ROSEVILLE

REQUEST FOR COUNCIL ACTION

Agenda Date: 8/8/2016
Agenda Item: 10.a

Department Approval

City Manager Approval

Item Description: Request to amend City Code Section 1011.12 to opt out of the requirements of Minn. Stat. §462.3593 pertaining to Temporary Family Health Care Dwellings **(PROJ0017-Amdt 29)**

APPLICATION INFORMATION

Applicant: City of Roseville

Property Owner: N/A

Open House Meeting: N/A

Application Submission: N/A

City Action Deadline: N/A

PLANNING COMMISSION ACTION

The Planning Commission held the public hearing for this application on August 3, 2016, and voted 7 – 0 to recommend approval of the proposed zoning text amendment.

BACKGROUND

In the 2016 legislative session, a bill was signed into law creating a new process for landowners to place mobile residential dwellings on their property to serve as a temporary family health care dwelling (often called a "drop home"). This law was passed in response to a desire to provide transitional housing for those with mental or physical impairments and the increased need for short term care for aging family members. The legislation sets forth a short term care alternative for a "mentally or physically impaired person", by allowing them to stay in a "temporary dwelling" on a relative's or caregiver's property. When the law takes effect on September 1, 2016, cities will be required to accommodate these drop homes, unless they pass local ordinances to opt out of the law; opting out is provided for in the law so that municipalities can address these temporary family health care dwellings with locally-appropriate regulations rather than adhering totally to the state statute. An explanation of the law prepared by the League of Minnesota Cities (LMC) and the text of the statute are included with this RCA as parts of Exhibit A.

Opting out by September 1, 2016, is the time-sensitive first step, but Planning Division staff intends to begin a deeper discussion with the Planning Commission and the public to assess the community's desire to accommodate these temporary health care resources and, if desired, develop regulations that reflect needs and preferences of Roseville's residents. A draft ordinance is included with this RCA as Exhibit B.

PUBLIC COMMENT

The public hearing for the proposed zoning amendment was held by the Planning Commission on August 3, 2016. Draft minutes of the public hearing were not yet available at the time this report was written; when they become available, the draft minutes will be distributed to Councilmembers and appended to this RCA as part of Exhibit A. At the time this report was prepared, Planning Division staff has not received additional communications from the public.

LEVEL OF CITY DISCRETION IN DECISION-MAKING

Action taken on a proposed zoning change is legislative in nature; the City has broad discretion in making land use decisions based on advancing the health, safety, and general welfare of the community.

PLANNING COMMISSION RECOMMENDATION

Pass an ordinance amending City Code Section 1011.12 to opt out of the requirements of Minn. Stat. §462.3593, which defines and regulates Temporary Family Health Care Dwellings, based on the findings and recommendation of the Planning Commission, the content of this RCA, public input, and City Council deliberation.

ALTERNATIVE ACTIONS

A) Pass a motion to table the item for future action. Tabling the proposed zoning text amendment may introduce a period in which drop homes must be accommodated according to the state law rather than local regulations.

B) By motion, deny the request. Denial should be supported by specific findings of fact based on the City Council's review of the application, applicable City Code regulations, and the public record.

Attachments: A: 8/3/2016 RPCA packet and draft public hearing minutes, once available

B: Draft ordinance

Prepared by: Senior Planner Bryan Lloyd
651-792-7073
bryan.lloyd@cityofroseville.com

RCA Exhibit A

REQUEST FOR PLANNING COMMISSION ACTION Agenda Date: 8/3/2016
PUBLIC HEARING Agenda Item: 5c

Item Description: Request to amend City Code Chapter 1004 (Residential Districts) to opt out of the requirements of Minn. Stat. §462.3593 pertaining to Temporary Family Health Care Dwellings **(PROJ0017-Amdt 29)**

APPLICATION INFORMATION

Applicant: City of Roseville

Property Owner: N/A

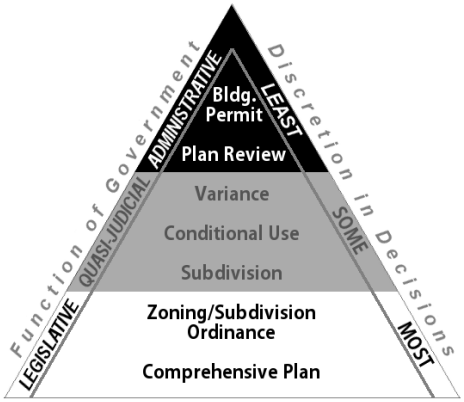
Open House Meeting: N/A

Application Submission: N/A

City Action Deadline: N/A

LEVEL OF CITY DISCRETION IN DECISION-MAKING

Action taken on a proposed zoning change is **legislative** in nature; the City has broad discretion in making land use decisions based on advancing the health, safety, and general welfare of the community.



BACKGROUND

In the 2016 legislative session, a bill creating a new process for landowners to place mobile residential dwellings on their property to serve as a temporary family health care dwelling (often called a "drop home") was signed into in response to a desire to provide transitional housing for those with mental or physical impairments and the increased need for short term care for aging family members. The legislation sets forth a short term care alternative for a "mentally or physically impaired person", by allowing them to stay in a "temporary dwelling" on a relative's or caregiver's property. When the law takes effect on September 1, 2016, cities will be required to accommodate these drop homes, unless they pass local ordinances to opt out of the law; opting out is provided for in the law so that municipalities can address these temporary family health care dwellings with locally-appropriate regulations rather than adhering totally to the state statute. An explanation of the law prepared by the League of Minnesota Cities (LMC) is included with this RPCA as Attachment A and the text of the statute is included as Attachment B.

PROPOSED ZONING AMENDMENT

The LMC has also prepared a model ordinance for opting out of the drop home law; based on the model ordinance, Planning Division staff proposes an amendment as follows:

1011.01 Statement of Purpose and Applicability

A. This Chapter establishes requirements pertaining to:
   1. Environmental regulations in all districts
   2. Landscaping and screening in all districts
   3. Tree preservation and restoration in all districts
   4. Lot controls in all districts

5. Visibility triangles in all districts
6. Height exemptions in all districts
7. Fences in all districts
8. Essential services in all districts
9. Solar energy systems in all districts
10. Additional standards in all non-LDR districts
11. Additional standards for specific uses in all districts

B. The purpose of this Chapter is to establish regulations of general applicability to property throughout the City, to establish regulations for certain specific uses that are allowed in multiple districts, to promote the orderly development and use of land, minimize conflicts between uses of land, and protect the public health, safety, and welfare. The regulations set forth in this Chapter shall apply to all structures and uses of land, except as otherwise provided in this Title.

1011.12 Additional Standards for Specific Uses in All Districts

H. **Temporary Family Health Care Dwellings:**

1. Opt-Out of Minnesota Statutes Section 462.3593: Pursuant to authority granted by Minnesota Statutes, Section 462.3593, subdivision 9, the City of Roseville opts-out of the requirements of Minn. Stat. §462.3593, which defines and regulates Temporary Family Health Care Dwellings.

Opting out by September 1, 2016, is the time-sensitive first step, but Planning Division staff intends to begin a deeper discussion with the Planning Commission and the public to assess the community's desire to accommodate these temporary health care resources and, if desired, develop regulations that reflect needs and preferences of Roseville's residents.

PUBLIC COMMENT

At the time this report was prepared, Planning Division staff has not received any communication about the proposed amendment from members of the public.

RECOMMENDED ACTIONS

By motion, recommend approval of the proposed zoning text amendment, based on the comments and findings of this report.

ALTERNATIVE ACTIONS

Pass a motion to table the item for future action. Tabling the proposed zoning text amendment may introduce a period in which drop homes must be accommodated according to the state law rather than local regulations.

By motion, recommend denial of the item. A recommendation to deny the application should be supported by specific findings of fact based on the Planning Commission's review of the application, applicable City Code regulations, and the public record.

Attachments: A: Temporary Family Health Care Dwelling FAQ
B: Text of Minn. Stat. §462.3593

Prepared by: Senior Planner Bryan Lloyd
651-792-7073
bryan.lloyd@cityofroseville.com

CONNECTING & INNOVATING
SINCE 1913

Temporary Family Health Care Dwellings of 2016

Allowing Temporary Structures – What it means for Cities

Introduction:

On May 12, 2016, Governor Dayton signed, into law, a bill creating a new process for landowners to place mobile residential dwellings on their property to serve as a temporary family health care dwelling.[1] Community desire to provide transitional housing for those with mental or physical impairments and the increased need for short term care for aging family members served as the catalysts behind the legislature taking on this initiative. The resulting legislation sets forth a short term care alternative for a "mentally or physically impaired person", by allowing them to stay in a "temporary dwelling" on a relative's or caregiver's property.[2]

Where can I read the new law?

Until the state statutes are revised to include bills passed this session, cities can find this new bill at 2016 Laws, Chapter 111.

Does the law require cities to follow and implement the new temporary family health care dwelling law?

Yes, unless a city opts out of the new law or currently allows temporary family health care dwellings as a permitted use.

Considerations for cities regarding the opt-out?

These new temporary dwellings address an emerging community need to provide more convenient temporary care. Cities may want to consider the below when analyzing whether or not to opt out:

- The new law alters a city's level of zoning authority for these types of structures.
- While the city's zoning ordinances for accessories or recreational vehicles do not apply, these structures still must comply with setback requirements.
- A city's zoning and other ordinances, other than its accessory use or recreational vehicle ordinances, still apply to these structures. Because conflicts may arise between the statute and a city's local ordinances, cities should confer with their city attorneys to analyze their current ordinances in light of the new law.
- Although not necessarily a legal issue for the city, it seems worth mentioning that the permit process does not have the individual with the physical or mental impairment or that

[1] 2016 Laws, Chapter 111.

[2] Some cities asked if other states have adopted this type of law. The only states that have a somewhat similar statute at the time of publication of this FAQ are North Carolina and Virginia. It is worth noting that some states have adopted Accessory Dwelling Unit (ADU) statutes to allow granny flats, however, these ADU statutes differ from Minnesota's Temporary Health Care Dwelling law.

individual's power of attorney sign the permit application or a consent to release his or her data.

- The application's data requirements may result in the city possessing and maintaining nonpublic data governed by the Minnesota Government Data Practices Act.
- The new law sets forth a permitting system for both cities and counties[3]. Cities should consider whether there is an interplay between these two statutes.

Do cities need to do anything to have the new law apply in their city?

No, the law goes into effect September 1, 2016 and automatically applies to all cities that do not opt out or don't already allow temporary family health care dwellings as a permitted use under their local ordinances. By September 1, 2016, however, cities will need to be prepared to accept applications, must have determined a permit fee amount[4] (if the city wants to have an amount different than the law's default amount), and must be ready to process the permits in accordance with the short timeline required by the law.

What if a city already allows a temporary family health care dwelling as a permitted use?

If the city already has designated temporary family health care dwellings as a permitted use, then the law does not apply and the city follows its own ordinance. The city should consult its city attorney for any uncertainty about whether structures currently permitted under existing ordinances qualify as temporary family health care dwellings.

What process should the city follow if it chooses to opt out of this statute?

Cities that wish to opt out of this law must pass an ordinance to do so. The statute does not provide clear guidance on how to treat this opt-out ordinance. However, since the new law adds section 462.3593 to the land use planning act (Minn. Stat. ch. 462), arguably, it may represent the adoption or an amendment of a zoning ordinance, triggering the requirements of Minn. Stat. § 462.357, subd. 2-4, including a public hearing with 10-day published notice. Therefore, cities may want to err on the side of caution and treat the opt-out ordinance as a zoning provision.[5]

Does the League have a model ordinance for opting out of this program?

Yes. Link to opt out ordinance here: Temporary Family Health Care Dwellings Ordinance

Can cities partially opt out of the temporary family health care dwelling law?

[3] See Minn. Stat. §394.307

[4] Cities do have flexibility as to amounts of the permit fee. The law sets, as a default, a fee of $100 for the initial permit with a $50 renewal fee, but authorizes a city to provide otherwise by ordinance.

[5] For smaller communities without zoning at all, those cities still need to adopt an opt-out ordinance. In those instances, it seems less likely that the opt-out ordinance would equate to zoning. Because of the ambiguity of the statute, cities should consult their city attorneys on how best to approach adoption of the opt-out ordinance for their communities.

Not likely. The opt-out language of the statute allows a city, by ordinance, to opt out of the requirements of the law but makes no reference to opting out of parts of the law. If a city wanted a program different from the one specified in statute, the most conservative approach would be to opt out of the statute, then adopt an ordinance structured in the manner best suited to the city. Since the law does not explicitly provide for a partial opt out, cites wanting to just partially opt out from the statute should consult their city attorney.

Can a city adopt pieces of this program or change the requirements listed in the statute?

Similar to the answer about partially opting out, the law does not specifically authorize a city to alter the statutory requirements or adopt only just pieces of the statute. Several cities have asked if they could add additional criteria, like regulating placement on driveways, specific lot size limits, or anchoring requirements. As mentioned above, if a city wants a program different from the one specified in the statute, the most conservative approach would involve opting out of the statute in its entirety and then adopting an ordinance structured in the manner best suited to the city. Again, a city should consult its city attorney when considering adopting an altered version of the state law.

What is required in an application for a temporary family health care dwelling permit?

The mandatory application requests very specific information including, but not limited to:[6]

- Name, address, and telephone number of the property owner, the resident of the property (if different than the owner), and the primary care giver;
- Name of the mentally or physically impaired person;
- Proof of care from a provider network, including respite care, primary care or remote monitoring;
- Written certification signed by a Minnesota licensed physician, physician assistant or advanced practice registered nurse that the individual with the mental or physical impairment needs assistance performing two or more "instrumental activities of daily life;"[7]
- An executed contract for septic sewer management or other proof of adequate septic sewer management;
- An affidavit that the applicant provided notice to adjacent property owners and residents;
- A general site map showing the location of the temporary dwelling and the other structures on the lot; and
- Compliance with setbacks and maximum floor area requirements of primary structure.

[6] New Minn. Stat. § 462.3593, subd. 3 sets forth all the application criteria.

[7] This is a term defined in law at Minn. Stat. § 256B.0659, subd. 1(i) as "activities to include meal planning and preparation; basic assistance with paying bills; shopping for food, clothing, and other essential items; performing household tasks integral to the personal care assistance services; communication by telephone and other media; and traveling, including to medical appointments and to participate in the community."

The law requires all of the following to sign the application: the primary caregiver, the owner of the property (on which the temporary dwelling will be located) and the resident of the property (if not the same as the property owner). However, neither the physically disabled or mentally impaired individual nor his or her power of attorney signs the application.

Who can host a temporary family health care dwelling?

Placement of a temporary family health care dwelling can only be on the property where a "caregiver" or "relative" resides. The statute defines caregiver as "an individual, 18 years of age or older, who: (1) provides care for a mentally or physically impaired person; and (2) is a relative, legal guardian, or health care agent of the mentally or physically impaired person for whom the individual is caring." The definition of "relative" includes "a spouse, parent, grandparent, child, grandchild, sibling, uncle, aunt, nephew or niece of the mentally or physically impaired person. Relative also includes half, step and in-law relationships."

Is this program just for the elderly?

No. The legislature did not include an age requirement for the mentally or physically impaired dweller. [8]

Who can live in a temporary family health care dwelling and for how long?

The permit for a temporary health care dwelling must name the person eligible to reside in the unit. The law requires the person residing in the dwelling to qualify as "mentally or physically impaired," defined as "a person who is a resident of this state and who requires assistance with two or more instrumental activities of daily living as certified by a physician, a physician assistant, or an advanced practice registered nurse, licenses to practice in this state." The law specifically limits the time frame for these temporary dwellings permits to 6 months, with a one-time 6 month renewal option. Further, there can be only one dwelling per lot and only one dweller who resides within the temporary dwelling

What structures qualify as temporary family health care dwellings under the new law?

The specific structural requirements set forth in the law preclude using pop up campers on the driveway or the "granny flat" with its own foundation as a temporary structure. Qualifying temporary structures must:

- Primarily be pre-assembled;
- Cannot exceed 300 gross square feet;
- Cannot attach to a permanent foundation;
- Must be universally designed and meet state accessibility standards;

[8] The law expressly exempts a temporary family health care dwelling from being considered "housing with services establishment", which, in turn, results in the 55 or older age restriction set forth for "housing with services establishment" not applying.

- Must provide access to water and electrical utilities (by connecting to principal dwelling or by other comparable means[9]);
- Must have compatible standard residential construction exterior materials;
- Must have minimum insulation of R-15;
- Must be portable (as defined by statute);
- Must comply with Minnesota Rules chapter 1360 (prefabricated buildings) or 1361 (industrialized/modular buildings), "and contain an Industrialized Buildings Commission seal and data plate or to American National Standards Institute Code 119.2"[10]; and
- Must contain a backflow check valve.[11]

Does the State Building Code apply to the construction of a temporary family health care dwelling?

Mostly, no. These structures must meet accessibility standards (which are in the State Building Code). The primary types of dwellings proposed fall within the classification of recreational vehicles, to which the State Building Code does not apply. Two other options exist, however, for these types of dwellings. If these structures represent a pre-fabricated home, the federal building code requirements for manufactured homes apply (as stated in Minnesota Rules, Chapter 1360). If these structures are modular homes, on the other hand, they must be constructed consistent with the State Building Code (as stated in Minnesota Rules, Chapter 1361).

What health, safety and welfare requirements does this new law include?

Aside from the construction requirements of the unit, the temporary family health care dwelling must be located in an area on the property where "septic services and emergency vehicles can gain access to the temporary family health care dwelling in a safe and timely manner."

What local ordinances and zoning apply to a temporary health care dwelling?

The new law states that ordinances related to accessory uses and recreational vehicle storage and parking do not apply to these temporary family health care dwellings. However, unless otherwise provided, setbacks and other local ordinances, charter provisions, and applicable state laws still apply. Because conflicts may arise between the statute and one or more of the city's other local ordinances, cities should confer with their city attorneys to analyze their current ordinances in light of the new law.

What permit process should cities follow for these permits?

The law creates a new type of expedited permit process. The permit approval process found in Minn. Stat. § 15.99 generally applies; however, the new law shortens the time frame for which the local governmental unit has to make a decision on granting the permit. Due to the time sensitive

[9] The Legislature did not provide guidance on what represents "other comparable means".
[10] ANSI Code 119.2 has been superseded by NFPA 1192. For more information, the American National Standards Institute website is located at https://www.ansi.org/.
[11] New Minn. Stat. § 462.3593, subd. 2 sets forth all the structure criteria.

nature of issuing a temporary dwelling permit, the city has only 15 days (rather than 60 days) (no extension is allowed) to either issue or deny a permit. The new law waives the public hearing requirement and allows the clock to restart if a city deems an application incomplete. If a city deems an application incomplete, the city must provide the applicant written notice, within five business days of receipt of the application, telling the requester what information is missing. For those councils that regularly meet only once a month, the law provides for a 30-day decision.

Can cities collect fees for these permits?

Cities have flexibility as to amounts of the permit fee. The law sets the fee at $100 for the initial permit with a $50 renewal fee, unless a city provides otherwise by ordinance

Can cities inspect, enforce and ultimately revoke these permits?

Yes, but only if the permit holder violates the requirements of the law. The statute allows for the city to require the permit holder to provide evidence of compliance and also authorizes the city to inspect the temporary dwelling at times convenient to the caregiver to determine compliance. The permit holder then has sixty (60) days from the date of revocation to remove the temporary family health care dwelling. The law does not address appeals of a revocation.

How should cities handle data it acquires from these permits?

The application data may result in the city possessing and maintaining nonpublic data governed by the Minnesota Government Data Practices Act. To minimize collection of protected heath data or other nonpublic data, the city could, for example, request that the required certification of need simply state "that the person who will reside in the temporary family health care dwelling needs assistance with two or more instrumental activities of daily living", without including in that certification data or information about the specific reasons for the assistance, the types of assistance, the medical conditions or the treatment plans of the person with the mental illness or physical disability. Because of the complexities surrounding nonpublic data, cities should consult their city attorneys when drafting a permit application.

Should the city consult its city attorney?

Yes. As with any new law, to determine the potential impact on cities, the League recommends consulting with your city attorney.

Where can cities get additional information or ask other questions.

For more information, contact Staff Attorney Pamela Whitmore at pwhitmore@lmc.org or LMC General Counsel Tom Grundhoefer at tgrundho@lmc.org. If you prefer calling, you can reach Pamela at 651.281.1224 or Tom at 651.281.1266.

[462.3593] TEMPORARY FAMILY HEALTH CARE DWELLINGS.

Subdivision 1. **Definitions**. (a) For purposes of this section, the following terms have the meanings given.

(b) "Caregiver" means an individual 18 years of age or older who:

(2) provides care for a mentally or physically impaired person; and

(1) is a relative, legal guardian, or health care agent of the mentally or physically impaired person for whom the individual is caring.

(c) "Instrumental activities of daily living" has the meaning given in section 256B.0659, subdivision 1, paragraph (i).

(d) "Mentally or physically impaired person" means a person who is a resident of this state and who requires assistance with two or more instrumental activities of daily living as certified in writing by a physician, a physician assistant, or an advanced practice registered nurse licensed to practice in this state.

(e) "Relative" means a spouse, parent, grandparent, child, grandchild, sibling, uncle, aunt, nephew, or niece of the mentally or physically impaired person. Relative includes half, step, and in-law relationships.

(f) "Temporary family health care dwelling" means a mobile residential dwelling providing an environment facilitating a caregiver's provision of care for a mentally or physically impaired person that meets the requirements of subdivision 2.

Subd. 2. **Temporary family health care dwelling.** A temporary family health care dwelling must:

(1) be primarily assembled at a location other than its site of installation;

(2) be no more than 300 gross square feet;

(3) not be attached to a permanent foundation;

(4) be universally designed and meet state-recognized accessibility standards;

(5) provide access to water and electric utilities either by connecting to the utilities that are serving the principal dwelling on the lot or by other comparable means;

(6) have exterior materials that are compatible in composition, appearance, and durability to the exterior materials used in standard residential construction;

(7) have a minimum insulation rating of R-15;

(8) be able to be installed, removed, and transported by a one-ton pickup truck as defined in section 168.002, subdivision 21b, a truck as defined in section 168.002, subdivision 37, or a truck tractor as defined in section 168.002, subdivision 38;

(9) be built to either Minnesota Rules, chapter 1360 or 1361, and contain an Industrialized Buildings Commission seal and data plate or to American National Standards Institute Code 119.2; and

(10) be equipped with a backflow check valve.

Subd. 3. **Temporary dwelling permit; application.** (a) Unless the municipality has designated temporary family health care dwellings as permitted uses, a temporary family health care dwelling is subject to the provisions in this section. A temporary family health care dwelling that meets the requirements of this section cannot be prohibited by a local ordinance that regulates accessory uses or recreational vehicle parking or storage.

(b) The caregiver or relative must apply for a temporary dwelling permit from the municipality. The permit application must be signed by the primary caregiver, the owner of the property on which the temporary family health care dwelling will be located, and the resident of the property if the property owner does not reside on the property, and include:

(1) the name, address, and telephone number of the property owner, the resident of the property if different from the owner, and the primary caregiver responsible for the care of the mentally or physically impaired person; and the name of the mentally or physically impaired person who will live in the temporary family health care dwelling;

(2) proof of the provider network from which the mentally or physically impaired person may receive respite care, primary care, or remote patient monitoring services;

(3) a written certification that the mentally or physically impaired person requires assistance with two or more instrumental activities of daily living signed by a physician, a physician assistant, or an advanced practice registered nurse licensed to practice in this state;

(4) an executed contract for septic service management or other proof of adequate septic service management;

(5) an affidavit that the applicant has provided notice to adjacent property owners and residents of the application for the temporary dwelling permit; and

(6) a general site map to show the location of the temporary family health care dwelling and other structures on the lot.

(c) The temporary family health care dwelling must be located on property where the caregiver or relative resides. A temporary family health care dwelling must comply with all setback requirements that apply to the primary structure and with any maximum floor area ratio limitations that may apply to the primary structure. The temporary family health care dwelling must be located on the lot so that septic services and emergency vehicles can gain access to the temporary family health care dwelling in a safe and timely manner.

(d) A temporary family health care dwelling is limited to one occupant who is a mentally or physically impaired person. The person must be identified in the application. Only one temporary family health care dwelling is allowed on a lot.

(e) Unless otherwise provided, a temporary family health care dwelling installed under this section must comply with all applicable state law, local ordinances, and charter provisions.

Subd. 4. **Initial permit term; renewal.** The initial temporary dwelling permit is valid for six months. The applicant may renew the permit once for an additional six months.

Subd. 5. **Inspection.** The municipality may require that the permit holder provide evidence of compliance with this section as long as the temporary family health care dwelling remains on the property. The municipality may inspect the temporary family health care dwelling at reasonable times convenient to the caregiver to determine if the temporary family health care dwelling is occupied and meets the requirements of this section.

Subd. 6**. Revocation of permit.** The municipality may revoke the temporary dwelling permit if the permit holder violates any requirement of this section. If the municipality revokes a permit, the permit holder has 60 days from the date of revocation to remove the temporary family health care dwelling.

Subd. 7. **Fee.** Unless otherwise provided by ordinance, the municipality may charge a fee of up to $100 for the initial permit and up to $50 for a renewal of the permit.

Subd. 8. **No public hearing required; application of section 15.99.** (a) Due to the time-sensitive nature of issuing a temporary dwelling permit for a temporary family health care dwelling, the municipality does not have to hold a public hearing on the application.

(b) The procedures governing the time limit for deciding an application for the temporary dwelling permit under this section are governed by section 15.99, except as provided in this section. The municipality has 15 days to issue a permit requested under this section or to deny it, except that if the statutory or home rule charter city holds regular meetings only once per calendar month the statutory or home rule charter city has 30 days to issue a permit requested under this section or to deny it. If the municipality receives a written request that does not contain all required information, the applicable 15-day or 30-day limit starts over only if the municipality sends written notice within five business days of receipt of the request telling the requester what information is missing. The municipality cannot extend the period of time to decide.

Subd. 9. **Opt-out.** A municipality may by ordinance opt-out of the requirements of this section.

ORDINANCE NO. ____

AN ORDNANCE AMENDING TITLE 10 OF THE CITY CODE TO OPT OUT OF THE REQUIREMENTS OF MINN. STAT. §462.3593, WHICH DEFINES AND REGULATES TEMPORARY FAMILY HEALTH CARE DWELLINGS (PROJ0017-AMDT29)

The City Council of the City of Roseville does ordain:

Section l. The Roseville City Code is hereby amended as follows.

1011.12 Additional Standards for Specific Uses in All Districts

H. **Temporary Family Health Care Dwellings:**

1. Opt-Out of Minnesota Statutes Section 462.3593: Pursuant to authority granted by Minnesota Statutes, Section 462.3593, subdivision 9, the City of Roseville opts-out of the requirements of Minn. Stat. §462.3593, which defines and regulates Temporary Family Health Care Dwellings.

Section 2. Effective Date. This ordinance amendment to the City Code shall take effect upon the passage and publication of this ordinance.

Passed this 8th day of August 2016.

ORDINANCE NO. ____

AN ORDNANCE AMENDING TITLE 10 OF THE CITY CODE TO OPT OUT OF THE REQUIREMENTS OF MINN. STAT. §462.3593, WHICH DEFINES AND REGULATES TEMPORARY FAMILY HEALTH CARE DWELLINGS (PROJ0017-AMDT29)

The City Council of the City of Roseville does ordain:

Section l. The Roseville City Code is hereby amended as follows.

1011.12 Additional Standards for Specific Uses in All Districts

H. **Temporary Family Health Care Dwellings:**

1. Opt-Out of Minnesota Statutes Section 462.3593: Pursuant to authority granted by Minnesota Statutes, Section 462.3593, subdivision 9, the City of Roseville opts-out of the requirements of Minn. Stat. §462.3593, which defines and regulates Temporary Family Health Care Dwellings.

Section 2. Effective Date. This ordinance amendment to the City Code shall take effect upon the passage and publication of this ordinance.

Passed this 8th day of August 2016.