

Homestay Application

Zoning Permit

Development Services Customer Service Center • One Exchange Plaza, Suite 400 | Raleigh, NC 27601 | 919-996-2500

Litchford Road Satellite Office • 8320 Litchford Road, Suite 130 | Raleigh, NC 27615 | 919-996-4200

This form is required when seeking approval for a homestay use as referenced in Unified Development Ordinance Section 6.4.6.E. Please submit this form with all required supplemental documents to the Development Services Department.

OFFICE USE ONLY	Case #:	Assigned reviewer:
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DWELLING INFORMATION	SITE + BUILDING INFORMATION
Wake Co. tax account #: (issued by Wake County Dept. of Tax Administration)	Zoning district(s):
# of bedrooms in dwelling:	Overlay district(s):
# of Homestay guest rooms:	Is the property inside city limits? ☐ Yes ☐ No
# of property owners within 100 feet:	Existing use (UDO 6.1.4):
	Existing building square footage:

GENERAL INFORMATION	
Homestay operator name:	Date:
Homestay operator address:	
Homestay operator phone #:	Homestay operator email:
Homestay address:	
Property owner name:	
Property owner phone #:	Property owner email:

REQUIRED SUPPORTING DOCUMENTATION
This information must be submitted for the homestay application to be accepted for processing.
☐ Signed Owner's Affidavit ☐ Proof of residency for person specified as the Homestay Operator (Ex: voter registration, DMV issued license/ID, vehicle registration/insurance, public school registration) ☐ Floor plan for each floor of the homestay structure. The floor plan must include the following information: ☐ Show all heated floor area of the home or building ☐ Label each room's function ☐ All doors and windows, with egress windows clearly identified for the homestay area. ☐ Indicate area to be utilized for homestay guests ☐ Smoke detectors must be located within each of the homestay bedroom(s) and shown on the floor plan. ☐ Carbon Monoxide detectors must be shown and labeled. ☐ Show dimensions and total square footage of all rooms in the homestay area. ☐ Label all cooking facilities

ACKNOWLEDGEMENT OF STANDARDS

Checking the following items affirms that the proposed homestay will comply with all listed items.

- ☐ The dwelling unit will be occupied by a full-time resident homestay operator who is domiciled at the property.
- ☐ The full-time resident homestay operator will be present for the entire time that a homestay lodger is staying at the property. The resident homestay operator will not stay elsewhere overnight while homestay lodgers are present. Temporary day-time absences related to normal residential activity are allowed.
- ☐ Homestay lodgers will not be provided lodging accommodations for a period exceeding 30 days.
- ☐ In a residential zoning district, the number of overnight guests will not exceed 2 adults and their minor children.
- ☐ There will be no cooking facilities in any homestay bedroom, or exclusive homestay area. (Cooking facilities include any refrigerator in excess of seven cubic feet; any stovetop range that operates on 220-volt electric service; any appliance that operates on natural gas; or any cooktop, whether integrated into a countertop or a separate appliance, which contains more than two cooking surfaces or burners.)
- ☐ Smoke detectors will be located within each homestay bedroom.
- ☐ There will be carbon monoxide detecting equipment installed to meet State and local laws.
- ☐ There will be no external advertising.
- ☐ No activities other than lodging will be provided on the premises. In residential zoning districts, homestay lodgers shall not utilize the premises for holding special events or gatherings.
- ☐ The homestay operator will maintain for a period of three (3) years a list of all homestay lodgers staying at the residence.

SIGNATURE BLOCK

In filing this application as the property owner(s), I/we do hereby agree and firmly bind ourselves, and the homestay operator to the regulations associated with Homestay Zoning Permits as specified by the City of Raleigh.

I hereby designate _____ to serve as my agent regarding this application, to receive and respond to administrative comments, to resubmit information on my behalf, and to represent me in any public meeting regarding this application.

I/we have read, acknowledge, and affirm that this project is conforming to all application requirements applicable with the proposed use. I acknowledge that this application is subject to the filing calendar and submittal policy, which states applications will expire after 180 days of inactivity. I further acknowledge my understanding that in order to continue to lawfully operate a Homestay my permit must be renewed annually.

Signature:

Date:

Printed Name: