opportunity to impose conditions that may decrease the impacts of a proposed CRF but does not have the authority to deny a CRF-II based on the types of services offered.

Staff believes amendments proposed in staff Option #2 will not adversely affect public health, safety, or general welfare. The residential neighborhoods will be protected from overcrowding of residential structures by limiting the amount of patients each RCF may house, parking will be contained onsite, and the residential character of the home will stay intact.

**SMC 20.30.350(B)(3); The amendment is not contrary to the best interest of the citizens and property owners of the City of Shoreline.**

### Applicant's Response:

The Applicant states that the proposed amendment might allow for better use of some existing structures in the R-4 and R-6 zones that are already being used for more deleterious uses to a neighborhood than a proposed use exercising the CUP process. The amendment does not allow for any new uses without public input and scrutiny.

### Staff Analysis:

## **6a. Staff Report - Dev. Code Amendment - Community Residential Facilities**

Residential Care Facilities are not contrary to the best interests of the citizens and property owners of the City of Shoreline with appropriate limitations. As stated in the staff report, as the population of the region ages, residential home care will become more in demand and will provide care options for those who wish to stay in a residential setting.

The R-4 and R-6 zones allow a number of uses that are not traditional single-family in nature. For example, Shoreline allows Adult Family Homes, home-based businesses, Accessory Dwelling Units, schools, churches, and daycares. The CUP process requires public notice and a neighborhood meeting. The neighborhood can comment on the impacts of a proposed project but ultimately the decision lies with the Director of Planning and Community Development. The proposed indexed criteria will mitigate impacts from the Residential Care Facility. Even though this amendment has the potential to add more population to the single-family neighborhoods, staff believes this use should be an option in the R-4 and R-6 zones.

---

### **STAFF Recommendation**

The City should provide the possibility for Residential Care Facilities in all zones appropriate to the scale and impacts of each zone. This can be accomplished by allowing Adult family homes, Residential Care Facilities, and Nursing Homes with the Development Code amendments proposed in this staff report.

Staff recommends either Option 2, amend the code, or Option 3, maintain the status quo for further study, as described in this staff report. The Applicant's proposed Option 1, the allowance for a CRF-II in the single-family neighborhoods R-4 and R-6 zoning districts with no residency maximums, has the potential to adversely affect health, safety, and general welfare. However, staff proposed Option 2 is timely and tailored to protect the single-family neighborhoods and yet allow Residential Care Facilities in the residential zones with conditions.

---

### **Next Steps**

The Development Code amendment schedule is as follows:

April 5	Commission Study Session #2
May 3	Commission Public Hearing
June 2018	Council Discussion
July 2018	Council Adoption

---



## **6a. Staff Report - Dev. Code Amendment - Community Residential Facilities**

### **Attachments**

Attachment A – Applicant's application

Attachment B – Adult Family Homes in Shoreline