



Local Ordinance Verification of Compliance Form

In accordance with West Virginia Code [§16-59-2](#) pertaining to the certification of recovery residences, counties and municipalities may require verification of compliance with applicable local building, maximum occupancy, fire safety, and sanitation codes applicable to the type of housing operated by a recovery residence provider. If your recovery residence is located within a county or municipality that requires verification of compliance (VOC), this form must be completed for *each* county or municipality in which your organization operates that requires a VOC and submitted as part of your WVARR certification application.

If an inspection is required by county or municipality in which your residence operates in order to receive a verification of compliance, that inspection must be completed by the county or municipality within 30 days of request. If the required inspection is not performed within 30 days of your request, WVARR may determine your organization to be compliant with this requirement and may allow your organization to move forward in the application process without approval from the county or municipality.

We highly recommend that your organization maintain all documentation and correspondence with your county or municipality regarding this matter.

Program or Organization Name: _____

Person Submitting Request: _____

Phone Number _____ **Email Address** _____

County or Municipality: _____

Number of Residences Applicable to This Request: _____

Date of Request: _____

Applicant Signature: _____

Please list each residence address applicable to your request below, including the city, state, and zip code:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____

Please note that all counties or municipalities must maintain a fair and objective process for the consideration of requests for a reasonable accommodation with local codes, pursuant with the Fair Housing Act, 42 U.S.C. § 3601 *et seq.* and the Americans with Disabilities Act of 2008, 42 U.S.C. § 12101 *et seq.*

Has your organization requested a reasonable accommodation for any residence included on this form? _____ Yes _____ No

Date of reasonable accommodation request: _____

Basis of the request: _____

Outcome of the request (If a determination has not yet been made, please note that below): _____

****Please attach any documentation pertaining to your request for reasonable accommodation with this form upon submission.****

If at any time the applicant organization formally notifies WVARR of their intent to legally or administratively challenge the county or municipality's verification of compliance requirement(s), and/or the determination of the applicant organization's application for verification of compliance, WVARR may waive the applicant organization's requirement or submission of this form or documentation pertaining to it for the consideration of their certification application and, if all other certification requirements are met, the applicant organization may be eligible for certification with WVARR.

To be completed by the county or municipality only:

Person Reviewing Request: _____

Title: _____

Phone Number: _____ **Email Address:** _____

Please indicate below whether **all residences** listed on this application are in compliance with relevant codes as outlined by your county or municipality:

_____ **Yes** _____ **No**

If the applicant is not in compliance, please explain below and attach any relevant documentation, including copies of ordinances:

Authorized Signature: _____

Date: _____