

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. Please check the appropriate supportive housing type.

Office Use Only	Case #: _____	Planner (print): _____
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Supportive Housing Type (please check)	
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>

APPLICANT INFORMATION

Applicant name:	Date:
Applicant phone:	Applicant email:
Applicant mailing address:	

Supportive Housing Residence Address:
Inside City limits? Yes No
Describe the specific supportive housing use:

Property Owner name (if different from Applicant):	
Owner phone:	Owner email:
Owner mailing address:	

To be completed by Applicant				Office Use Only		
Proposed Supportive Housing Information: Site Data	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: <i>If a plan showing parking is not provided, it may be required to verify the location of required parking.</i>						

SIGNATURE BLOCK

This application must be signed by the owner or owner's authorized representative. If this application is not signed by the owner, documentation must be provided verifying signatory authority. The undersigned agrees that the proposed Supportive Housing Residence 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.

I/we have read, acknowledge, and affirm that this project is conforming to all application requirements applicable with the proposed development 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.

Signature:

Date:

Printed Name: