

Board of Adjustment Application:

REASONABLE ACCOMMODATION FOR FAMILY CARE HOME OR GROUP HOME

Case Number (assigned by PL Dept.): _____ Hearing Date: _____

Pre-application Conference Date: _____

FACILITY INFORMATION

Facility Type: Family Care Home Group Home

Name of Facility: _____

Property Address: _____

Maximum Number of Residents: _____ Number of On-Site Parking Spaces: _____

Attach Plot Plan showing location of residence, and location and number of on-site parking spaces

Nearest existing Family Care Home or Group Home with 4 or more residents (Contact Planning Department staff at (919) 460-4046 to obtain information needed to complete this section.)

Facility Name _____

Address _____

Located within ¼ mile (1,320 feet) of proposed facility? Yes No

REASONABLE ACCOMMODATION REQUESTED

Copy of denied Zoning Compliance Permit application

Attached

Not Applicable

APPLICANT JUSTIFICATION

Explain how this request meets the “Approval Criteria” for a Reasonable Accommodation by indicating how approval of the proposed use would be a reasonable and necessary accommodation under the Federal Fair Housing Act.

A. Reasonable

Explain: _____

Approval Criteria

LDO Section 3.25.4(A): “An accommodation will be determined to be reasonable if it would not undermine the legitimate purposes and effects of existing zoning regulations, and if it will not impose significant financial and administrative burdens upon the Town and/or constitute a substantial or fundamental alteration of the Town's ordinance provisions”.

b Necessary

Explain: _____

Approval Criteria

LDO Section 3.25.4(B): “An accommodation will be determined to be necessary if it would provide direct or meaningful therapeutic amelioration of the affects of the particular disability or handicap, and would afford handicapped or disabled persons equal opportunity to enjoy and use housing in residential districts in the Town”.

APPLICANT INFORMATION

CONTACT INFORMATION

Applicant Name: _____

Address: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

APPLICANTS' CERTIFICATION

I, _____, the undersigned, being first duly sworn, depose and say that I am the
_____ owner, _____ attorney, _____ attorney-in-fact, _____ agent, _____ lessee, or
_____ representative of the owner(s)

of the property described and which is the subject matter of this application; that all answers to the questions in this application, and all sketches, data and other supplementary information attached to this application are honest and true to the best of my knowledge and belief. If I am not the owner of the property, I have attached a notarized authorization from the owner(s) to submit with this application.

Date

Signature

_____ **COUNTY, STATE OF NORTH CAROLINA**

Signed and sworn to or affirmed before me this day by

_____.

Date

Notary Public

(Official Seal)

My commission expires: _____

PROPERTY OWNER INFORMATION

CONTACT INFORMATION

Owner Name (If different from Applicant): _____

Address: _____

Phone Number: _____ Fax Number: _____

E-Mail Address: _____

NOTARIZED AUTHORIZATION OF ALL OWNERS

I/We certify that I/we am/are all of the Owner(s) of the property which is the subject of this application, that I/we have authorized the applicant to make this application and that I/we agree to be bound by the application, the representations made and the decision in the same manner as if I/we were the applicant.

- [If the owner is:
- a corporation, this must be signed by an, authorized corporate officer;
 - a partnership, this must be signed by a general partner;
 - a limited liability company, this must be signed by the Manager for a manager managed LLC, or all the members for a member managed LLC.]

Date

Signature of Owner(s)

Date

Signature of Owner(s)

_____ **COUNTY, STATE OF NORTH CAROLINA**

Signed and sworn to or affirmed before me this day by _____.

Date

Notary Public

(Official Seal)

My commission expires: _____