☐Approved
☐ Denied (See Comments)
Staff: _____
Date: _____
Project #:_____

CITY OF JACKSONVILLE, NC
FAMILY CARE HOME APPLICATION

SECTION I:

Name of Business _____

Owner of Business _____

Home Address _____ City _____

State _____ Zip _____ Phone _____

Email _____

ALL OWNERS OF A FAMILY CARE HOME MUST ABIDE BY THE FOLLOWING SECTION OF THE CITY OF JACKSONVILLE UNIFIED DEVELOPMENT ORDINANCE (UDO)

ARTICLE4: USE STANDARDS, SECTION 4.2: USE SPECIFIC STANDARDS, Subsection B: Residential Uses

Family care homes See Section 9.4 Definitions, shall meet the following minimum conditions:

1. The activity shall not be inconsistent with the use of the premises as a dwelling;
2. Family care homes and group homes must be licensed by the appropriate North Carolina licensing department and must meet all applicable Code requirements;
3. There shall be no exterior evidence from a public right-of-way of a family care home or group home except a sign as permitted by Part C below;
4. A family care home or group home shall not be permitted within the ½ mile radius of another family care home or group home. Spacing shall be measured from the center of the parcel on which the group home is located;
5. No family care home or group home shall result in garbage disposal exceeding standard residential use;
6. An indirectly lighted name plate or professional sign not over one square foot in area and attached flat against the building shall be permitted in connection with an incidental family care home or group home;

7. An inspector shall have the right at any time, upon reasonable request, to enter and inspect the premises for safety and compliance purposes, with the consent of the property owner; and
8. Existing facilities that cannot meet the requirements of this ordinance but were licensed by the NC Division of Facility Services and obtained home occupation permits from the City after October 17, 2007 will be deemed nonconforming uses. All others shall cease operations

I HEREBY CERTIFY THAT I HAVE READ AND UNDERSTAND ALL OF THE CRITERIA MENTIONED ABOVE. I FURTHER UNDERSTAND THAT ANY VIOLATION OF ANY SECTION HEREIN SHALL CAUSE THE GROUP HOME OF THE ABOVE LISTED ADDRESS TO BE NULL AND VOID.

_____ _____

Signature of applicant Date

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*This is for a zoning approval only. Approvals from other agencies, such as Inspections, Fire, state agencies, etc. may still be applicable. In addition it is the applicant's responsibility to ensure that they are not in any violation of restrictive covenants.

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FOR OFFICE USE ONLY – DO NOT WRITE BELOW THESE LINES

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Section II

Zoning of Property _____

Approved By _____ _____

Planning and Permitting Division Date

Comments:

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