

For office use only:

P&Z HTE# \_\_\_\_\_

**Zoning Compliance Permit Application**  
**Group Home/Family Care Home**

(Please print clearly)

**APPLICANT INFORMATION**

Applicant name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_ Zip \_\_\_\_\_

Contact Information: Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

**(All correspondence will be emailed to this address unless otherwise requested.)**

**FACILITY INFORMATION**

Facility Type:  Family Care Home  Group Home

Name of Facility: \_\_\_\_\_

Property Address: \_\_\_\_\_

Maximum Number of Residents: \_\_\_\_\_ Number of On-Site Parking Spaces: \_\_\_\_\_

**Attach Plot Plan** showing location of residence, and location and number of on-site parking spaces

**Nearest existing Family Care Home or Group Home with 4 or more residents** (Contact Planning Department staff at (919) 460-4046 to obtain information needed to complete this section.)

Facility Name \_\_\_\_\_

Address \_\_\_\_\_

Located within ¼ mile (1,320 feet) of proposed facility?  Yes  No

**For Family Care Home only: Attach copy of applicable license application** from NC Dept. of Health and Human Services

I hereby certify that I am making application for myself and that the statements given are true to the best of my knowledge. I understand that failure to address any item listed on this application shall result in the application being returned to me for revision and resubmission.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of property owner, if different from above

\_\_\_\_\_  
Date

