

# GROUP HOME QUESTIONNAIRE



Applicant Name:	Telephone:
Applicant Email Address:	
Applicant Mailing Address:	
Street Address of the Proposed Facility:	
<p>Project Categories (check all that apply):</p> <p><input type="checkbox"/> (A) <u>Family Care Home</u>. 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) resident handicapped persons.</p> <p><input type="checkbox"/> (B) <u>Group Care Facility</u>. An establishment qualified for a license by the State of North Carolina for provision of resident services to more than six (6) but not more than twenty-five (25) residents who are physically disabled, mentally retarded, developmentally disabled, persons recuperating from alcohol or drug related problems, persons adjusting to society as an alternative to imprisonment and persons recuperating from mental or emotional illness.</p> <p><input type="checkbox"/> (C) <u>Group Home for Development Disabled Adults</u>. A home with support and supervisory personnel that provides room and Board, personal care and habilitation services in a family environment for two (2) to nine (9) adults who are developmentally disabled and who have or can develop elf-help skills, are ambulatory, and are able to participate.</p>	

**NOTE: The spacing requirement must be approved first. Neither family care home nor a group home for developmentally disabled adults shall be permitted to be located within a seven hundred fifty (750) foot radius of any existing family care home; group home for developmentally disabled adults; group care facility; shelter for women or families, with or without children; transient shelter, or rehabilitation facility.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(Do not write below this line. For office use only.)*

Date Received: _____	Received By: _____	Zoning of Parcel: _____
Approved _____	Denied _____	If denied, reason for denial; _____
Zoning Official Signature _____		Date: _____

Revised 12/19



### Getting a Group Home Location Approved

*Family Care or group home.* Neither a family care home nor a group home for developmentally disabled adults shall be permitted to be located within a seven hundred fifty (750) foot radius of any existing family care home; group home for developmentally disabled adults; group care facility; shelter for women or families, with or without children; transient shelter, or rehabilitation facility (as classified under the previous LDC).

- Fill out a “Group Home Questionnaire” form. Form is located in both planning and inspections departments.
- A C.O. (certificate of occupancy) inspection is required prior to adding the location to the official group home map. Attach the completed “Group Home Questionnaire” form to the C.O. application. Submit both forms to the inspections department.
- Be present at proposed group home location at the time of the scheduled C.O. inspection. (upon submission of C.O. application, the group home location will be temporarily added to the approved group home GIS layer map for a maximum of 30 days)
- Complete any required improvements requested by inspectors.
- Schedule a follow up inspection.
- Pay for C.O. inspection and pick up copy of C.O. (Group home location will be permanently added to the approved group home list.)
- Contact the Division of Planning and see a zoning officer for a zoning approval letter. Bring a copy of the C.O. and receipt of payment.

**Note: At the time that the Group Home Questionnaire and C.O. application is submitted, the proposed group home location will be placed on the City’s group home GIS layer for 30 days. If a C.O. is not issued within the 30-day period, the location will be removed from the City’s group home GIS layer and will not be guaranteed to meet the required 750’ spacing requirement.**