



# PLANNING COMMISSION REGULAR MEETING AGENDA

Thursday, April 5, 2018  
7:00 p.m.

Council Chamber · Shoreline City Hall  
17500 Midvale Ave N  
Seattle, WA 98122

Estimated Time

- 1. CALL TO ORDER**
  - a. Swearing in Ceremony for Newly Appointed Planning Commissioners 7:00
- 2. ROLL CALL** 7:10
- 3. APPROVAL OF AGENDA** 7:11
- 4. APPROVAL OF MINUTES** 7:12
  - a. [March 1, 2018 Draft Minutes](#)

### **Public Comment and Testimony at Planning Commission**

*During General Public Comment, the Planning Commission will take public comment on any subject which is not specifically scheduled later on the agenda. During Public Hearings and Study Sessions, public testimony/comment occurs after initial questions by the Commission which follows the presentation of each staff report. In all cases, speakers are asked to come to the podium to have their comments recorded, state their first and last name, and city of residence. The Chair has discretion to limit or extend time limitations and the number of people permitted to speak. Generally, individuals may speak for three minutes or less, depending on the number of people wishing to speak. When representing the official position of an agency or City-recognized organization, a speaker will be given 5 minutes. Questions for staff will be directed to staff through the Commission.*

- 5. GENERAL PUBLIC COMMENT** 7:13
- 6. STUDY ITEMS:** 7:20
  - a. [Development Code Amendment - Community Residential Facilities - Study Session #2](#)
- 7. DIRECTOR'S REPORT** 8:20
- 8. UNFINISHED BUSINESS** 8:40
- 9. NEW BUSINESS** 8:41
  - a. Election of Chair and Vice Chair
- 10. REPORTS OF COMMITTEES & COMMISSIONERS/ANNOUNCEMENTS** 8:51
- 11. AGENDA FOR APRIL 19, 2018** 8:53
- 12. ADJOURNMENT** 8:55

*The Planning Commission meeting is wheelchair accessible. Any person requiring a disability accommodation should contact the City Clerk's Office at 801-2230 in advance for more information. For TTY telephone service call 546-0457. For up-to-date information on future agendas call 801-2236*

**DRAFT**  
**CITY OF SHORELINE**

**SHORELINE PLANNING COMMISSION**  
**MINUTES OF REGULAR MEETING**

March 1, 2018  
7:00 P.M.

Shoreline City Hall  
Council Chamber

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**Commissioners Present**

Chair Craft  
Commissioner Malek  
Commissioner Maul  
Commissioner Mork  
Commissioner Thomas

**Staff Present**

Rachael Markle, Director, Planning and Community Development  
Paul Cohen, Planning Manager, Planning and Community Development  
Steve Szafran, Senior Planner, Planning and Community Development  
Julie Ainsworth-Taylor, Assistant City Attorney  
Carla Hoekzema, Planning Commission Clerk

**Commissioners Absent**

Vice Chair Montero

**CALL TO ORDER**

Chair Craft called the regular meeting of the Shoreline Planning Commission to order at 7:00 p.m.

**ROLL CALL**

Upon roll call by Ms. Hoekzema the following Commissioners were present: Chair Craft and Commissioners Malek, Maul, Mork and Thomas. Vice Chair Montero was absent.

**APPROVAL OF AGENDA**

The agenda was accepted as presented.

**APPROVAL OF MINUTES**

The minutes of February 1, 2018 were approved as submitted.

**GENERAL PUBLIC COMMENT**

There were no general public comments.

**STUDY ITEM: COMMUNITY RESIDENTIAL FACILITIES DEVELOPMENT CODE AMENDMENT**

Mr. Szafran announced that this is a privately-initiated amendment, and the applicant has submitted an application to allow Community Residential Facilities (CRF-II) in the Residential (R-4 and R-6) zones. He explained that, currently, up to 10 residents are allowed in CRF-Is and 11 or more residents are allowed in CRF-IIs.

Mr. Szafran advised that, while reviewing the proposed amendment, staff has identified the following issues the Commission should be aware of:

- **The intent of CRF-I and CRF-II facilities.** The CRF name is confusing and staff is recommending that CRFs be renamed to Residential Care Facilities (RCFs). This term better describes the land use and clarifies that the uses are intended for personal care in residential zones. RCFs allow people of all ages to recuperate in a residential setting versus a larger and generally more sterile setting such as a hospital. The model is that RCFs provide 24-hour care that a patient might need within the comfort of a residential home in a residential neighborhood.
- **Number of residents and staff that may occupy a CRF-II facility.** Under the current regulations, a CRF-II facility has no upper limit on the number of residents. This raises the question if a CRF-II is appropriate in the R-4 through R-12 zones without an upper capacity for the land use with only a Conditional Use Permit (CUP) to shape the capacity and compatibility to the neighborhood.
- **Confusion about Adult Family Homes (AFH), Residential Care Facilities (RCF) and Nursing and Personal Care Facilities (NPCF).** As noted in the staff report, the Municipal Code defines CRFs, but there is no definition for AFHs and NPCFs. The Development Code considers RCFs to be a subset of NPCFs, with the only difference being the number of residents allowed. Staff believes the intent of the RCF is to bridge the gap between AFHs (6 residents and 2 staff) and NPCFs, which have an unlimited number of patients in the higher zones. While AFHs can be located anywhere in the R-4 and R-6 zones, NPCFs can only be located in the R-18 through MU zones.

Mr. Szafran reviewed three of the options the Commission could consider as follows:

- **Option 1** is the applicant's proposed amendment, which would change Table 20.40.120 to make CRF-IIs a Conditional Use in the R-4 and R-6 zones.
- **Option 2** is proposed by staff, anticipating the demand for more RCFs as the population starts to age and health care costs continue to rise. This option would combine CRF-I and CRF-II into one land use category and rename the category Residential Care Facility (RCF). It would also amend the definition of RCF to clarify that medical supervision and treatment is allowed, but surgery is not. In addition, the amendment would allow an RCF as a conditional use in the R-4, R-6, R-8 and R-12 zones, add index criteria to address parking and screening, and propose a maximum occupancy of 10 residents (excluding staff). This option also proposes a 1,000-foot separation

between RCFs, measured from property line to property line. This option would fill the availability gap between AFHs and NPCFs.

- **Option 3** leaves the Development Code unchanged and addresses the topic of RCFs at the same time that other housing issues are discussed in the future. Because the amendment could impact a large part of the City, perhaps it should be addressed as part of a larger, community-wide planning project.

Mr. Szafran advised that additional research is being conducted, and staff will provide examples from other jurisdictions in the area that have these types of uses. This additional information will address how the uses are defined, limitations on number of residents and staff, etc. Staff will also analyze the option of adding definitions for AFH and NPCFs. If a definition for AFHs is added, AFH should also be added to the allowed use tables.

Commissioner Malek asked that the additional information also include some numbers to identify the existing and projected demand for these types of uses. From a real estate perspective, between 2009 through 2012, a number of these facilities were up for sale because they were unsuccessful. Many of them ended up being sold for single-family residential uses rather than CRF uses. Now that the business model is more successful, it would behoove the City to have a better understanding of the demand.

Chair Craft asked if the City has an accurate count of the number of AFH and CRFs that currently exist in the R-4 and R-6 zones. Mr. Cohen answered that AFHs are not regulated by the City. However, Assistant City Attorney Ainsworth-Taylor added that this information could be obtained from the State of Washington, since a license is required to operate these care facilities. She concluded that quite a few exist in Shoreline. Chair Craft asked staff to obtain this information prior to the next meeting.

Commissioner Maul said he is leaning toward supporting Option 2, but he is somewhat concerned about the proposed separation requirement of 1,000 feet between facilities. He questioned the reasoning behind a 1,000-foot separation. Chair Craft said he supports the proposed separation requirement and expressed his belief that an even larger separation, perhaps 2,000 feet, would be appropriate. Mr. Szafran said the purpose of the separation requirement is to avoid an overconcentration of the use in one area. Mr. Cohen said the intent is to maintain the single-family nature of the residential neighborhoods.

Commissioner Mork asked how staff came up with the limit of 10 residents for Option 2. Mr. Szafran replied that, currently, CRF-Is are limited to 10 residents, including staff. Option 2 would actually expand the use by allowing 10 residents, excluding staff. Commissioner Maul asked about the option tying the limit to the number of bedrooms in a structure. He suggested that the size of the facility will be the difference in creating reasonable living conditions. For example, a 4-bedroom home would probably not adequately accommodate 10 residents. Commissioner Thomas commented that it is not uncommon for AFHs to accommodate more than two residents in a bedroom.

Commissioner Thomas said it seems that CRF-IIs would be phased out in Option 2. Rather than two levels of CRFs, there would be a single type (RCF) with a lower limit closer to what is now CRF-I. Mr. Szafran agreed that Option 2 would combine CRF-I and CRF-II into a single RCF, which would establish the new upper threshold. Commissioner Thomas asked if the 10-resident limit for RCFs would apply in

all single-family residential zones. Mr. Szafran answered affirmatively. He explained that, in most cases, going beyond 10 residents would not be possible given the parking requirements. Typically, there is not space for a sea of parking on a residential lot. Chair Craft added that increasing the residential limit beyond 10 would require significantly more staff, which would basically create a commercial enterprise in a single-family residential zone. Mr. Szafran said staff is proposing a parking ratio of one stall per 3 residents.

**Ken Maaz, Fife**, said he was present to represent Ashley House, which recently purchased a single-family residence on Burke Avenue North with the intention of establishing a facility for the care of medically-fragile or medically-intensive children in conjunction with Children's Hospital. They submitted the application for the Development Code amendment primarily because the facility they purchased is large enough to accommodate a need that exists to move children out of the hospital and back to their family homes. That need is currently between 12 and 16 kids at any one time. The focus of the program would be to provide nursing care to train families to take care of their kids so they can go home. They appreciate staff's efforts in processing the application. For the most part, they agree with their recommendation, with the exception of the 10-resident limit, which they find to be arbitrary.

Mr. Maaz pointed out that the Staff Report states that the upper limit is designed to mitigate the possible negative impacts to some goals in the Comprehensive Plan, as well as mitigate safety, health and other issues that may be detrimental to the neighborhoods. The applicant believes that allowing a use for more residents by going through a CUP process would provide an opportunity for the city to examine the impacts. Examining the impacts of the residents, as well as the supports needed to care for them, would be a better way to go for the neighborhood, the applicants and those whose needs are being met.

Mr. Maaz pointed out that the City's definition for "family" allows for 8 related or unrelated adults to live together plus their dependent children. You could potentially have 8 single parents living together with 2 to 3 kids, making a total of 24 people in one residence. The house the applicant purchased is 8,000+ square feet, with 12 bedrooms and an equal number of bathrooms. They believe that allowing a facility, such as the one they are proposing, would create less impact to the neighborhood than allowing multiple families to live in the home as currently allowed under the City's definition of "family." They believe that they can mitigate any possible negative impacts related to the goals that are cited by staff by going through the CUP process. They believe that 10 adults living in a facility would have a far greater impact than the use they are proposing, which would accommodate infants, children and perhaps a few teens. He concluded that the limit of 10 residents is arbitrary and unnecessary. Considering the actual use and the contribution the project would make to the neighborhood and community is far more important than limiting the number.

**Marlin Gabbert, Shoreline**, referred to the City of Bothell's code, which limits RCFs to a total of 15 residents. He submitted the reference to staff to become part of the record. He said he could answer questions about RCF's, ADFs, hospitals, etc. He has designed them all.

**Jeanne Monger, Shoreline**, said she is on the board of the Echo Lake Neighborhood Association and the Shoreline Watch Point of Contact (formerly a block watch captain). However, she is present to speak as a Shoreline resident about the proposed Ashley House. She lives a few houses up the street, and she is excited about the prospect of revitalizing what they fondly call "the mansion" for use of such a worthy

cause. A number of neighbors are also in support of the project, including one who lives next door. The Ashley House representative, Mike Pugsley, has been very forthcoming with information and wants to be part of the neighborhood. She asked that the Commission please find a way to make the facility happen in Shoreline and stated that it will be so valuable to the families of medically-fragile children.

Chair Craft referred to Option 3 and recalled that the Commission has spent a lot of time over the past few years about the need to have a comprehensive approach to addressing a variety of housing issues such as accessory dwelling units, cottage housing, etc. He noted that most of the City is zoned single-family residential. He felt that changing the Development Code in a way that would impact residential neighborhoods throughout the City should be done using a more comprehensive approach. Because of the comprehensive nature of what the applicant is asking for and the potential impacts, it would be worthwhile to have a more extensive public process to address all of the issues that have been raised to date. He suggested that the proposed amendment should be grouped together with this broader discussion.

Commissioner Maul said he does not necessarily see a connection between the proposed amendment and future discussions about ADUs, cottage housing, etc. The Commission has time on their schedule now to discuss the issue and make a recommendation to the City Council. He agreed that it would be helpful to have numbers to understand the impact they are talking about. However, after listening to the public and the staff's short presentation, it strikes him that there is a huge range of what these facilities can be. At some point, a CUP process might be more flexible to allow staff to analyze the impact of each project to the neighborhood. He commented that just the parking alone would vary widely between the different types of uses. He is not sure they can pin down a code that covers all possibilities.

Commissioner Craft felt that addressing the issue in a broader fashion would give staff a greater chance of understanding which types of facilities would be allowed. In an effort to be transparent with the public, it is important to understand that there is a broad range of possibilities that could impact the single-family residential neighborhoods that are a big part of the City.

Commissioner Mork said she understands Chair Craft's desire to include the amendment as part of the discussion about housing opportunities in general. However, she doesn't have a clear understanding of when that more comprehensive discussion will take place. The project currently proposed is very unique from many different fronts. The property is unique, as are the people the facility will serve. She asked if the City could use the CUP process to approve this particular project.

Mr. Szafran answered that, under the current code, there is not an option for the applicant to apply for a CUP for a CRF-II. Chair Craft added that the issue with this particular proposal is related to the number of residents. In spite of the fact that the facility could easily accommodate the number of residents and staff proposed, it is not allowed in the zone. Commissioner Mork asked what other options the applicant would have to move the project forward. Mr. Szafran answered that the Development Code would have to be amended.

Chair Craft asked about the consequence of not approving the amendment because there are too many wide-ranging impacts based on what it could do to the broader City. Mr. Szafran summarized that the applicant could either downscale the project to a CRF-I or find another location. Mr. Cohen said staff is

#### 4a. Draft Minutes from Thursday, March 1, 2018

sympathetic to the applicant's desire, and the intent is good. However, the Commission must look at the proposal as if it could apply anywhere in the City and not just to this particular site.

Commissioner Mork said her understanding is that CUPs are specifically meant for unusual circumstances. Mr. Cohen clarified that CUPs are primarily used for land uses inside single-family neighborhoods that are not single-family residential. The CUP conditions a possible approval so that the project fits more comfortably within the single-family zone. The question with the current proposal is related to scale and the different types of uses that would be allowed. If approved, the amendment would allow a variety of facilities for a number of different situations.

Commissioner Mork asked if it would be possible to address this particular project before discussing how CRFs should be addressed in other areas of the City. The applicants are not trying to avoid neighborhood involvement and they want to work with the City to come up with a useful solution. It would seem that the City could make the requirements for this particular project very specific as opposed to coming up with a solution that addresses any project of this type throughout the City. Mr. Szafran cautioned that the City cannot restrict a use via a CUP. For example, a church requires a CUP in a residential zone, but the City cannot allow one type of church and not another. Chair Craft cautioned that the Commission needs to separate the specifics of this one project from the broader application of the proposed amendment. They must consider the amendment's impacts to the entire City rather than looking at just the merits of this one project.

Commissioner Mork asked what would happen if the City were to amend the code to allow all types of residential care facilities, no matter where they are located, on a limited basis subject to a CUP. Assistant City Attorney Ainsworth Taylor explained that AFHs are specifically defined and licensed under State law (6 residents or less), and they must be treated in the same category as a single-family residence. Any single-family zone must permit them outright without requiring a CUP. As per the current code, a CRF-I (10 or fewer residents and staff) is permitted in the zone where the applicant purchased the property, but a CUP would be required. However, a CRF-II (11 or more residents and staff) is expressly prohibited by the current code.

Commissioner Thomas pointed out that Option 2 would provide indexed criteria, and there is none at this time. She agreed that they should be very careful about making exceptions because it is a very broad brush and as soon as you do it for one, it creates some standing for other people. She pointed out that it is unusual to have a 12-bedroom home in an R6 zone. Perhaps they could recommend Option 2, with the inclusion of additional index criteria related to the size of the structure, recognizing that there would still need to be an upper limit. Is there a way that the limit could be expanded if the house, itself, is large enough to accommodate a slightly bigger group? She noted that a limit of 15 is common in many other jurisdictions.

Mr. Cohen advised that there is a CRF-II project (Brain Trauma Center) in an R-24 zone east of 15<sup>th</sup> Avenue. It is a new building that serves approximately 12 patients. He agreed to provide the Commissioners with visual pictures of what the project looks like as well as advise them of the address so they can visit the site. He felt it would be helpful for them to get a context of how a project of this type would fit within a neighborhood.

**DRAFT**

Chair Craft advised that the Commission would continue its discussion at the next meeting. Mr. Cohen said staff would use the feedback provided by the Commission to refine the proposal. Chair Craft commented that, given the City's aging population as well as a large number of millennials with families moving into the City, it is likely that more facilities of this type will be needed. It would be helpful to know more about the existing and future demand. Because the proposed changes would have a broad impact throughout the community, he stressed the need for broad publication to inform citizens. Although the changes may seem insignificant, it is important that residents understand what is being proposed and how they could be impacted.

Commissioner Mork asked staff to further evaluate different mechanisms for addressing the use rather than controlling the maximum number of residents. To her, it is a different question if you have a 7,000 square foot versus a 20,000 square foot lot. While both may be in the R-6 zone, having an arbitrary number is unfair and there could be other ways to look at it.

Mr. Szafran said staff will provide some options looking at different index criteria based on direction from Commissioners Mork and Thomas. Staff will also provide some business license information to identify the number of existing AFHs and CRFs as requested by Chair Craft. Assistance City Attorney Ainsworth-Taylor advised that, after a quick search, there appears to be about 100 AFHs in the City of Shoreline now. Mr. Szafran summarized that the discussion would continue on March 15<sup>th</sup>, with a public hearing tentatively scheduled for May 3<sup>rd</sup>.

**DIRECTOR'S REPORT**

There was no Director's Report.

**UNFINISHED BUSINESS**

Commissioner Maul asked when the comprehensive discussion about cottage housing would be take place. Director Markle recalled that the topic of housing was discussed at the joint Commission/City Council meeting, and the City Council indicated a desire to move forward with the single-family attached townhome design standards in 2018. Perhaps the cottage housing discussion will take place in 2019.

Commissioner Malek voiced disappointment that the cottage housing discussion has been delayed indefinitely. He felt that cottage housing should be a menu option in at least some residential zones. He noted that there are only so many opportunities for land to be developed in that way, and it is unfortunate that the code has not been amended to provide for this option.

**NEW BUSINESS**

There was no new business.



**REPORTS OF COMMITTEES AND COMMISSIONERS/ANNOUNCEMENTS**

As a member of the Point Wells Committee, Commissioner Malek announced the Snohomish County Planning Commission will conduct design review of the Point Wells redevelopment on March 15th at 6:00 p.m. at 3000 Rockefeller Avenue in Everett. Chair Craft noted that none of the Commissioner would be available to attend the meeting since it falls on the same night as their next regularly scheduled meeting.

**AGENDA FOR NEXT MEETING**

Chair Craft reviewed that the March 15<sup>th</sup> agenda includes a continued discussion of the CRF Development Code Amendment. Commissioner Thomas pointed out that two new Commissioners will begin attending meetings starting in April. That means they will not be present at the study sessions prior to participating in a public hearing on May 3<sup>rd</sup>. After discussions with staff, the Commission postponed the study session on the CRF Development Code Amendments to the April 5<sup>th</sup> meeting, with the expectation that the draft Surface Water Master Plan will be ready for presentation to the Commission on March 15<sup>th</sup>.

**ADJOURNMENT**

The meeting was adjourned at 7:57 p.m.

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Easton Craft  
Chair, Planning Commission

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Carla Hoekzema  
Clerk, Planning Commission

**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.*

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<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.

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<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)*

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<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.

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**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.

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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 2 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.

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**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.

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### **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.

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### 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.

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### 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

Please complete the following: **Dev. Code Amendment - Community Residential Facilities - Attachment A**

Applicant for Amendment THE ASHLEY HOUSE - KEN MAAZ  
→ Address 18904 BURKE AVE N. City SHORELINE State WA Zip 98133  
Phone 206-679-4971 Email KMAAZ@ASHLEYHOUSEKIDS.COM

PLEASE SPECIFY: Shoreline Development Code Chapter 2.40 Section 20.40.120

**AMENDMENT PROPOSAL:** Please describe your amendment proposal

To allow Residential-II uses to be considered for appropriateness in R-4-R-6 zones through the Conditional Use process.



**REASON FOR AMENDMENT:** Please describe your amendment proposal

Currently Residential-I facilities are allowed in R-4-R-6 zones through a Conditional Use process. The only difference between Residential-I and Residential-II facilities is the potential number of occupants, Residential-I allows 10 or below and Residential-II allows above 10. Since that is the only difference we would like Residential-II facilities to have the opportunity to be considered in R-4-R-6 zones also. Because the types of inhabitants and their associated impact on the neighborhood can vary widely in both Residential-I and Residential-II facilities, the specific number of inhabitants is less relevant than other actual characteristics of a given program.

A Residential-II facility of one make-up may be far better for a neighborhood than a Residential-I facility of another make-up, yet under the current development code the Residential-II facility cannot be considered.

By allowing Residential-II facilities the opportunity to be considered through the Conditional Use process, no worthwhile and beneficial program will be automatically excluded from a neighborhood and issues that may be of concern such as public safety, traffic, effect on property values, fit with the Comprehensive Plan and neighborhood sentiment can be thoroughly examined and if thought to be contrary to the good of the neighborhood, the facility can be denied operation.

This would allow some already existing buildings that might be used for allowable, but deleterious purposes, to be used for more worthwhile and beneficial purposes.

## Dev. Code Amendment - Community Residential Facilities - Attachment A

### DECISION CRITERIA EXPLANATION:

Please describe how the amendment is in accordance with the Comprehensive Plan.

Since the proposal calls for a Conditional Use process 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 R-4-R-6 zones to Residential-II facilities could enhance the accomplishment of the following goals and policies from the Shoreline Comprehensive Plan:

Community Design Element, Goal CD1 – Promote community development and redevelopment that is aesthetically pleasing, functional, and consistent with the City’s vision.

Housing Goals and Policies, Goal HVI – Encourage and support a variety of housing opportunities for those with special needs, specifically older adults and people with disabilities.

Address Special Housing Needs, Policy H25 – Encourage, assist and support social and health service organizations that offer housing programs for targeted populations.

Maintain and Enhance Neighborhood Quality, Policy H21 – Initiate and encourage equitable and inclusive community involvement that fosters civic pride and positive neighborhood image.

Economic Development, Goal EDVI – Support employers and new businesses that create more and better jobs.

Economic Development, Policy ED3 – Encourage and support home-based businesses in the City, provided signage, parking, storage, and noise levels are compatible with neighborhoods.

Economic Development, Policy ED11 – Diversify and expand the City’s job base, with a focus on attracting living wage jobs, to allow people to work and shop in the Community.

The current code states that the “Purpose of R-4 and R-6 zones 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.” The proposed amendment would not lead to the operation of facilities in R-4-R-6 zones that violate this stated purpose. The amendment would provide an opportunity for specific uses of existing buildings that could further promote the stated purpose.

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**Please describe how the amendment will not adversely affect the public health, safety and general welfare.**

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 a R-4-R-6 neighborhood. It does allow for consideration of the operation of a facility with more than 10 occupants in R-4-R-6 zones, but the impact of that change would be fully examined in a Conditional Use process and any detriment to the neighborhood could be specifically determined at that time. If the specific use is determined to

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## **Dev. Code Amendment - Community Residential Facilities - Attachment A**

undermine public health, safety and general welfare it can be denied. However, it might be determined that the proposed use promotes more safety and neighborhood well-being than an already permitted use.

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**Please describe how the amendment is not contrary to the best interest of the citizens and property owners of the City of Shoreline.**

As stated above the proposed amendment could enhance several elements of the Shoreline Comprehensive Plan. It might also allow for a better use of some existing structures in R-4-R-6 zones with already permitted uses that are more deleterious to a neighborhood than a proposed use exercising the Conditional Use permit process. This amendment does not allow for any new uses of neighborhood buildings without public input and scrutiny. It does allow neighborhoods to have greater say in what facilities are allowed in their midst and it allows them to advocate for the approval of certain Residential-II facilities that they would otherwise not be able to consider as additions to their neighborhoods. The amendment puts more control in the hands of the citizens.

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Please attach additional sheets if necessary.

Please submit your request to the City of Shoreline, Planning & Community Development.

3/329

170136

## Dev. Code Amendment - Community Residential Facilities - Attachment B

contract	FacilityName	LocationAddress	LocationZipCode
Adult Family Home	A LITTLE PIECE OF HEAVEN	17347 DENSMORE AVE NORTH	98133
No Contract	A WATER VIEW ADULT FAMILY HOME	19511 23RD AVE NW	98177
Adult Family Home	AATMA ADULT FAMILY HOME LLC	14526 6TH AVE NE	98155
Adult Family Home	ALIANAS HOME CARE	2152 NORTH 193RD ST	98133
No Contract	All About Seniors Three	1435 NW 188TH ST	98177
No Contract	ALL ABOUT SENIORS TWO	19860 15TH AVE NW	98177
Adult Family Home	ALLIANCE CARE FAMILY HOME INC	17217 11TH AVE NE	98155
Adult Family Home	AMBER CARE ADULT FAMILY HOME INC	16239 8TH AVE NE	98155
Expanded Community Services, Adult Fam	AMEN AFH	20408 WHITMAN AVE N	98133
Expanded Community Services, Adult Fam	AMEN AFH	734 N 204TH STREET	98133
Adult Family Home	AMERICAN ASSOCIATION ADULT HOME CARE	14514 STONE AVE N	98133
Adult Family Home	ANCAS AFH	204 NW 195TH ST	98177
No Contract	ANDERSON ADULT FAMILY HOME	17127 15TH AVE NE	98155
No Contract	ANDERSON ADULT FAMILY HOME II	17051 14TH AVE NE	98155
Adult Family Home	ANGELINA'S PLACE	1745 NW 193RD STREET	98177
Adult Family Home	Angelina's Place II	14842 Wallingford Ave N	98133
Adult Family Home	Applewood Adult Family Home LLC	16621 Stone Ave N	98133
Adult Family Home	BCM AFH	18519 STONE AVE N	98133
No Contract	Bella Vita AFH	19538 Burke Ave N	98133
Adult Family Home	BEST CARE	15564 8th Ave NE	98155
Expanded Community Services, Adult Fam	BROADVIEW ADULT FAMILY HOME	738 N 203RD ST	98133
Adult Family Home	CALDERON ADULT FAMILY HOME INC	16909 4TH AVE NE	98155
Adult Family Home	CEESAYS ADULT CARE FAMILY HOME	15218 12TH AVE NE	98155
Adult Family Home	CHARITY AFH 2	18820 8TH AVE NE	98155
Adult Family Home	Crizhtelle Golden Care Inc	15410 12th Ave NE	98155
Adult Family Home	DIAMOND AFH	18570 ASHWORTH AVE N	98133
Adult Family Home	ECHO LAKE ADULT FAMILY HOME LLC	2149 N 194TH ST	98133
Adult Family Home	ENGUERRAS ADULT HOME CARE	15535 CORLISS AVE N	98133
Adult Family Home	EVANS HOME	17629 8TH LANE NE	98155
Adult Family Home	Everest Adult Family Home LLC	912 N 196th Ct	98133
Adult Family Home	Evergreen Haven Senior Care	15402 NE 12th Ave	98155
No Contract	Firland Adult Family Home LLC	19214 Firlands Way N	98133
No Contract	FOR SENIORS SAKE	20157 6TH AVE NE	98155

## Dev. Code Amendment - Community Residential Facilities - Attachment B

No Contract	FOR SENIORS SAKE INC	19745 10TH AVE NE	98155
No Contract	FOR SENIORS SAKE INC NORTH CITY	19605 10TH AVE NE	98155
No Contract	GARDEN VIEW RESIDENTIAL CARE FACILITIES IN	1011 NW 177TH PL	98177
No Contract	GARDEN VIEW RESIDENTIAL CARE FACILITY	17539 10TH AVE NW	98177
Adult Family Home	GENESIS HOMECARE ADULT FAMILY HOME LLC	1835 N 200TH ST	98133
Adult Family Home	Getch AFH Shoreline	18328 8th Ave NW	98177
Adult Family Home	Gladden Adult Family Home LLC	731 N 204TH ST	98133
No Contract	GOLDEN HILL AFH	16744 ASHWORTH AVE N	98133
Adult Family Home	GOOD SHEPHERD HOME INC	200 NW 198TH ST	98177
Adult Family Home	Good Shepherd Home Inc	15503 8TH AVE NE	98155
Adult Family Home	Good Shepherd Home Inc	18361 DAYTON PLACE NORTH	98133
Adult Family Home	Good Shepherd Home Inc	15010 LINDEN AVE N	98133
Adult Family Home	Good Shepherd Home Inc	754 N 203RD STREET	98133
Adult Family Home	Good Shepherd Home on 8th	18060 8th Ave NE	98155
Adult Family Home	Grace AFH LLC	19831 WALLINGFORD AVE N	98133
Adult Family Home	HAPPY FAMILY ADULT FAMILY HOME #2	1228 NE 181ST PLACE	98155
No Contract	Highland A.F.H. LLC	16505 N Park Ave N	98133
No Contract	HILJAY HOME	111 203RD NW	98177
No Contract	HILLWOOD SENIOR CARE AFH 2 LLC	18319 3RD AVENUE NE	98155
No Contract	HILLWOOD SENIOR CARE AFH LLC	19342 FREMONT AVE N	98133
No Contract	Holloway House LLC	18112 Palatine Ave N	98133
Adult Family Home	Holy Living Adult Family Home LLC	914 NE 172nd PL	98155
Adult Family Home	HOME AGAIN	18504 2ND AVE NW	98177
Adult Family Home	HOME SWEET HOME	16538 25TH AVE NE	98155
Adult Family Home	INTAL ADULT FAMILY HOME	16304 25TH PL NE	98155
Adult Family Home	JCB ADULT FAMILY HOME	757 N 200TH ST	98133
Adult Family Home	JCB II ADULT FAMILY HOME	19613 LINDEN AVE N	98133
Adult Family Home	JIRAH HOME CARE	19831 GREENWOOD PL N	98133
Adult Family Home	JOY ADULT FAMILY HOME	15553 27TH AVE NE	98155
Adult Family Home	Joy Care Adult Family Home LLC	774 N 204TH STREET	98133
Adult Family Home	MAPLE LEAF HOME II	1721 NE 146TH ST	98155
Adult Family Home	MARVI HOME CARE	729 N 203RD ST	98133
No Contract	MILLCREEK AFH III	17734 2ND PL NE	98155
Adult Family Home	MNB ADULT FAMILY HOME	15804 25TH AVE NE	98155

## Dev. Code Amendment - Community Residential Facilities - Attachment B

Adult Family Home	MOUNTFOREST VIEW	15028 25TH AVE NE	98155
Adult Family Home	NDEN AFH	19819 FREMONT AVE N	98133
Adult Family Home	NEW LIFE AT STONE AVE AFH LLC	18824 STONE AVE N	98133
Adult Family Home	NEW LIFE HOME CARE	220 NE 175TH ST	98155
No Contract	NICA ADULT FAMILY HOME LLC	20002 20TH AVE NW	98177
No Contract	NORTH RIDGE HOUSE	20031 6TH AVE NE	98155
Adult Family Home	NORTH RIDGE HOUSE	745 N 180TH ST	98133
Adult Family Home	OMNA ADULT FAMILY HOME	17517 19TH CT NE	98155
No Contract	Open Arms AFH Inc	2315 N 194th St	98133
Expanded Community Services, Adult Fam	Over The Rainbow AFH 2 LLC	16179 MIDVALE AVE N	98133
Specialized Behavior Support, Expanded C	OVER THE RAINBOW AFH LLC	16325 N PARK AVE N	98133
Adult Family Home	Residence Choice Adult Family Home	17400 17th PI NE	98155
No Contract	RIMAS ADULT FAMILY HOME INC	1812 N 189TH ST	98133
Adult Family Home	RIVER OF LIFE HOME CARE	239 NE 178TH ST	98155
Meaningful Home Based Activities, Adult F	SAN ANTONIO LTF INC	16747 6TH AVE NE	98155
Adult Family Home	SARAUSAD HOMES INC	20203-B 20TH AVENUE NW	98177
Adult Family Home	SARAUSAD HOMES INC.	20203 A 20TH AVENUE NW	98177
Adult Family Home	SHANGRI LA HOME CARE AFH LLC	104 N 177TH STREET	98133
Adult Family Home	SHI'S HOME	16529 8TH AVE NE	98155
Adult Family Home	SHORELINE GARDENS SENIOR CARE	1233 NE 168TH ST	98155
Adult Family Home	SOUND VIEW ADULT FAMILY HOME	18025 15TH AVE NW	98177
Adult Family Home	ST ANTHONY AFH #1	16108 MIDVALE AVE N	98133
Adult Family Home	ST ANTHONY AFH II	2200 NW 199th St	98177
Adult Family Home	ST JUDE ADULT FAMILY HOME	1219 NE 152ND ST	98155
Adult Family Home	ST LUKE AFH	19136 8th Ave NW	98177
Adult Family Home	ST MARY'S AFH	19540 7TH AVE NE	98155
Adult Family Home	ST MARY'S AFH	339 NE 163RD STREET	98155
Adult Family Home	ST. JOSEPH ADULT FAMILY HOME	1759 NE 148TH ST	98155
Adult Family Home	STELUTA ADULT FAMILY HOME LLC	717 N 184TH ST	98133
Adult Family Home	SUM'S ADULT FAMILY HOME	17916 FREMONT AVE N	98133
Specialized Behavior Support, Expanded C	SUNRISE ADULT FAMILY HOME	1133 N 166TH ST	98133
Expanded Community Services, Adult Fam	SUNRISE ADULT FAMILY HOME II LLC	19121 3RD AVENUE NW	98177
Meaningful Home Based Activities, Adult F	TANYAS ADULT FAMILY HOME LLC	16515 N PARK AVE N	98133
Adult Family Home	THE BERGS ADULT FAMILY HOME	310 NE 174TH ST	98155



## Dev. Code Amendment - Community Residential Facilities - Attachment B

Adult Family Home	THE GREAT SHEPHERD'S AFH 2	14511 WALLINGFORD AVE N	98133
Adult Family Home	THE GREAT SHEPHERDS AFH	1658 N 145TH ST	98133
Adult Family Home	THE GREAT SHEPHERDS AFH 1	14519 WALLINGFORD AVE N	98133
Adult Family Home	VAN PATTEN AFH	16905 STONE AVE N	98133
Adult Family Home	VILLA AFH	15520 30TH AVE NE	98155
Adult Family Home	Villa Rey Adult Family Home LLC	16748 Corliss Ave N	98133
Adult Family Home	WASHINGTON CARE ADULT FAMILY HOME	147 NW 183RD ST	98177