

Supportive Housing Permit Application

Zoning Permit

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



This form is required when seeking approval of a Supportive Housing Residence as referenced in Unified Development Ordinance (UDO) Section 6.2.1.I. or Section 6.2.1.J.

A completed application must be provided along with all required supplemental information at the time of submittal. All fields must be completed. If a field is not applicable, please indicate "N/A". Please email a PDF of the entire Supportive Housing Application packet, with all required supplemental information to ZoningPermits@raleighnc.gov.

Supportive Housing Type (select one)		
___ Supportive Housing Residence	<i>A single unit facility in which more than four unrelated persons may reside who are battered individuals, abused children, pregnant women and their children, runaway children, temporarily or permanently disabled mentally, emotionally or physically, individuals recovering from drug or alcohol abuse, and all other persons who possess a disability that is protected by the provisions of either the Americans with Disabilities Act or N.C. General Statutes along with family members and support and supervisory personnel.</i>	
___ Multi-Unit Supportive Housing Residence	<i>A two- to-four-unit facility housing persons who are disabled emotionally, mentally or physically or otherwise possess a disability that is protected by the provisions of either the Americans with Disabilities Act or N.C. General Statutes along with support or supervisory personnel or family members who may reside, but are not required to reside, at the facility.</i>	
ACKNOWLEDGEMENT OF STANDARDS (Must select a least one)		
Please select all categories that apply. By signing this request, you affirm that the proposed Supportive Housing Residence will house persons as defined in sections 6.2.1.I. or Section 6.2.1.J of the Unified Development Ordinance.		
Battered individuals	Abused children	Pregnant women and their children
Temporarily or permanently disabled mentally, emotionally or physically	Individuals recovering from drug or alcohol abuse	Runaway children
Persons who possess a disability that is protected by the provisions of either the Americans with Disabilities Act or N.C. General Statutes along with family members and support and supervisory personnel.		
APPLICANT INFORMATION		
Applicant name:		Date:
Applicant phone:	Applicant email:	
Applicant mailing address:		
City:	State:	Zip:

SUPPORTIVE HOUSING INFORMATION

Supportive Housing Residence Address:

City:	State:	Zip:
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Inside City limits? Yes: _____ No: _____

Describe in detail the specific supportive housing use:

PROPERTY OWNER INFORMATION

Property Owner name (if different from Applicant):

Owner phone:	Owner email:
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Owner mailing address:

City:	State:	Zip:
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To be completed by Applicant

Office Use Only

Proposed Supportive Housing Site Information	Yes	No	N/A	Yes	No	N/A
1. Is the facility licensed by the federal or state government?						
2. Is the facility partially funded by governmental grants or loans?						
3. Will the facility provide permanent room and board to the resident manager?						
4. Is the <u>supportive housing residence</u> within 1,125 feet of another multi-unit supportive housing residence or a supportive housing residence?						
5. Is the <u>multi-unit supportive housing residence</u> within 300 feet of another multi-unit supportive housing residence or a supportive housing residence?						
6. Provide the total number of individuals occupying a supportive housing residence: _____						
7. Each multi-unit supportive housing residence must provide parking in accordance with UDO Section 7.1 <i>One space per four beds + one space, minimum four space.</i> Provide the total # of parking spaces available: _____						

Note: *If a plan showing parking is not provided, it may be required to verify the location of required parking.*

SIGNATURE BLOCK

Pursuant to state law (N.C. Gen. Stat. § 160D-403(a)), applications for development approvals may be made by the landowner, a lessee or person holding an option or contract to purchase or lease land, or an authorized agent of the landowner. An easement holder may also apply for development approval for such development as is authorized by the easement.

By submitting this application, the undersigned applicant acknowledges that they are either the property owner or one of the persons authorized by state law (N.C.G.S. 160D-403(a)) to make this application, as specified in the application. The undersigned also acknowledges that the information and statements made in the application are correct and the undersigned understands that developments approvals are subject to revocation for false statements or misrepresentations made in securing the development approval, pursuant to N.C. Gen. Stat. § 160D-403(f).

The undersigned indicates that the property owner(s) is aware of this application and that the proposed project described in this application will be maintained in all respects in accordance with the plans and specifications submitted herewith, and in accordance with the provisions and regulations of the City of Raleigh Unified Development Ordinance.

The undersigned hereby acknowledges and agrees that all administrative comments regarding this application will be provided to the individual listed as the applicant on this application.

The undersigned hereby acknowledges that, pursuant to state law (N.C.G.S. 143-755(b1)), if this permit application is placed on hold at the request of the applicant for a period of six consecutive months or more, or if the applicant fails to respond to comments or provide additional information requested by the City for a period of six consecutive months or more, then the application review is discontinued and a new application is required to proceed and the development regulations in effect at the time permit processing is resumed shall apply to the new application.

Signature:

Date:

Printed Name: