



Zoning Use Permit Application – Family Care Home

Instructions

1. Review Ordinance regulations for this use.
2. Complete Zoning Use Permit Application.
3. Email this application to permits@huntersville.org.
4. Submit the review fee through the Planning and Zoning Fees Form (www.huntersville.org).

Ordinance

Article 12.2.1

Family Care Home: A residential home with support and supervisory personnel by an agency, organization, or individual that provides room and board, personal care and habilitation services in a family environment for not more than 6 persons with disabilities as defined by GS § 168-21 and GS § 168-22. Family care homes are permitted in any district which allows residential use, however, no new family care home is permitted within a one half mile radius of an existing family care home. This definition does not include shelter for persons who are dangerous to others as defined in G.S, Sec. 122C-3(11) b, as amended, or active substance abusers.

Zoning Use Permit Application

Property Address/Use

Street # N, S, E, W Street Name AV, RD, ST, etc. Suite

Project/Subdivision Name: _____ Phase: _____ Section: _____

Current Property Use: _____ If Commercial, specify (restaurant, office, etc.): _____

Proposed Property Use: _____ If Other, specify: _____

Description of Proposed Use: _____

Applicant

By signature below, I hereby acknowledge, as/on behalf of (circle one) the applicant the use will comply with all regulations related to the above use as indicated within the Town of Huntersville Zoning Ordinance.

Printed Name of Applicant _____

Corporation LLC Trust Partnership Individual – Property Owner Other: _____

Phone _____ Email _____

Signature _____ Date _____

CEO President Vice-President Individual – Homeowner Manager Other: _____

Property Owner (if different than applicant)

By signature below, I hereby acknowledge, as/on behalf of (circle one) the property owner 1) the use will comply with all regulations related to the above use as indicated within the Town of Huntersville Zoning Ordinance and 2) and hereby grants permission to the Town of Huntersville personnel to enter the subject property for any purpose required in processing this application.

Printed Name of Property Owner _____

Corporation LLC Trust Partnership Individual – Property Owner Other: _____

Signature _____ Date _____

CEO President Vice-President Individual – Property Owner Manager Other: _____

Phone _____ Email _____

Address of Property Owner _____

If signed by an agent on behalf of the Owner, this application MUST be accompanied by a notarized Limited Power of Attorney signed by the property owner (s), specifically authorizing the agent to act on the owner (s) behalf in signing this application. Failure of each owner, or their duly authorized agent, to sign, or failure to include the authority of the agent signed by the property owner, will result in an INVALID APPLICATION. **If additional space is needed for signatures, attach the Town of Huntersville Signature Addendum Form.**