



PLANNING & ZONING DEPARTMENT
TOWN OF STALLINGS
315 STALLINGS ROAD
STALLINGS, NC 28104
704-821-8557

APPLICATION INFORMATION

Date Filed:	
Application #:	
Fee Paid:	

USE PERMIT – FAMILY CARE HOME

Pursuant to G.S. § 160D-907, G.S. § 168-9, and Article 3 of the Stallings Development Ordinance.

*Please reference the Fee Schedule for cost.

Family Care Home Definition:

A Family Care Home is a home meeting the North Carolina Residential Building Code with support and supervisory personnel that provides room and board, personal care, and habilitation services in a family environment for six (6) or fewer resident handicapped persons, pursuant to G.S. § 168-9. Per G.S. § 160D-907, no Family Care Home shall be located within a one-half (0.5) mile radius of another existing, legally established Family Care Home. This definition includes sober living houses, recovery residences, transitional treatment centers, and similar uses serving six (6) or fewer individuals.

Section 1: Property Information

Property Address:	
Parcel ID:	
Zoning District:	

Section 2: Property Owner/Operator Information

Property Owner Name:			
Phone:		Email:	
Mailing Address (if different):			
Facility Operator/Site Manager (if different):			
Phone:		Email:	

***Disclaimer:** All zoning applications are public records and by providing the above information, you agree that said information can be released to the public by request.

Section 3: Nature of Use

Please respond to the following questions to verify compliance with the Family Care Home definition:

1. **Total number of residents (excluding staff):** _____ residents (must be six (6) or fewer)
2. **Are any services or supervision provided to residents on-site?**

☐ Yes ☐ No

If yes, briefly describe the services: _____

3. **Are services offered to non-residents or the public?**

☐ Yes ☐ No

(If yes, this may not qualify as a Family Care Home)

4. **Will the home be staffed?**

☐ Yes ☐ No

- Number of live-in or visiting staff: _____ staff
- Who provides supervision? What support or services are offered? _____

- Frequency of staff presence (e.g., full-time, overnight only): _____

Section 4: Site Characteristics

1. **Total number of bedrooms:** _____ bedrooms
2. **Number of residents per bedroom:** _____ residents per room
3. **Number of off-street parking spaces (driveway, parking pad, etc.):** _____ spaces
4. **Does the use require interior renovations, additions, exterior changes, signage, or new accessory structures?**
☐ Yes ☐ No

If yes, please describe: _____

(Note: Additional zoning/building permits may be required)

Section 5: Proximity to Other Family Care Homes (to be confirmed by staff)

Per G.S. § 160D-907(c), no Family Care Home may be located within ½ mile of another legally established Family Care Home.

1. **Do you know of any other Family Care Home within ½ mile of this property?**

☐ Yes ☐ No ☐ Unsure

If yes, provide the address (if known): _____

Section 6: Required Attachments

Please include the following with your application:

- ☐ **Site plan/floor plan** (may be hand drawn; must show bedrooms, parking, entrances, etc.)
 - ☐ **Proof of ownership or owner authorization letter** (if applicant is not owner)
 - ☐ **Signed written narrative** describing the residential use, care provided, and number of residents
 - ☐ **Signed acknowledgment of zoning compliance** (see Section 7)
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Section 7: Acknowledgement

I hereby certify that the information provided is true and accurate and that the proposed use qualifies as a Family Care Home as defined in **G.S. § 160D-907, G.S. § 168-9**, and the **Town of Stallings Development Ordinance**.

I understand that:

- This home may house **no more than six (6) residents**, excluding staff.
- Any **change in use, number of residents, or service model** may require zoning review.
- If a **reasonable accommodation** under the ADA or FHA is being requested, I must submit a formal request for Town review.

Signature of Applicant:

Date:

Print Name:

Date:

For Official Use Only Below This Line

Section 6: Required Attachments

- ☐ Application Complete
- ☐ Meets State and Local Definition of Family Care Home
- Not within ½ mile of existing Family Care Home
 - ☐ Verified: No other Family Care Homes within ½ mile
 - ☐ Conflict Found: Another Family Care Home is located within ½ mile
 - Distance measured: _____ ft
 - GIS Map attached: ☐ Yes ☐ No
- Additional Notes Needed? _____

Signature of Zoning Administrator:

Date:

☐ Approved

☐ Denied