

Supportive Housing Residence

Initial Registration Application



DEVELOPMENT SERVICES
CITY OF RALEIGH



Development Services Customer Service Center | 1 Exchange Plaza, Suite 400 | Raleigh NC, 27601 | 919-996-2495 | efax 919-996-1831
Litchford Satellite Office | 8320 – 130 Litchford Road | Raleigh NC, 27601 | 919-996-4200

Applicant Information		For Office Use Only	
All information must be provided to process this form.		Transaction # _____	
		ZN Permit # _____	
Applicant/Registrant		Date	
Address of Supportive Housing Residence			
Reason Property Qualifies as Supportive Housing Residence			
Registrant's Name		Registrant's Address	
Phone		Mobile	
Email			
Responsible Person/Operator Representative on Site			
Contact Number			
Address of Operator Representative			

TO BE COMPLETED BY APPLICANT	TO BE COMPLETED BY CITY STAFF		
The following items are required to process an Annual Registration Application:	YES	NO	N/A
Provide the total number of residents _____			
Provide the number of bedrooms _____			
Provide the number of licensed drivers _____			
Inspection fee, if required by N.C. law			
For Zoning districts SPR-6, MH, R-15, R-20, SPR-30, R-30, RB, O&I-1, O&I-2, BC, SC, NB, BUS, and TD: parking requirements in 10-2081 , three-quarters (¾) space per bedroom that contains a licensed driver, but not less than two spaces. - Provide the total number of off-street parking spaces available _____			
For Zoning districts R-1, R-2, R-4, R-6, and R-10 parking requirements in UDO 7.1 , 1 space per 4 beds plus 1 space with a minimum of 4 spaces. - Provide the total number of off-street parking spaces available _____			
Plot Plan indicating location of off-street parking spaces			
Is the facility licensed by the federal or state government? ___ yes ___ no			
Is the facility partially funded by governmental grants or loans? ___ yes ___ no			

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TO BE COMPLETED BY APPLICANT The following items are required to process an Annual Registration Application:	TO BE COMPLETED BY CITY STAFF		
	YES	NO	N/A
Will the facility provide room and board, personal care, and habilitation services in a family environment? ___ yes ___ no			
Copy of lease agreement or contract to purchase property. Facility must be opened within six (6) months from this date or location will be released and applicant must reapply.			
I affirm that the residence is not located in violation of applicable radius separation requirements. _____ initials			
APPLICANT CERTIFICATION			
The information contained in this application is accurate.			
_____ Signature		_____ Date	

OFFICE USE ONLY

There is no existing group care facility, family care home, family group home, or any other supportive house residence located within three hundred seventy-five (375) yards as determined by straight line from property line to property line.
_____ initials

Zoning District _____

City Official's Approval of Separation Requirement Only _____

Phone _____

Date Issued to Applicant/Registrant _____

Six-Month Deadline _____