

Special Care Facility Application

Zoning Permit

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



Please provide a completed application and supplemental information at the time of submittal. A Special Care Facility must meet the requirements of Section 6.2.3.D of the Unified Development Ordinance (UDO) and all relevant standards and requirements of the UDO. All fields must be completed, if a field is not applicable, please indicate "N/A". Please email a PDF of the completed Special Care Facility Application packet and required support documentation to ZoningPermits@raleighnc.gov.

APPLICANT INFORMATION		
Applicant (if different from owner):		Date:
If an LLC, provide the name of person(s) authorized to sign on behalf of the LLC:		
Address:		
City:	State:	Zip Code:
Phone #:	Email:	
PROPERTY OWNER INFORMATION		
Property owner name:		
If an LLC, provide the name of person(s) authorized to sign on behalf of the LLC:		
Address:		
City:	State:	Zip Code:
Phone #:	Email:	
SPECIAL CARE FACILITY INFORMATION		
Address of proposed Special Care Facility:		
Property Identification Number (PIN #):		
A Special Use Permit from the Board of Adjustment is required in advance if applying, if in a residential area zoned (R-1, R-2, R-4, R-6, R-10, or RX). Provide the Board of Adjustment case number and approval date.		
Case #:	Approval Date:	
Total number of enrollees:	Total number of employees:	Total number of off-street parking spaces provided:
_____	_____	_____
REQUIRED SUPPORT DOCUMENTATION		
The following info must be submitted with this application to be accepted for processing.		
Supplemental plan - Scaled site plan drawing of the property showing the following: property lines, parking, driveways, structures, and other features.		
Copy of the lease agreement or contract to purchase the property. The facility must be opened within six (6) months of the zoning permit approval or location will be released and applicant must reapply.		
REQUIRED AFFIRMATIONS		
I affirm that the Special Care Facility is not located in violation of the applicable 1,200-foot radius separation requirements of another Special Care Facility. The radius is determined by a straight line from property line to property line. _____ Initial		

I affirm that the special care facility in a Residential District, the following minimum lot areas per enrollee apply: i. R-1, R-2, and R-4: 1,040 square feet; ii. R-6: 640 square feet; and iii. R-10: 240 square feet.

_____ Initial

I affirm that in a Residential District, one (1) unlit announcement sign will not exceed two (2) square feet in area and 3½ feet in height is permitted and that a separate permit will be applied for, prior to being erected.

_____ Initial

I affirm that only one (1) vehicle used in connection with the Special Care Facility may be parked or stored on the premises or residential street.

_____ Initial

REQUIRED SIGNATURES

The undersigned indicates that the property owner is aware of the application for a Special Care Facility and agrees that the proposed Special Care Facility described in this application, for which this permit is applied for, will be maintained in all respects in accordance with the specifications submitted herewith, and in accordance with the provisions and regulations of the City of Raleigh Unified Development Ordinance.

Applicant name (printed):

Address:

City:

State:

Zip Code:

Phone #:

Email:

Applicant signature:

Date: