

This Box is for City Staff Use Only

Date Received: _____ **Family Care Home Compliance #:** _____

ZONING COMPLIANCE PERMIT APPLICATION
PLANNING DEPARTMENT
CITY OF KINSTON, NORTH CAROLINA

Type of Permit: FAMILY CARE HOME Tax Parcel Number: _____

Physical Address: _____

Licensure Name: _____

Mailing Address: _____

Phone Number _____ Fax Number: _____

Email _____

Number of Client Residents: _____ Number of Staff Residents: _____

Contact Person: _____ Contact Phone Number: _____

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Family care home. An establishment defined under G.S. 160D-907 as a home, with support and supervisory personnel that provides room and board, personal care and habilitation services in a family environment for not more than six (6) residents who are disabilities. "Disabled persons" means a person with a temporary or permanent physical, emotional, or mental disability including, but not limited to, an intellectual or other developmental disability, cerebral palsy, epilepsy, autism, hearing and sight impairments, emotional disturbance and orthopedic impairments but not including mentally ill persons who are dangerous to others. "Dangerous to others" means that within the recent past, the individual has inflicted or attempted to inflict or threatened to inflict serious bodily harm on another, or has acted in such a way as to create a substantial risk of serious bodily harm to another, or has engaged in extreme destruction of property; and that there is a reasonable probability that this conduct will be repeated. Previous episodes of dangerousness to others, when applicable, may be considered when determining reasonable probability of future dangerous conduct.

Professionals or paraprofessionals providing assistance to the occupants shall be allowed in addition to the maximum occupancy.

Family care homes are a permitted use in all of the residentially zoned districts in the City of Kinston. However, no family care home shall be permitted within one-half mile (2,640 foot) radius of an existing family care home, or approved family care home location as further provided below, as measured from the nearest lot line.

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If this family care home application meets all the zoning requirements of the City of Kinston a zoning compliance letter will be issued by the planning office and the home location is temporarily placed upon the family care home map for a period of twelve (12) months. The applicant must obtain proper licensure from the NC Division of Facility Services within twelve (12) months from the issuance of said zoning compliance letter. If the applicant does not obtain proper licensure from the NC Division of Facility Services the zoning compliance letter will become invalid and would be considered noncompliant. The city may impose civil penalties and/or seek other remedies to correct the noncompliance.

I hereby certify that I have given true, accurate and complete information on this form to the best of my knowledge and I understand the conditions of the permit approval.

Signature of Applicant: _____ Date: _____

NOTE: If the person who is requesting a zoning compliance letter for a family care home on a particular piece of property is not the owner of the property and does not have a binding option to purchase the property, then the actual owner(s) of the land must complete this form. If the person who is requesting a zoning compliance letter for a family care home on a particular piece of property is the owner of the property, please disregard this form. **Attach a copy of the option to purchase if the applicant has a binding option to purchase the property.**

I /We _____ am /are the owner(s) of the property located at _____

I /We hereby authorize _____

to obtain a zoning compliance letter in order to use the property for a family care home as defined under NC General Statute 160D-907, as amended, at this location.

If there are any questions, you may contact _____ at my address,

_____ or by telephone at (_____) _____ or email _____.

Respectfully yours,

Owner Date

Owner Date

Sworn to and subscribed before me, this the _____ day of _____, 20_____.

Notary Public

My Commission Expires:
