

ALL YELLOW AREAS MUST BE COMPLETED **CITY OF CHARLOTTE**
APPLICATION FOR ZONING USE PERMIT

PRESS FIRMLY

LOCATION / OWNER	STREET # (N,S,E,W) STREET NAME (AV,RD,ST, etc)			PERMIT #		
	SUITE/UNIT(S):		TAX PARCEL #		PROJECT #	
	PROPERTY OWNER ADDRESS			ADDRESS		
	CITY STATE ZIP PHONE #		CITY STATE ZIP PHONE #			
ZONING	APPLICANT'S NAME / CONTRACTOR ADDRESS			ADDRESS		
	CITY STATE ZIP PHONE #		CITY STATE ZIP PHONE #			
	CONTRACTOR ACCOUNT #		PLACARD ISSUED: <input type="checkbox"/> No <input type="checkbox"/> Yes		TOTAL FEE \$	
	PREVIOUS USE			INTENDED USE		
INTENDED USE	BUSINESS NAME					
	ZONING: _____ BUILDING DIMENSIONS: WIDTH _____ x DEPTH _____ HEIGHT _____ MINIMUM SETBACKS: FRONT _____ LEFT SIDE _____ RIGHT SIDE _____ REAR _____ REQ. PARK'G _____ LAND AREA / ACRAGE (sq. ft.) _____ SWIM BUFFER: <input type="checkbox"/> No <input type="checkbox"/> Yes HOLD REQUIRED: <input type="checkbox"/> No <input type="checkbox"/> Yes WATERSHED: <input type="checkbox"/> No <input type="checkbox"/> Yes SURVEY REQUIRED: <input type="checkbox"/> No <input type="checkbox"/> Yes TREE SAVE: <input type="checkbox"/> No <input type="checkbox"/> Yes REMARKS / CODE SECTION: _____					
	PERMITTED INTENDED USE					
	<input type="checkbox"/> ABC INSPECTION - USE _____ ABC INSPECTION - FOR RESTAURANT USE ACCESSORY STRUCTURE (15.6) _____ (MUST ADD DIMENSIONS ABOVE) ADULT CARE HOME ADULT ELECTRONIC GAMING ESTABLISHMENT ALTERNATIVE CORRECTIONAL FACILITY AUCTION / ARTS & CRAFTS / FAIRS / PLANT SALES/ FLEA MARKETS / RUMMAGE SALES BED & BREAKFAST CHILD CARE CENTER IN RESIDENCE (6-12 CHILDREN) - (15.6 C) FAMILY CHILDCARE HOME (1-8 CHILDREN) - (15.6 B) GROUP HOME - (15.4 - UU) LANDFILL AND CLEARING & INERT DEBRIS - (15.3 BBB) LAND USE			MOBILE CAR WASH (TEMPORARY - UP TO 90 DAYS) MOBILE FARMER'S MARKET MOBILE FOOD VENDOR - (15.5 B) MOBILE RETAIL VENDOR - (15.5 C) OUTDOOR ENTERTAINMENT (100 FT SEPARATION FROM N1 PLACE TYPE) PRIVATE STABLES - (15.5 L) ROOMING HOUSE - (15.5 M) SALES ASSOCIATED WITH A HOLIDAY TEMPORARY CONSTRUCTION TRAILER TEMPORARY CONTRACTOR'S OFFICE / CONTRACTOR'S YARD (15.5 E) TEMPORARY OUTDOOR ENTERTAINMENT - (15.5 F) TEMP. OUTDOOR SALES (14 DAYS CONSIGNMENT) - (15.5 C) TEMPORARY OUTDOOR SALES (UP TO 90 DAYS) - (15.5 G) TEMPORARY OUTDOOR STORAGE CONTAINER - (15.5 H) OTHER _____		

THE UNDERSIGNED HEREBY CERTIFIES THAT HE/SHE IS EITHER THE OWNER OR THE AUTHORIZED AGENT OF THE OWNER AND HEREBY MAKES APPLICATION FOR PERMIT AND INSPECTION OF WORK DESCRIBED AND AGREES TO COMPLY WITH ALL APPLICABLE LAWS REGULATING THE WORK.

APPROVAL MAY BE REQUIRED FROM OTHER AGENCIES PRIOR TO ISSUING A PERMIT. THIS PERMIT WILL EXPIRE IF WORK HAS NOT STARTED AND INSPECTED WITHIN 6 MONTHS, OR IF WORK HAS BEEN DISCONTINUED FOR A PERIOD OF 12 MONTHS. A SEPARATE PERMIT WILL BE REQUIRED FOR SIGNS ERECTED, IF APPLICABLE. NO REFUNDS WILL BE PROCESSED AFTER ISSUANCE OF THIS PERMIT.

APPLICANT'S SIGNATURE	DATE	PRINT APPLICANT'S NAME
METHOD OF PAYMENT <input type="checkbox"/> CARD /CHECK <input type="checkbox"/> ACCOUNT		
		APPROVED BY / DATE
EMERALD RQ # _____		

Make checks payable to:
 CITY OF CHARLOTTE
 C/O Planning - Zoning & Permitting Division
 2145 Suttle Avenue
 Charlotte, NC 28208

ORIGINAL-White INSPECTOR-Blue CUSTOMER-Yellow



CHARLOTTE PLANNING, DESIGN & DEVELOPMENT DEPARTMENT
ZONING ADMINISTRATION- PERMITTING

ZONING COMPLIANCE LETTER FOR GROUP HOMES & ADULT CARE HOME/CENTER

(Customer to complete all areas in yellow. Zoning Staff to complete all areas in gray)

ADULT CARE CENTER/HOME GROUP HOME (includes all locations where clients reside in the home)

Location: _____ Parcel ID# _____ Zoning District: _____ Operator
of the Adult Care Center/Home or Group Home: _____

Property Owner (if different from Operator): _____

Name of Adult Care Center/Home or Group Home: _____

Will Clients or Individuals Live, Sleep, or Dwell at this location? YES NO. (If yes, permit as a Group Home)

Group Home meets 800 foot separation requirements as prescribed in 15.6 B? YES NO

Number of shifts and hours of operation: _____ Will clients/residents receive
medical services requiring or comparable to on-site, nursing, physician, or medical care? YES NO

Number of clients/residents? _____ Number of bedrooms for client/resident use? _____

Is this location receiving a License from the State of North Carolina? YES NO License# _____ State

Agency regulating this location? _____

State Agency Contact Person: _____ Phone # _____

City of Charlotte Zoning Ordinance requirements for Adult Care Home/Center and Group Homes:

Adult care center: A facility where an individual, agency, or organization provides supervision or care for more than six adults in a place other than their usual place of abode.

Adult care home: A facility run by an individual residing in a single-family dwelling where housing management provides 24 hour scheduled and unscheduled personal care services care for no more than six adults.

Group home: Group home means a "Family Care Home" as defined in N.C.G.S § 160D-907. A group home is a home with support and supervisory personnel that provides room and board, personal care, and habilitation services in a family environment for not more than six resident persons with disabilities. Person with disabilities are defined as a person with a temporary or permanent physical, emotional, or mental disability, including, but not limited to, an intellectual or other developmental disability, cerebral palsy, epilepsy, autism, hearing and sight impairments, emotional disturbances, and orthopedic impairments but not including persons with a mental illness who are dangerous to others as defined in G.S. 122C-3(11)b. In addition, a group home also means a residential use, even if it does not conform to the language above, that provides a residential environment which may require various services, living assistance, or supervision but does not include any facility that provides medical services requiring or comparable to on-site, nursing, physician, or medical care for the occupants which is only permitted in a dependent living facility or healthcare institution.

15.4 PRINCIPAL USES: PRESCRIBED CONDITIONS

A. Adult Care Center

1. An adult care center shall be licensed by the North Carolina Department of Health and Human Service.

UU. Group Home

1. A zoning use permit is required.
2. A group home is subject to the standards for a single-family dwelling unless modified by this section.

- 3. Group homes shall be licensed by the state.
- 4. Group homes in the Neighborhood 1 Zoning Districts shall be limited to a maximum of six residents. Group homes in all other zoning districts shall be limited to ten residents.
- 5. New group homes shall be separated from existing group homes in an Neighborhood 1 Place Type by a distance of 800 feet. This standard does not apply in circumstances when the sites are separated by a major thoroughfare, major topographical feature such as a major stream floodway, or by major nonresidential or public uses such as a public park, educational facility, place of worship, or commercial area.

15.6 ACCESSORY USES: PRESCRIBED CONDITIONS

B. Adult Care Home

- 1. A zoning use permit is required.
- 2. An adult care home is subject to the standards for a single-family dwelling unless modified by this section.
- 3. An adult care home shall be licensed by the North Carolina Department of Health and Human Services.
- 4. New adult care homes in an Neighborhood 1 Zoning District shall be separated from any existing adult care homes by a distance of 800 feet. This standard does not apply when the sites are separated by an arterial, Limited Access road, Parkway, Boulevard, or Avenue or a major topographical feature such as a major stream floodway.

_____	_____	_____	_____
<i>(Signature of Operator)</i>	<i>(Print Name)</i>	<i>(Date)</i>	<i>(Phone Number)</i>

_____	_____	_____	_____
<i>(Signature of Property Owner, If different than Operator)</i>	<i>(Print Name)</i>	<i>(Date)</i>	<i>(Phone Number)</i>

If you are not the owner of this property, we will need the owner to give permission for this action by having his/her signature notarized.

IN WITNESS WHEREOF, I have hereunto set my hand and seal on this _____ day of _____ 20_____.

Owner

Address

Witness:

Notary Public

Date

My commission expires: _____

FINAL ZONING APPROVAL: A zoning inspection for the above listed location has been completed and the applicant has met all zoning regulations to operate an Adult Care Home/Center or Group Home as permitted.

_____	_____	_____
<i>Zoning Inspector</i>	<i>Date</i>	<i>Phone</i>



MECKLENBURG COUNTY
Land Use and Environmental Service Agency

Date: _____

Phone # (where we can reach you) _____

Name: _____

Address: _____

CARD EXP DATE: _____

Printed Name: _____

Signature: _____

(Choose one only)

I, _____, give Mecklenburg County Revenue Collection Department permission to charge \$ _____, To my (Visa/MC/Discover) _____ for payment to the following Acct # _____.

I, _____, give Mecklenburg County Revenue Collection Department permission to charge \$, To my (Visa/MC/Discover) _____ for payment of estimated upfront fees for Project # _____.

PLEASE DO NOT WRITE CREDIT CARD NUMBER
ON THIS FORM

PEOPLE PRIDE PROGRESS PARTNERSHIPS
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Luesa-sf@mecklenburgcountync.gov