

FAMILY CARE/GROUP HOME APPLICATION



102 Town Hall Dr., Leland, NC 28451
www.townofleland.com
Fee: \$50.00

Planning and Inspections Department
Phone 910-371-3390 Fax 910-371-1158

Fees are assigned on a per address basis and are not transferable to another address. Please contact Planning Staff to determine eligibility of a particular address before submitting an application.

Introduction

The Town of Leland has established requirements for uses commonly referred to as “Group Homes” and “Family Care Homes.” As part of the requirements for State certification, the applicant must obtain zoning approval from the local municipality. Before zoning approval is granted, the applicant must register and make application through Planning and Inspections Department. It is highly recommended that you obtain a copy of the Town’s zoning map the specific zoning regulations for your proposed use.

The following is a guide and the required application that outlines the steps necessary to obtain zoning approval. This guide is intended to only provide information relative to the zoning process. There may be additional requirements based on the NC State Building Code. It is recommended that you contact Building Inspections to inquire about their requirements (910-371-3754).

Definitions

Family care home means a home licensed pursuant to G.S. Chapter 131D, Article 1, for adults and children with support and supervisory personnel that provides room and board, personal care and habilitation services in a family environment for not more than six resident persons.

Group Home means a facility for unrelated individuals, excluding supervisory personnel, who are handicapped, aged or disabled and are undergoing rehabilitation or extended care, and are provided services to meet their specific needs. This definition includes group homes for all ages, halfway house, foster homes and boarding homes.

Handicapped person means a person with a temporary or permanent physical, emotional or mental disability, including, but not limited to, mental retardation, cerebral palsy, epilepsy, autism, hearing and sight impairments, emotional disturbances or orthopedic impairments, but not including mentally ill persons who are dangerous to others as defined in G.S. 122-58.2 (1)b.

Review and Approval Process

Upon submittal of a complete application, Planning Staff will review the proposed facility for conformance with the Zoning Ordinance. The following information is required for complete submittal:

- a. Application form
- b. Radius Affidavit Form
- c. Zoning Approval Form

As part of the application the applicant must submit the Radius Affidavit. In order to complete this affidavit, the applicant must research State and County records to determine whether another family care home or group home exists within one-half (½) mile radius from any existing Family Care Home or Group Home.

After obtaining zoning approval, the applicant shall obtain the appropriate approvals from the Inspections Division.

License Revocation or Termination

Property Owner's Name: _____

Property Owner's Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Email: _____

Property Owner Signature

Printed Name

Date

Ownership Verification

It is requested that an application for a Family Care Home (6 person max) Group Home, located at:

be accepted by the Town of Leland.

The subject property is zoned: _____ and contains _____ gross acres.

The tax parcel number is: _____ (Attach a tax map or survey which accurately portrays the parcel configuration and property dimensions as reflected in the description.)

The subject property is owned by:

_____ Phone number: _____

_____ Phone number: _____

_____ Phone number: _____

_____ Phone number: _____

I hereby certify that the above information and information submitted with this application is correct, and I am authorized to file an application on said property, being either the owner of record, or authorized to file on behalf of the owner. (If not the owner please submit a copy of lease agreement or rental agreement and authorization to act as agent form.)

Applicant's Signature

Applicant's Printed Name

Date

Radius Information

I _____, hereby acknowledge that I have determined that there are no group homes or other family care homes within one-half (1/2) mile, as measured in a straight line from the nearest point of the lot line of the subject property located at:

_____.

I further acknowledge and understand that in the event that a group home or other facility is determined to have existed and/or certified with the state of North Carolina within one-half (1/2) mile of the described property, on or before the date indicated hereon, shall constitute grounds for revocation of the Zoning Compliance Permit for the proposed use of the described property.

Applicant's Signature

Applicant's Printed Name

Date