



Planning & Development

Customer Service Center
 One Exchange Plaza, Suite 400
 Raleigh, North Carolina 27601
 Phone 919-996-2495
 Fax 919-516-2685

Planning and Zoning Division
 Phone 919-996-2475

Special Care Facility Application

Applicant Information All information must be provided to process this form.	For Office Use Only Transaction # _____ ZN Permit # _____
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Applicant/Registrant	Date
Address of Special Care Facility	
Business Name	
Applicant's Name	Applicant's Address
Phone	Mobile
Email	

TO BE COMPLETED BY APPLICANT	TO BE COMPLETED BY CITY STAFF		
The following items are required to process an Initial Registration Application.	YES	NO	N/A
<input type="checkbox"/> Total number of enrollees _____			
<input type="checkbox"/> Total number of off-street parking spaces available _____			
<input type="checkbox"/> Site Plan indicating location of off-street parking spaces			
<input type="checkbox"/> 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.			
<input type="checkbox"/> I affirm that the facility is not located in violation of applicable radius separation requirements. <input type="checkbox"/> _____ initials			

APPLICANT CERTIFICATION

The information contained in this application is accurate.

Signature **Date**

OFFICE USE ONLY

There is no existing special care facility located within twelve hundred (1,200) yards as determined by straight line from property line to property line. _____ initials

If in a residential area, Board of Adjustment approval is required.

Board of Adjustment Case # _____

Date Approved by Board of Adjustment _____

Zoning District _____

Zoning Official Approval _____

Phone _____

Date issued to Applicant/Registrant _____