

Southwestern Pennsylvania Legal Aid

Serving Southwestern Pennsylvania Since 1968

WASHINGTON COUNTY	•	FAYETTE COUNTY	•	GREENE COUNTY	•	SOMERSET COUNTY
Central Office		45 East Main St		63 South Washington St		218 Kimberly Ave
10 West Cherry Ave		Suite 200		Waynesburg, PA 15370		Suite 101
Washington, PA 15301		Uniontown, PA 15401		Tel: 724-627-3127		Somerset, PA 15501
Tel: 724-225-6170		Tel: 724-439-3591		Fax: 724-852-4189		Tel: 814-443-4615
Fax: 724-250-1078		Fax: 724-439-6491				Fax: 814-444-0331

January 7, 2022

Allegheny County Health Department
Officer of the Director
542 4th Avenue
Pittsburgh, PA 15219



Appeal of December 9, 2021 notice of violation

Re: HCE-20210712-4252
828 Maple Avenue
Turtle Creek, PA 15145
Census Tract 55094

Dear Office of the Director:

I represent Ronald Yocca, owner of My Brother's House recovery homes and Rachel Estates, and I write to appeal the December 9, 2021 determination of a violation at 828 Maple Avenue, Turtle Creek, PA 15145, of Article VI, Section 611A of the rules and regulations related to rooming houses.

The residence in question is a drug and alcohol recovery residence whose residents are protected under the Fair Housing Act as disabled people in recovery from Alcohol or Substance Use Disorder. Therefore, reasonable accommodations from ordinances, rules, and regulations – aside from health and safety rules directly related to maximum occupancy – should be granted, including here.

My Brother's House at 828 Maple Street is one of many similar residences that are part of Pennsylvania Association of Recovery Residences (PARR) and the Western Pennsylvania Association of Recovery Residences (PARR), which are associated with the National Association of Recovery Residences (NARR). In other words, these residences are commonplace throughout the county, state, and country. NARR and their affiliates are supported by the Substance Abuse and Mental Health Services Administration. (See "Recovery Homes Help People in Early Recovery," <https://www.samhsa.gov/homelessness-programs-resources/hpr-resources/recovery-homes-help-people>.)

We requested a reasonable accommodation of Turtle Creek Borough on December 30, 2019, and of their solicitor on October 22, 2020. We applied for an occupancy permit, which was denied on November 26, 2021, and we have a pending zoning appeal before the Allegheny County Court of

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Central Office						
10 West Cherry Ave		45 East Main St		63 South Washington St		218 Kimberly Ave
Washington, PA 15301		Suite 200		Waynesburg, PA 15370		Suite 101
Tel: 724-225-6170		Uniontown, PA 15401		Tel: 724-627-3127		Somerset, PA 15501
Fax: 724-250-1078		Tel: 724-439-3591		Fax: 724-852-4189		Tel: 814-443-4615
		Fax: 724-439-6491				Fax: 814-444-0331

Common Pleas, per the enclosed Land Use Appeal, and its Exhibits including C and D, that I request are incorporated as part of this appeal.

Please let me know what, if any, other information I can provide related to this appeal. Thank you.

Very truly yours,



Brian V. Gorman
Executive Director
brian.gorman@splas.org

Encls.

Pc: Ronald Yocca (w/encls.)

Supreme Court of Pennsylvania

Court of Common Pleas Civil Cover Sheet

Allegheny

County

For Prothonotary Use Only:

Docket No:

The information collected on this form is used solely for court administration purposes. This form does not supplement or replace the filing and service of pleadings or other papers as required by law or rules of court.

SECTION A

Commencement of Action:	
<input type="checkbox"/> Complaint	<input type="checkbox"/> Writ of Summons
<input type="checkbox"/> Transfer from Another Jurisdiction	<input type="checkbox"/> Petition
	<input type="checkbox"/> Declaration of Taking
Lead Plaintiff's Name: Ronald Yocca	Lead Defendant's Name: Turtle Creek Zoning Hearing Board
Are money damages requested? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Dollar Amount Requested: <input type="checkbox"/> within arbitration limits (check one) <input type="checkbox"/> outside arbitration limits
Is this a <i>Class Action Suit</i> ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is this an <i>MDJ Appeal</i> ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Name of Plaintiff/Appellant's Attorney: <u>Brian V. Gorman</u>	
<input type="checkbox"/> Check here if you have no attorney (are a Self-Represented [Pro Se] Litigant)	

SECTION B

<p>Nature of the Case: Place an "X" to the left of the <u>ONE</u> case category that most accurately describes your PRIMARY CASE. If you are making more than one type of claim, check the one that you consider most important.</p>		
<p>TORT (do not include Mass Tort)</p> <input type="checkbox"/> Intentional <input type="checkbox"/> Malicious Prosecution <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Nuisance <input type="checkbox"/> Premises Liability <input type="checkbox"/> Product Liability (does not include mass tort) <input type="checkbox"/> Slander/Libel/ Defamation <input type="checkbox"/> Other: _____ _____	<p>CONTRACT (do not include Judgments)</p> <input type="checkbox"/> Buyer Plaintiff <input type="checkbox"/> Debt Collection: Credit Card <input type="checkbox"/> Debt Collection: Other _____ _____ <input type="checkbox"/> Employment Dispute: Discrimination <input type="checkbox"/> Employment Dispute: Other _____ _____ <input type="checkbox"/> Other: _____ _____	<p>CIVIL APPEALS</p> Administrative Agencies <input type="checkbox"/> Board of Assessment <input type="checkbox"/> Board of Elections <input type="checkbox"/> Dept. of Transportation <input type="checkbox"/> Statutory Appeal: Other _____ _____ <input checked="" type="checkbox"/> Zoning Board <input checked="" type="checkbox"/> Other: <u>Land Use Appeal</u> _____ _____
<p>MASS TORT</p> <input type="checkbox"/> Asbestos <input type="checkbox"/> Tobacco <input type="checkbox"/> Toxic Tort - DES <input type="checkbox"/> Toxic Tort - Implant <input type="checkbox"/> Toxic Waste <input type="checkbox"/> Other: _____ _____	<p>REAL PROPERTY</p> <input type="checkbox"/> Ejectment <input type="checkbox"/> Eminent Domain/Condemnation <input type="checkbox"/> Ground Rent <input type="checkbox"/> Landlord/Tenant Dispute <input type="checkbox"/> Mortgage Foreclosure: Residential <input type="checkbox"/> Mortgage Foreclosure: Commercial <input type="checkbox"/> Partition <input type="checkbox"/> Quiet Title <input type="checkbox"/> Other: _____ _____	<p>MISCELLANEOUS</p> <input type="checkbox"/> Common Law/Statutory Arbitration <input type="checkbox"/> Declaratory Judgment <input type="checkbox"/> Mandamus <input type="checkbox"/> Non-Domestic Relations <input type="checkbox"/> Restraining Order <input type="checkbox"/> Quo Warranto <input type="checkbox"/> Replevin <input type="checkbox"/> Other: _____ _____
<p>PROFESSIONAL LIABILITY</p> <input type="checkbox"/> Dental <input type="checkbox"/> Legal <input type="checkbox"/> Medical <input type="checkbox"/> Other Professional: _____ _____		

IN THE COURT OF COMMON PLEAS OF ALLEGHENY COUNTY, PENNSYLVANIA
CIVIL DIVISION

Ronald Yocca,

Appellant,

-vs-

Turtle Creek Zoning Hearing Board,

Appellee.

)
)
)
) No. SA-21-622
)
)
)
) TYPE OF PLEADING
) Land Use Appeal
)
)
) FILED ON BEHALF OF
) Appellant Ronald Yocca
)
) COUNSEL OF RECORD
) FOR THIS:
)
) Southwestern Pa. Legal Aid
)
) Brian V. Gorman
) 10 West Cherry Avenue
) Washington, PA 15301
)
) Pa. ID No. 84649
)
) Phone: (724) 225-6170
) Email: brian.gorman@splas.org

20210929 11:03

IN THE COURT OF COMMON PLEAS OF ALLEGHENY COUNTY, PENNSYLVANIA
CIVIL DIVISION

Ronald Yocca,)
)
Appellant,) No.
)
vs.)
)
Turtle Creek Zoning Hearing Board,)
)
Appellee.)

LAND USE APPEAL

AND NOW, pursuant to 53 P.S. 11001-A et seq., comes the Appellant, Ronald Yocca, by and through counsel, Brian V. Gorman and Southwestern Pennsylvania Legal Aid, who files this Land Use Appeal from a determination of the Turtle Creek Zoning Hearing Board, alleging the following in support thereof:


1. Appellant Ronald Yocca is the owner of a drug and alcohol recovery residence at 828 Maple Avenue, Turtle Creek, PA 15145.
2. The Turtle Creek Zoning Hearing Board hears zoning matters pursuant to the Municipalities Planning Code for Turtle Creek Borough, with administrative offices located at 125 Monroeville Avenue, Turtle Creek, PA 15145.
3. The residence at 828 Maple Avenue is a "My Brother's House," a 501(c)(3) organization that supports multiple Allegheny County drug and alcohol recovery residences for men.
4. My Brother's House in Turtle Creek houses up to seven (7) men in established recovery from drug and/or alcohol dependence, who live as a family unit in shared recovery and under the terms and conditions of My Brother's House, per Exhibit A.
5. People in recovery from drugs and/or alcohol dependence are disabled and therefore protected by applicable discrimination laws, including the Fair Housing Act. *City of Edmonds v. Oxford House, Inc.*, 115 S.Ct. 1776 (1995); *The City of Clairton, PA v. Zoning Hearing Board of Clairton and Cornerstone Residence, Inc., et al.*, 1757 C.D. 2019 (Cmwlth. Ct. 2021), citing *Lakeside Resort Enterprises, LP v. [Board of Supervisors] of Palmyra [Township]*, 455 F.3d 154, 156 n.5 (3d Cir. 2006).

6. Pursuant to Borough of Turtle Creek Ordinance 1069, an occupancy permit must be obtained for any change in occupancy, ownership, or use of any building.
7. On or about August 9, 2018, occupant Ed Marshall of 828 Maple Avenue applied for and was granted a certificate of occupancy for said residence, per Exhibit B.
8. On December 30, 2019, after the residence of up to seven (7) men was challenged, the undersigned counsel wrote to the Mayor and Police Chief and requested a reasonable accommodation under the Fair Housing Act, per Exhibit C.
9. On July 7, 2020, Turtle Creek Borough filed multiple non-traffic citations against Mr. Yocca, alleging ordinance and municipal violations.
10. By October 22, 2020 email attached as Exhibit D, the undersigned counsel forwarded the above-referenced December 30, 2019 letter to Nick Evashavik, Esquire, solicitor for Turtle Creek, and requested an accommodation under the Fair Housing Act.
11. Under the Fair Housing Act, the purpose of reasonable accommodations is to facilitate the integration of persons with disabilities into all communities. Where a reasonable accommodation is necessary to allow residents the same or equal opportunities given to individuals without disabilities – to enjoy the housing of their choice – the accommodation must be granted unless it imposes an undue financial and administrative burden, or hardship, on the borough, or it fundamentally alters the nature of the borough's zoning scheme. *Sharpvisions v. Borough of Plum*, 475 F. Supp. 514 (W.D. Pa. 2007).
12. On September 2, 2021, a hearing occurred by Magisterial District Judge Scott Schricker, who found Mr. Yocca guilty of two (2) of five (5) citations, which have been appealed and scheduled for a summary appeal hearing on March 15, 2022.
13. Mr. Yocca submitted a new occupancy application after said hearing, and after a November 18, 2021 hearing before the Turtle Creek Zoning Hearing Board, on November 26, 2021, it denied "a Special Exemption" to the Borough ordinances, per Exhibit E.
14. Turtle Creek Borough should have granted the reasonable accommodation requested on December 30, 2019 and October 22, 2020 so that My Brother's House could exist as a sober living residence for those recovering from alcohol and/or drugs.

15. The Turtle Creek Zoning Hearing Board should have granted My Brother's House at 828 Maple Avenue, Turtle Creek, PA an occupancy permit for up to seven (7) people, since they are persons protected under the Fair Housing Act who must be exempt from the applicable borough ordinances, under these facts and circumstances.
16. The accommodation or exemption should be granted under one or both of two bases, so long as it does not violate maximum occupancy restrictions: that the residents should be considered a family, or at least the equivalent of a family, so that their total number is inconsequential; and/or that the number capping unrelated occupants does not apply to them due to their protected status as people with disabilities.

WHEREFORE, Appellant Ronald Yocca respectfully requests that this Honorable Court enters an Order directing Turtle Creek Borough to grant occupancy to the residence in question.

Date: December 22, 2021



Brian V. Gorman
Attorney for Appellant



3706 5th Avenue
North Versailles, Pa 15137
(412)537-0145

Membership Agreement

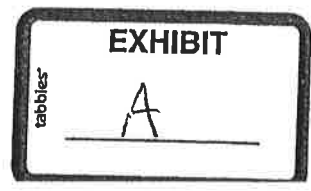
This agreement is between myself, _____ ("Member") and My Brother's House Recovery Services Inc. (MBHRS), and sets forth the terms under which I, the member, may continue to participate in services at, and be a member at the facility owned and operated at (address) _____.

1. My membership is day to day, and will be for a maximum of 1 year. (12 months), and may be renewed at the end of this time period. Also, if I violate any of the house rules, as they may change from time to time, if I don't pay any fees on time, or otherwise violate any of the requirements in this agreement, as determined by the staff of My Brother's House, I understand & agree that I will be asked to leave the facility, and property. Also, I agree to leave immediately if I am under the influence of drugs, or alcohol.
2. I agree to pay the following fee of, \$ 450.00 per month plus a one-time \$50.00 intake fee first month regardless if I am here for the entire month. After the first month you have the option to pay the entire \$450.00 for the month or to make weekly payments of \$125.00. Please note: if you decide to pay weekly you are paying more per month. This will be paid by or before the first of every month/week. This is to be paid to the proper My Brother's House Recover Home Manager at the facility that you are a member. I understand that no refunds will be given for any partial week whether you pay in advance.
3. In addition to my monthly membership fee, I agree to pay a one-time intake fee of \$50.00 (Fifty dollars and 00/100), which is due along with my first month's membership fee prior to starting at the facility. This membership fee or intake fee will not be refunded.
4. I understand that all fees must be paid on time in the following ways. **Cash or Money Order.** Payments are your responsibility to be paid on time or before the due date, if we have to remind you there will be a penalty fee and possible restrictions.

My Brother's House Mgr.: _____

Member: _____

My Brother's House Director: _____





3706 5th Avenue
North Versailles, Pa 15137
(412)537-0145

Application

APPLICATION PROCESS:

1. COMPLETE APPLICATION AND SUBMIT FORM
2. COMPLETE INTERVIEW WITH HOUSE MANAGER
3. IF ACCEPTED, ARRANGE TIME AND DATE OF ARRIVAL

Please note: An acceptance letter will be issued only after the completion of the above process.

* indicates required field

*Name: _____

*Email: _____

*Re-enter Email: _____

*Date of Birth: _____

*Phone #: _____

*Emergency Contact Name: _____

*Emergency Contact Phone Number: _____

MEDICAL INFORMATION

*What is your sobriety date? _____

*Drug of Choice: _____

*Which 12 step meetings do you attend?

AA

NA

CA

*Do you have any medical conditions?

Yes

No

If \"Yes\" please list: _____

*Are you taking any medications prescribed by a doctor?

Yes

No

If \"Yes\" please list: _____

RESIDENT INFORMATION

Do you have a sponsor?

Yes

No

Sponsor Name and Phone Number _____

*Are you involved in any legal action?

Yes

No

If \"Yes\" please explain:

*Are you required to register as a sex offender?

- Yes
- No

*Have you ever been convicted of arson?

- Yes
- No

*Have you ever been convicted of a felony?

- Yes
- No

If \"Yes\" how many? _____

*Are you currently on probation?

- Yes
- No

*Parole/Probation Officer Name: _____

*Parole/Probation Officer Phone: _____

*List any court-mandated treatment or any other requirements from parole, probation, or drug

Court: _____

Source of income: _____

Salary:

- Weekly
- Monthly

Referral Source (if any); _____

*Expected move in date: _____

IMPORTANT NOTICE:

My Brother's House Recovery Services Inc. is a recovery home which requires expulsion, without prior notice or refund of deposit and fees, of any resident member who is found to be:

1. Using alcohol or drugs
2. Engaging in disruptive behavior;
3. In default of payment of _____ Membership fees.

You do NOT have renter's rights or any rights of tenants pursuant to the Pennsylvania Property Code, and expressly waive any such rights in exchange for membership privileges.

I have read the above notice and understand that I am applying for membership of My Brother's House Recovery Services Inc. as a member of a sober home. I agree to abide by the responsibilities and requirements of the house and fully subject myself to the rules of the home, which include periodic/random drug testing. I understand that I am subject to immediate expulsion from the home if any of the following occur:

Initials _____

1. **I use alcohol or drugs (other than prescribed medications)**
2. **I engage in disruptive behavior (continued patterns of irresponsible behavior are considered disruptive behavior)**
3. **If I leave voluntarily at any time I am required to give a 30 day written notice to My Brother's House manager.**
4. **If any belongings are left behind you have 10 days to make arrangements with My Brothers House Management to pick up belongings at our main office.**
5. **I understand that no monies will be refunded.**
6. **By signing below, I certify that the information contained in this application is true. I have read and understand the My Brother's House Recovery Services Inc. rules and policies. I understand and accept the above conditions set forth for membership to My Brother's House, and agree to abide by said conditions should I be accepted as a member.**

Please check "Agree"

- Agree
- Not Agree

*Today's Date: _____

*Signature _____



3706 5th Avenue
North Versailles, Pa 15137
(412)537-0145

House Rules

1. Any use of alcohol or drugs is grounds for immediate expulsion. My Brother's House Recovery Services Inc. is based on the principals of 12 Step Programs. Members must obtain a verified sponsor & a home group within the first 30 days of membership. **Members are not allowed to leave premises for the first 30 days unless accompanied by a house monitor/chaperon.** Bring sponsor to the house to meet the House Manager. If you don't acquire one by the time period, you will be subject to consequences, to be determined by the House Manager.
2. No disruptive behavior is allowed. Any behavior detrimental to the serenity and recovery of any house members will not be tolerated. This includes threats, physical violence or any form of intimidation.
3. Stealing, destruction of property and violent behavior is cause for immediate expulsion. If it does not belong to you, do not use it or take it. If you damage the house, contents of the house, or another house member's property you will be expected to pay for it.
4. Absolutely no knives, weapons, or firearms of any kind are allowed on the property.
5. No one is allowed in another members' room unless invited, with the exception of My Brother's House Staff. Approved guests of a member are confined to the common areas and are **NOT** allowed in any of the bedrooms. **No overnight guests are allowed.** All guests must leave the premises by 10:00 p.m.

6. Curfew is 10:00 pm Sunday- Thursday, 12:00 am Friday and Saturday. Overnight passes must be approved in advance by the director. **No overnight pass will be authorized within the first 30 days of membership.** OVERNIGHT PASSES are earned. They will be approved only by the House Manager, and, or the owner. Only applies to persons off restrictions; has proper attitude, in good standings, has a sponsor and home group. Will be determined on a case by case basis. *Overnight Criteria and reasons for denial can be found at the bottom of the page.*
7. Members are responsible for the actions of their guests. It is your responsibility to make sure your guests follow the rules of the house. Remember, this is a group living home. If your guests are visiting frequently and/or for extended periods of times so as to become intrusive, your guest privileges may be suspended.
8. Do not disturb others!
9. No visitors that are actively using and absolutely no street prostitutes!

INT _____

10. Absolutely no sexual activity is permitted between members and/or guests.
11. Everyone is expected to sleep in their room. Sleeping or napping in the common areas is not permitted.
12. Within 30 days, all members are required to be working, attending school, or otherwise engaged in a wholesome activity. Members with unusual job requirements and /or schedules will be considered on a case by case basis and must have prior approval of staff. You must have job verification; **must provide location, job site visits as needed, phone numbers for boss and foreman.**
13. A telephone and television is available for use by all house members. Limit your time if other members are waiting to use these items.
14. Smoking or use of any tobacco product is **NOT** allowed in the house. Smoking and dipping are permitted in the designated areas **ONLY**. Back porch or outside of basement under porch.
15. If you are caught smoking in the house it will be a **\$50.00** fine for first offense. Second offense you will lose your privileges and be immediate release.
16. All members are required to complete daily and weekly chores as assigned. All members are required to clean up after themselves, keep their personal space neat and orderly, and maintain good personal hygiene.
17. Fees must be paid on time. Late payments are subject to fines.
18. Under no circumstances are you allowed to be in an establishment where Alcohol is sold to the general public. If you are with a group of people. and you want to eat there, you **MUST** ask permission from the House Manager.

19. Anyone on Parole/Probation must follow all of the terms of their Parole/Probation officer. Anyone who breaks the law while being a member at My Brother's House will be immediately released.
20. Gambling by members is strictly prohibited, that means any form of GAMBLING!
21. No pets are allowed inside or outside on the property at any time.
22. Any members who are on prescribed medications must take them on a regular basis as prescribed by your doctor. Failure to do so will result in immediate release.
23. When going to the emergency room, or a doctor, members is required to notify the attending physician that they CAN NOT take any narcotic medications. If members return to the house with a narcotic prescription they will be released immediately.
24. Members who are unemployed when they come to My Brother's House Recovery must be on a verifiable job search each day, Monday – Friday.
25. Chores are assigned each week by the House Manager. Chores are to be done on a daily basis, if this is not followed, the House Manager will hand out a warning, or a consequence to the members. If a pattern develops with a member not doing chores, they will be released.
 - A) If you use kitchen you must immediately clean after you're done.
 - B) You must keep clean bathroom when you are finished as well.
26. All rooms and the occupants of these rooms must be maintained in a neat orderly fashion. Laziness is not acceptable!
27. Profanity is frowned upon, so please try to curb your language. House Manager will remind you, but it is up to the members to strive to change this negative behavior.

INT _____

28. Weekly House meetings are mandatory unless previously approved by the House Manager.
29. You must attend 90 meetings in 90 days
30. FAILURE TO COMPLY WITH ANY OF THE HOUSE RULES will result in the loss of privileges, and, or immediate release.
31. Don't lend or borrow money.
32. We do drug and alcohol testing if we feel it is necessary, refusal is guilty!
33. If you are reminded too often to do house hold duties (leaving the lights on, doors unlocked, leaving air conditioning/fans on) a \$10 fee will be charged to you
34. Owners of My Brother's House Recovery Services Inc. are not responsible for any personal property lost, broken or stolen of current members or all their guests.
35. Owners of My Brother's House Recovery Services Inc. will not be liable for any personal injury on the property this includes current members and all their guests.

Overnight Criteria:

1-30 days – no overnights

31-60 days – 1 overnight

60-90 days 1 overnight and 1 weekend

90 days to 6 months – 1 overnight a week and 1 weekend a month

Overnight passes can be denied if:

- You are late on rent
- You have unpaid fines
- If you do not have 90 meetings in 90 days
- If you do not have a sponsor
- If you do not have a home group
- Habitual Negative Behavior:
 - Chores are not done
 - Not cleaning up after yourself
 - Not Following the house rules

All overnight visits must have verification to where you are going. Ex: wife, parents, significant other, etc. No friends' houses are permitted that use alcohol or drugs.

IMPORTANT NOTICE:

My Brother's House Recovery Services Inc. is a recovery home which requires expulsion, without prior notice or refund of deposit and fees, of any member who is found to be:

1. Using alcohol or drugs
2. Engaging in disruptive behavior;
3. In default of payment of _____ Membership fees.

You do NOT have renter's rights or any rights of tenants pursuant to the Pennsylvania Property Code, and expressly waive any such rights in exchange for membership privileges.

I have read the above notice and understand that I am applying for membership of My Brother's House Recovery Services Inc. as a member of a sober home. I agree to abide by the responsibilities and requirements of the house and fully subject myself to the rules of the home, which include periodic/random drug testing. I understand that I am subject to immediate expulsion from the home if any of the following occur:

INT _____

1. I use alcohol or drugs (other than prescribed medications that must be Approved by MBHRS).
2. I engage in disruptive behavior (continued patterns of irresponsible behavior are considered disruptive behavior)
3. If I leave voluntarily at any time I am required to give a 30 day written notice to My Brother's House Recovery Services Inc. manager.
4. If any belongings (including vehicles) are left behind you have 10 days to make arrangements with My Brothers House Management to pick up belongings at our main office.
5. I understand that no monies will be refunded.
6. By signing below, I certify that the information contained in this application is true. I have read and understand the My Brother's House Recovery Services Inc. rules and policies. I understand and accept the above conditions set forth for membership to My Brother's House Recovery Services Inc., and agree to abide by said conditions should I be accepted as a member.

As a condition of membership and continued participation in My Brother's House Recovery Services Inc., (MBHRS), Members agree to and authorizes search of their person, possessions, and automobile by MBHRS upon the request of MBHRS; and, Additionally, the authorization to search of their person, possessions, and automobile set forth in the previous paragraph shall be exercised upon reasonable request by law enforcement authorities; Member consents to My Brother's House Recovery Services Inc., (MBHRS), granting authorization for search; prior to the grant of such authorization, My Brother's House Recovery Services Inc., (MBHRS), shall, if practicable, notify Member; in the event that such notification is not practicable, My Brother's House Recovery Services Inc., (MBHRS), will notify Member as soon as possible after grant of authorization for search. By signing this, I agree to follow all of the Rules and Conditions.

Members Signature

Date

Witness Signature

Date



IF PHOTOGRAPHS AND Audio/ VIDEOS ARE BEING TAKEN, MEMBER MUST SIGN THIS ACKNOWLEDGEMENT FORM.

Name of Audio/Video and/or Photograph Subject:

Date: ____/____/____

I hereby provide my consent to have audio/ video and/or photographs taken of me or of parts of my body by videographer or photographer approved by My Brothers House Recovery Services Inc. ("MBHRS"). I acknowledge that MBHRS shall have sole ownership of copyright and all other intellectual property rights associated with the audio/ video and/or photograph and that I have no ownerships rights whatsoever in the audio/video and/or photograph as a matter of law, I hereby grant to MBHRS and its authorized representatives the exclusive, world-wide, perpetual right and permission to reproduce, use publish, create derivative works and distribute the audio/video and/or photographs, including images contained therein, in any form whatsoever including, but not limited to, audio/videos, slides, catalogs, advertisements, articles, magazines, brochures, and website owned and operated by or for MBHRS or its affiliates, and to use and/or disclose my name in conjunction therewith. I understand that MBHRS will not be in a position to, and is not committed or obligated to, attempt to prevent or control any redistribution of such audio/video, photographs or images by third parties receiving the aforementioned educational or promotional materials from MBHRS or nay third party. In addition, MBHRS is hereby permitted to publish my name along with the audio/video/photograph, including without limitation any accounts, testimonials, stories, statements, and/or personal or private facts, beliefs or information that I have communicated during or in connection with the photography/video taken on the date above.

I hereby waive any right to inspect or approve the finished audio/videos, photographs, or educational/promotional material that may be used by MBHRS in connection with this consent form.

I hereby release, discharge, and agree to hold harmless MBHRS and its parents and affiliates and the directors, officers and employees and agents of the foregoing, from and against: (1) any liability as a result of any distortion, blurring, or alteration that may occur in taking, processing, reproduction, publishing, or distribution of the finished product; (2) any and all claims, actions and demands of any nature, including, but not limited to, claims of libel, defamation, publication of private facts, misappropriation of name or likeness, right of publicity or invasion of privacy, arising out of or in connection with the exercise of MBHRS's rights hereunder; and (3) any liabilities arising out of redistribution or republishing of the audio/video, photograph, or related content by any unauthorized third party.

I hereby Warrant that I am competent to contract in my own name insofar as the above is concerned. A parent or guardian must sign this form if the individual photographed or audio/videotaped is under the age of 18.

I have read and understand this form, and any questions I've had have been answered to my satisfaction. I understand that I will not receive any remuneration, now or in the future, and I waive any claim to fame. I further understand and agree that this consent is perpetual with respect to products from the date stated above and may not be later revoked.

Member Signature: _____

Date: ____/____/____

Witness Signature: _____

Date: ____/____/____

The subject cannot consent because _____

Therefore, I consent on behalf of the subject.

Authorized Representative Signature: _____

Date: ____/____/____

BOROUGH OF TURTLE CREEK
125 Monroeville Avenue • Turtle Creek, PA 15145-1898
412-824-2500

Application for Occupancy Permit
Application must be accompanied by a fee of \$25.00 (Residential Permit)
Check made payable to Turtle Creek Borough.
Photo ID must be supplied at time of application.

DATE 8/10/18

OCCUPANCY PERMIT NO. 225-18

To the Municipal Authorities of the Borough of Turtle Creek:

I, We, hereby make application for a Certificate of Occupancy to be issued in accordance with the Ordinances of the Borough of Turtle Creek.

Name of Occupant ED MARSHALL Telephone No. 717.542-3634

Address of Occupant 828 MAPLE ST.

Name and Address of Owner of Property RACHEL ESTATES

Phone Number of Owner of Property 412-537-0145

"All Occupants Information (Must be completed or permit will be denied.)"

<u>Name</u>	<u>Age</u>	<u>Occupation</u>	<u>Employer</u>
<u>ED MARSHALL</u>	<u>64</u>	<u>CONTRACTOR</u>	

Date of Occupancy 8-9-18

I, We hereby apply for an Occupancy Permit to occupy the above described premises in Turtle Creek Borough.

I, We certify that the date supplied is true and correct. I understand owners will be billed for garbage collection, at a rate determined each year by Borough Council.

FAILURE TO FILE AN OCCUPANCY PERMIT WILL RESULT IN A CITATION BEING FILED.

Signed [Signature] Date 8-9-18

NO PURCHASER OR TENANT MAY OCCUPY ANY PREMISES UNTIL AN OCCUPANCY PERMIT IS ISSUED.	EXHIBIT <u>13</u>
--	-----------------------------

APPLICATION APPROVED [Signature]
[Signature]

Date 8-10-18

BOROUGH OF TURTLE CREEK
125 Monroeville Avenue • Turtle Creek, PA 15145-1898
412-824-2500

Application for Occupancy Permit
Application must be accompanied by a fee of \$25.00 (Residential Permit)
Check made payable to Turtle Creek Borough.
Photo ID must be supplied at time of application.

DATE _____ OCCUPANCY PERMIT NO. _____

To the Municipal Authorities of the Borough of Turtle Creek:

I, We, hereby make application for a Certificate of Occupancy to be issued in accordance with the Ordinances of the Borough of Turtle Creek.

Name of Occupant _____ Telephone No. _____

Address of Occupant _____

Name and Address of Owner of Property _____

Phone Number of Owner of Property _____

"All Occupants Information (Must be completed or permit will be denied.)"

<u>Name</u>	<u>Age</u>	<u>Occupation</u>	<u>Employer</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Date of Occupancy _____

I, We hereby apply for an Occupancy Permit to occupy the above described premises in Turtle Creek Borough.

I, We certify that the date supplied is true and correct. I understand owners will be billed for garbage collection, at a rate determined each year by Borough Council.

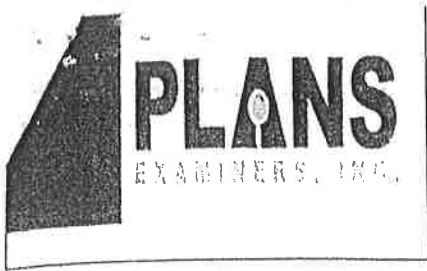
FAILURE TO FILE AN OCCUPANCY PERMIT WILL RESULT IN A CITATION BEING FILED.

Signed _____ Date _____

**NO PURCHASER OR TENANT MAY OCCUPY ANY PREMISES
UNTIL AN OCCUPANCY PERMIT IS ISSUED.**

APPLICATION APPROVED _____
(Signature)

Date _____



1000 Church Hill Road
 Suite 210
 Pittsburgh, PA 15205
 (412) 787-1510
 (412) 489-5957

Inspectors:

John Barnett	412-901-7390
Bill Martin	412-713-2909
Doug Foster	412-448-4906
Betsy Gray	412-787-1510
Carmen Delucia	412-292-7550
James Crawford	412-787-1510 x 120

Date Inspected: 11/10

Time Inspected: _____

INSPECTION REPORT

Residential

Commercial

Bldg. <input type="checkbox"/>	Ener. <input type="checkbox"/>	Fire Alarm <input type="checkbox"/>	Accessibility <input type="checkbox"/>	Rough-in <input type="checkbox"/>
Pibg <input type="checkbox"/>	Mech. <input type="checkbox"/>	Fire Inspection <input type="checkbox"/>	Foundation <input type="checkbox"/>	Phased <input type="checkbox"/>
Elec. <input type="checkbox"/>	Framg. <input type="checkbox"/>	Sprinkler Sys. <input type="checkbox"/>	Final <input type="checkbox"/>	

Location 12100

Street 12100

Jurisdiction 1100 Permit # _____

Bldr./Contractor _____ Registration # _____

*Violations of PA-UCC are as follows: _____

Notes: _____

Job # 12-17-057

Pass

Fail

Inspector Signature: [Signature] Certification #: 24554

* Please be advised that the above listed items have been found in violation, ALL ITEMS shall be corrected before re-inspection is made. Please note that 48 hours notice is required for scheduling of re-inspection.

Recd. By: _____ Date received: _____

Email Address _____



1000 Church Hill Road
Suite 210
Pittsburgh, PA 15205
(412) 787-1510
(412) 489-5957

Inspectors:

John Barnett 412-991-7399
Bill Marbn 412-713-2909
Doug Foster 412-448-4906
Betsy Gray 412-787-1510
Carmen Delucia 412-292-7550
James Crawford 412-787-1510 x 120

2 PAGES TO JANNET

Date Inspected _____

Time Inspected _____

INSPECTION REPORT

Residential

Commercial

Bldg
Plbg
Elec

Ener.
Mech.
Framg.

Fire Alarm
Fire Inspection
Sprinkler Sys

Accessibility
Foundation

Rough-in
Phased
Final

Location _____

Street _____

Jurisdiction _____

Permit # _____

Bldr./Contractor _____

Registration # _____

*Violations of PA-UCC are as follows: _____

Notes: _____

Job # 62-74007

Pass

Fail

Inspector Signature: [Signature]

Certification #: 10454

* Please be advised that the above listed items have been found in violation, ALL ITEMS shall be corrected before re-inspection is made. Please note that 48 hours notice is required for scheduling of re-inspection.

Recd. By: _____

Date received: _____

Email Address _____

BOROUGH OF TURTLE CREEK

Certificate of Occupancy

ISSUED TO

RACHEL ESTATES LLP

Address

828 Maple Street
Turtle Creek PA 15145

Lot & Block 455-L-140

Permitted Use

Single Family Residential

Applicant

Ron Yocca

Mailing Address

N/A

Occupancy Load

Occupancy Permit # 1119-18

Building Permit N/A

Occupancy Type single family residential

Zoning R-2

Date of Issuance 8-13-18

UCC Code 2009 International Property Maintenance Code

Construction Type Wood Frame

Inspection Date 8-10-18

This Placard is to certify that the above applicant has submitted application for certificate of occupancy and has paid the appropriate fees. Maintenance of a certificate of occupancy may require annual inspections of the premises for life, fire and health safety issues.

John P. Barnett
John Barnett #002957

Building Code Official

Southwestern Pennsylvania Legal Services, Inc.

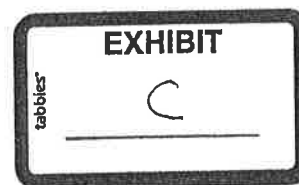
Serving Southwestern Pennsylvania Since 1968

WASHINGTON COUNTY	FAYETTE COUNTY	GREENE COUNTY	SOMERSET COUNTY
Central Office	45 East Main St	63 South Washington St	218 Kimberly Ave
10 West Cherry Ave	Suite 200	Waynesburg, PA 15370	Suite 101
Washington, PA 15301	Uniontown, PA 15401	Tel: 724-627-3127	Somerset, PA 15501
Tel: 724-225-6170	Tel: 724-439-3591	Fax: 724-852-4189	Tel: 814-443-4615
Fax: 724-250-1078	Fax: 724-439-6491		Fax: 814-444-0331

December 30, 2019

Chief Dale Kraeer
Mayor Kelley Kelley
Turtle Creek Borough
125 Monroeville Avenue
Turtle Creek, PA 15145-1898

Re: My Brother's House recovery home



Dear Chief Kraeer and Mayor Kelley:

I represent Ronald Yocca, owner of My Brother's House recovery homes and Rachel Estates, and I write to request that we meet to reach a mutual understanding about the occupancy of his residents at 828 Maple Street in Turtle Creek. We do not seek any contentiousness, but instead to be transparent about his recovery residence and to assure the borough that he has and will follow occupancy and zoning codes.

My Brother's House at 828 Maple Street is a four bedroom house with up to seven residents living together in shared drug and alcohol recovery. All residents are first screened by Mr. Yocca consistent with guidelines of the Pennsylvania Association of Recovery Residences (PARR) and based upon his decades of experience supporting the recovery community, and years of experiences with My Brother's House residences.

I have enclosed a copy of My Brother's House's Membership Agreement, which requires sobriety, engagement in a 12-step program, drug and alcohol testing where deemed necessary, and strict rules that promote ongoing recovery. While Mr. Yocca and My Brother's House tries to help those in recovery work through its difficulties, they maintain a rigid lifestyle for the best path to success.

Under the Fair Housing Act, those in recovery (i.e., sober) fall within the protected class of the disabled, and therefore exceptions must be made to accommodate that recognized disability. The United Supreme Court in *City of Edmonds v. Oxford House, Inc.* stated that, while "rules that cap the total number of occupants in order to prevent overcrowding of a dwelling 'plainly and unmistakably'... fall within (the Act's) absolute exemption from the FHA's governances; (but) rules designed to preserve the family character of a neighborhood, fastening on the composition of households rather than the total number of occupants living quarters can contain, do not." In that case, the Court struck down the City of Edmonds' prohibition against more than 5 unrelated people living in a home, where those people were in an Oxford (recovery) House.

Southwestern Pennsylvania Legal Services, Inc.

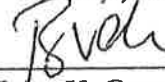
Serving Southwestern Pennsylvania Since 1968

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Washington, PA 15301	Uniontown, PA 15401	Tel: 724-627-3127	Somerset, PA 15501
Tel: 724-225-6170	Tel: 724-439-3591	Fax: 724-852-4189	Tel: 814-443-4615
Fax: 724-250-1078	Fax: 724-439-6491		Fax: 814-444-0331

Please let us know if you will meet with us so that we can answer any questions about his recovery residence and give assurances that it complies with the law, i.e., the Fair Housing Act and its application to local ordinances.

Please provide this to your solicitor in case he or she prefers to discuss this with me prior to a meeting. Thank you.

Very truly yours,



Brian V. Gorman
Executive Director
brian.gorman@splas.org

Encls.

Pc: Ronald Yocca (w/encls.)

Brian Gorman

From: Brian Gorman
Sent: Thursday, October 22, 2020 11:22 AM
To: nick@evashaviklaw.com
Subject: Turte Creek, Rachel Estates
Attachments: 7.3.20 Turtle Creek complaint.pdf; 12.30.19 letter to Turtle Creek.pdf

Nick:

Through our Fair Housing Law Center, we represent Ronald Yocca who owns Rachel Estates and their recovery houses, My Brother's Houses.

Rachel Estates has been cited at NT-377-2020 and NT 407-2020 for alleged ordinance violations, and the hearing before MDJ Schricker was continued to January 7 at 9:45.

Rachel Estates has now been cited again at NT 783-2020, with a hearing before MDJ Schricker at 9:45 on February 4.

The citations all allege that he has a group home without an occupancy permit, and Chief Kraeer and I talked at a recent appearance before MDJ Schricker that was continued to the January 7 date.

We agreed that I would contact you to discuss the matter, if possible. Can we talk next week, possibly Tuesday or Wednesday afternoon?

The residence is at 828 Maple Avenue, and I have attached one of the complaints.

A residential occupancy permit was obtained, and it is our position that it remains a residence that should be characterized as single family, not group home.

Under the Fair Housing Act, its occupants are people in recovery and therefore protected as disabled. Due to that, they live in a family setting and should not be subject to either group home requirements or any occupancy limits for non-family occupants, so long as they do not otherwise violate occupancy limits related to square footage.

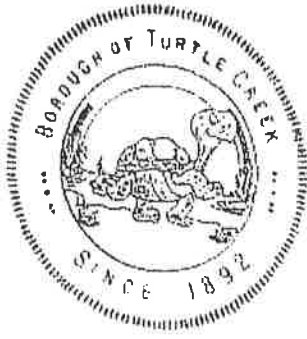
I have attached a letter sent to the Mayor and Chief last December after a similar citation was dismissed and MDJ Schricker asked me to try to work this out with the borough.

Ron is not interested in litigation and would be open with the borough about any questions.

If you are handling this matter to any extent, I look forward to speaking with you. Thank you.

Brian V. Gorman
Southwestern Pennsylvania Legal Services
Executive Director
10 West Cherry Avenue
Washington, PA 15301
(724) 884-2782
(724) 250-1078 fax





BOROUGH OF TURTLE CREEK

125 MONROEVILLE AVENUE, TURTLE CREEK, PENNSYLVANIA 15145-1898

Phone: (412) 824-2500 Fax: (412) 824-1642

NICK BIANCHI
Council President

KELLEY KELLEY
Mayor

November 26, 2021

Ronald Yocca
(My Brother's House)
3706 E. Fifth Avenue
North Versailles, PA 15137

Turtle Creek Zoning Hearing Board
Hearing Date: November 18, 2021
Property: 828 Maple Avenue

Decision of the Board

The Decision of the Board is as follows:

The Board denies a Special Exemption to Ordinance #932 and #1083 to operate a Residential Recovery House at 828 Maple Avenue in Turtle Creek.

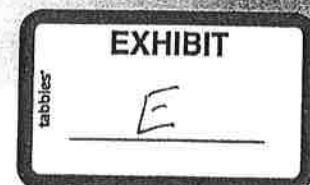
For reasons not meeting Zoning Ordinances:

1. Zoning Ordinance #932 & #1083
2. Zoning Ordinance #932 Sections #306.1, #306.6 and #306.2.
3. No Exit on 2nd Floor for persons to exit in an emergency.

For the Board,
Frank Buchholz
Zoning Board Chairman

Within 30 days an appeal can be made at the Common Pleas Court of Allegheny County.

FB/jlp



IN THE COURT OF COMMON PLEAS OF ALLEGHENY COUNTY, PENNSYLVANIA
CIVIL DIVISION

Ronald Yocca,)
)
 Appellant,) No.)
)
 vs.)
)
 Turtle Creek Zoning Hearing Board,)
)
 Appellee.)

ORDER

AND NOW, this _____ day of _____, 202__, it is hereby ORDERED that a hearing shall occur on the _____ day of _____, 2022 at _____ a.m./p.m. in Courtroom _____ of the City-County Building, ____ floor, 414 Grant Street, Pittsburgh, PA 15219, before the undersigned.

BY THE COURT,

_____, J.
JUDGE