

Group Home Application

Office Use - Application 10

Application #: _____

Date: _____

Group Home Address _____

Name of Organization Managing Group Home: _____

Address _____

City _____ State _____ Zip _____ Phone _____

Property Owner Name: _____

Address _____

City _____ State _____ Zip _____ Phone _____

Please Check the Applicable Group Home

- FAMILY GROUP HOME A.** A transitional housing facility with support and supervisory personnel licensed by the State of North Carolina or operated by a nonprofit corporation chartered pursuant to Chapter 55A, North Carolina General Statutes, which provides room and board, personal care and rehabilitation services in a supportive family environment for not more than six (6) residents, exclusive of supervisory personnel, including but not limited to, handicapped persons, older adults, foster children, abused individuals, homeless persons, and those recovering from drug or alcohol abuse. This use shall include Family Care Homes, as defined in North Carolina General Statute 168-21. This use shall not serve primarily as an alternative to incarceration, shall not include individuals who are dangerous to others, as defined in North Carolina General Statute 122C3-(11)b, and shall not include persons living together as a fraternal, sororal, social, honorary, or professional organization.
- FAMILY GROUP HOME B.** A transitional housing facility with support and supervisory personnel licensed by the State of North Carolina or operated by a nonprofit corporation chartered pursuant to Chapter 55A, North Carolina General Statutes, which provides room and board, personal care and rehabilitation services in a supportive family environment for not more than twelve (12) residents, exclusive of supervisory personnel, including but not limited to, handicapped persons, older adults, foster children, abused individuals, homeless persons, and those recovering from drug or alcohol abuse. This use shall not serve primarily as an alternative to incarceration, shall not include individuals who are dangerous to others, as defined in North Carolina General Statute 122C3-(11)b, and shall not include persons living together as a fraternal, sororal, social, honorary, or professional organization.
- FAMILY GROUP HOME C.** A transitional housing facility with support and supervisory personnel licensed by the State of North Carolina or operated by a nonprofit corporation chartered pursuant to Chapter 55A, North Carolina General Statutes, which provides room and board, personal care and rehabilitation services in a supportive family environment for not more than twenty (20) residents, exclusive of supervisory personnel, including but not limited to, handicapped persons, older adults, foster children, abused individuals, homeless persons, and those recovering from drug or alcohol abuse. This use shall not serve primarily as an alternative to incarceration, shall not include individuals who are dangerous to others, as defined in North Carolina General Statute 122C3-(11)b, and shall not include persons living together as a fraternal, sororal, social, honorary, or professional organization.

Continued on Page 2

Building Improvements: Will the Group Home be making any changes to the following?

CIRCLE ANY THAT APPLY

Building Electrical Mechanical Plumbing Fire System

- If yes to any of the above, please give details of all changes planned. Separate plans, reviews, inspections, approvals may be required prior to issuance of a permit.

Submittal Requirements

- Site Plan:** An aerial photo or site plan showing building(s) parking.
- State Licensed:** Yes ____ No ____
 - **Management Plan:** If not State licensed, the Family Group Home A or B shall have written operating procedures or manuals, established goals and objectives for persons receiving therapy or treatment, a structured system of management with a Board of Directors, and on-premises management/supervisory personnel.

Signature of Applicant

Date

Print Name: _____

Continued on Page 3

TOWN STAFF SECTION

PIN# _____

Zoning District: _____

Permitted Use(s): _____

Overlay: ___ Yes ___ No

Special Use Dist. ___ Yes ___ No **K#** _____

Group Home A & B

- MINIMUM LOT AREA** - In RM Districts, the minimum lot area of a Family Group Home B shall be determined based on the minimum lot area required for a two unit dwelling in the district, as shown in Table 3.3. **Compliance** ___ Yes ___ No ___ NA
- SPACING REQUIREMENT** - A Family Group Home A or B may not be located within a distance of one-half mile from another Family Group Home A or B or a Family Group Home C. All measurements shall be made by drawing straight lines from the nearest point of the lot line where the proposed Family Group Home is to be located to the nearest point of the lot line of another Family Group Home. **Compliance** ___ Yes ___ No

Group Home C

- MINIMUM LOT AREA** - In RM-12, RM-18, and RM-U Districts, the minimum lot area shall be based on Table 3.3 with four (4) residents equal to one dwelling unit. In the IP District, the minimum lot area shall be calculated in the same manner based on the requirements of the RM-8 District. **Compliance** ___ Yes ___ No ___ NA
- HEATED BUILDING AREA** - One hundred (100) square feet of heated building shall be provided per resident. **Compliance** ___ Yes ___ No
- SPACING REQUIREMENT** - A Family Group Home C may not be located within a distance of two thousand five hundred (2,500) feet from any other Family Group Home C. All measurements shall be made by drawing straight lines from the nearest point of the lot line where the proposed Family Group Home is to be located to the nearest point of the lot line of another Family Group Home. **Compliance** ___ Yes ___ No
- ADDITIONAL SPACING REQUIREMENT** - A Family Group Home C may not be located within a distance of one-half mile from another Family Group Home A or B. All measurements shall be made by drawing straight lines from the nearest point of the lot line where the proposed Family Group Home is to be located to the nearest point of the lot line of another Family Group Home. **Compliance** ___ Yes ___ No

Parking 3-3.2 (Table 3.8)

Family Group Home A	2 spaces
Family Group Home B	1 space per 3 residents
Family Group Home C	1 space per 4 residents

Parking ___ Yes ___ No

Approval: ___ Yes ___ No **Initials:** _____ **Date:** _____

Condition(s) of Approval:
