

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 #		
APPLICANT'S NAME / CONTRACTOR ADDRESS			ADDRESS			
CITY	STATE	ZIP	PHONE #			
CONTRACTOR ACCOUNT #		PLACARD ISSUED: <input type="checkbox"/> No <input type="checkbox"/> Yes		TOTAL FEE \$		
PREVIOUS USE			INTENDED USE			
BUSINESS NAME						
ZONING	ZONING:		BUILDING DIMENSIONS: WIDTH		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:						
INTENDED USE	PERMITTED INTENDED USE					
	<input type="checkbox"/> ABC INSPECTION - USE	MOBILE CAR WASH(TEMPORARY - UP TO 90 DAYS)	MOBILE FARMER'S MARKET			
	ABC INSPECTION - FOR RESTAURANT USE	MOBILE FOOD VENDOR - (15.5 B)	MOBILE RETAILVENDOR - (15.5 C)			
	ACCESSORY STRUCTURE (15.6) (MUST ADD DIMENSIONS ABOVE)	OUTDOOR ENTERTAINMENT (100 FT SEPRATION FROM N1 PLACE TYPE)	PRIVATE STABLES - (15.5 L)			
ADULT CARE HOME	ROOMING HOUSE - (15.5 M)	SALES ASSOCIATED WITH A HOLIDAY				
ADULT ELECTRONIC GAMING ESTABLISHMENT	TEMPORARY CONSTRUCTION TRAILER	TEMPORARY CONTRACTOR'S OFFICE / CONTRACTOR'S YARD (15.5 E)				
ALTERNATIVE CORRECTIONAL FACILITY	TEMPORARY OUTDOOR ENTERTAINMENT - (15.5 F)	TEMP. OUTDOOR SALES (14 DAYS CONSIGNMENT) - (15.5 C)				
AUCTION / ARTS & CRAFTS / FAIRS / PLANT SALES/ FLEA MARKETS / RUMMAGE SALES	TEMPORARY OUTDOOR SALES (UP TO 90 DAYS) - (15.5 G)	TEMPORARY OUTDOOR STORAGE CONTAINER - (15.5 H)				
BED& BREAKFAST	OTHER					
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						

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		APPROVED BY / DATE	
<input type="checkbox"/> CARD /CHECK <input type="checkbox"/> ACCOUNT		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

COMPLIANCE LETTER FOR CHILDCARE CENTER IN RESIDENCE

A facility run by an individual who resides in a single-family residence that provides supervision or care on a regular basis in the individual's home for children who are not related by blood or marriage, and are not the legal wards or foster children of the supervising adult. Family Childcare Homes must be licensed by the North Carolina Department of Health and Human Services. The facility may be established as an accessory use to a single-family detached dwelling unit, in compliance with Article 15.6 of the Unified Development Ordinance (UDO).

Location: _____ Parcel ID# _____

Family Childcare Home Operator: _____

Property Owner (if different from Operator): _____

Name of Family Childcare Home: _____

Number of shifts and hours of operation: _____

INSPECTION CHECKLIST

1. A zoning use permit is required.
2. Childcare centers in residence are subject to the standards for a single-family dwelling unless modified by this section.
3. A single-family dwelling containing a childcare center in residence shall be the primary residence of the operator/primary caregiver.
4. New childcare center in residence shall be separated from existing family childcare homes and existing childcare center in residence in a Neighborhood 1 Place Type by a distance of 400 feet. This does not include childcare centers operating as part of a place of worship.
5. Outdoor play space and play equipment shall be located to the rear of the principal structure.
6. A childcare center in residence shall be limited to a maximum of two employees that reside outside of the residence at any one time.
7. The operator's children are not included in the count of the number of children allowed.

Applicant has made application for a Zoning Use Permit and is eligible to receive zoning compliance for a Childcare Center in Residence with _____ to _____ children located at the above physical address. A final zoning inspection will be scheduled after the applicant returns this form completed by the North Carolina Division of Child Development. All applicants must return this supplemental application form signed and dated by a representative of the North Carolina Division of Child Development assigned to your application prior to final zoning approval. _____ If checked here, I acknowledge that my program does not meet the definition of child care as defined by North Carolina General Statute 110-86(2) and (3) and is not required to be licensed by the Division of Child Development and Early Education.

I, the undersigned, have read the above requirements and understand that I must comply in order to be permitted for a Childcare Center in Residence

(Signature of Operator) _____
(Print Name) _____
(Date)

(Signature of Property Owner,
If different than Operator) _____
(Print Name) _____
(Date)

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: _____

VERIFICATION

Applicant listed above has submitted an application to the North Carolina Division of Child Development to operate a Childcare Center in Residence and is eligible to be approved to receive a license for the above requested use.

North Carolina Division of Child Development *Date* *Phone*

FINAL ZONING APPROVAL: A zoning inspection for the above listed location has been completed and the applicant has met all zoning regulations to operate a Childcare Center in Residence as permitted.

Zoning Inspector *Date* *Phone*



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
2145 Suttle Avenue Charlotte, North Carolina 28208-5237 (980) 314-2633 Fax (877) 289-9718
Luesa-sf@mecklenburgcountync.gov