



Date: _____

This is to acknowledge that the individual named below has expressed an interest in becoming a Housing Provider to offer housing for the clients served by **Kern Behavioral Health & Recovery Services**. Our Quality Standards process requires verification that each facility has acquired a Conditional Use Permit, if applicable, in order to adhere to County ordinance and zoning requirements.

PROVIDER INFORMATION (To be completed by Provider):

Provider's Name _____ Facility Name _____

Facility Address _____
Street City Zip

Type of Housing _____ Capacity _____ Zone _____

Is Facility Licensed in State of California? Yes No N/A

Licensing Agency _____ License Number _____

**This section to be completed by Kern County Planning & Natural Resources Department
Public Services Building
2700 "M" Street, Bakersfield, CA 93001-2370
(661)862-8600**

PLEASE VERIFY THE FOLLOWING INFORMATION:

Is a CUP required at the above location and for the capacity stated? Yes No

If a CUP is not required, is the proposed use allowed? Yes No

Has the use already been lawfully established? Yes No

Notes (if applicable):

Planner Signature

Date

For Further Information, Please Contact
Housing Services – 661-868-7512
Kern Behavioral Health & Recovery Services

