



OVERVIEW

"Family Care Home" is 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 persons with disabilities as defined in NCGS §131D-2.1(9).

"Person with disabilities" is a person with a temporary or permanent physical, emotional, or mental disability including, but not limited to, mental retardation, cerebral palsy, epilepsy, autism, hearing and sight impairments, emotional disturbances, and orthopedic impairments but not including mentally ill persons who are dangerous to others as defined in NCGS § 168A-3(7a).

PERMITTED IN ALL RESIDENTIAL ZONES

For the purpose of zoning, Family Care Homes are permitted as a single-family dwelling and are allowed in any residential zoning district. However, they may not be permitted in homes that do not meet the North Carolina Residential Building Code (mobile homes). Contact a Building Inspector at 336-641-3616 for more information about other requirements of the NC State Building Codes.

APPROVAL PROCESS

A State of North Carolina Family Care Home Permit is required for all Family Care Homes. The applicant will need to contact the state Division of Health Service Regulation at <https://info.ncdhhs.gov/dhsr/acls/flofch.html> for more information.

The applicant should apply for a Family Care Home Permit through the Guilford County Enterprise Permitting and Licensing (EPL) Civic Access Portal. A Planner will issue a Zoning Certificate if the Family Care Home will be located in the proper zoning district and will operate in a site built or modular home. If the applicant is leasing or renting the property, a notarized statement of permission from the property owner to operate the Family Care Home is required at the time of application submittal.

Once a Zoning Certificate is issued by Planning, and if a permit is required, the applicant must submit the required permit fee by contacting the Permitting Section at 336-641-3707 for the cost of the permit.

The permit will involve a building inspection and, if the residence is on a septic system, an evaluation and review by the Environmental Health Division, which can be contacted at 336-641-7613 for more information.

The residence may also be subject to a fire inspection. The applicant must contact the Fire Marshal's office at 336-641-7565 for more information.

This document is intended for public information purposes only. It summarizes and omits some provisions. It is not to be construed or used as an official interpretation of the Guilford County Unified Development Ordinance in any legal proceeding.



**GUILFORD COUNTY
PLANNING AND DEVELOPMENT**

**Family Care Home
Application**

Permit# _____ Tracking # _____

A Family Care Home is 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 resident persons with disabilities as defined in NCGS 168-21. "Person with disabilities" is a person with a temporary or permanent physical, emotional, or mental disability including but not limited to mental retardation, cerebral palsy, epilepsy, autism, hearing and sight impairments, emotional disturbances and orthopedic impairments but not including mentally ill persons who are dangerous to others as defined in NCGS 168-21.

Submittal Process

1. Submit complete application to the Planning and Development Department - Planning Section (641-3334).
2. Once approved by Planning and if permit is required, submit approved application and permit fee to the Planning and Development Department-Permitting Section (641-3707) for permit issuance. This must be done in person.

PROPERTY INFORMATION

Address _____ City _____ State _____ Zip Code _____

Tax Parcel # _____ Zoning _____ Plat/Deed Book _____ Page _____

Type of Home (Check One): Site Built or Modular Manufactured (Mobile Home)

OWNER INFORMATION

Name _____ Phone Number _____

Address _____ City _____ State _____ Zip Code _____

Email _____

Owner Signature _____ Date _____

APPLICANT INFORMATION – If not property owner, a notarized statement of permission is required from the property owner.

Name _____ Phone Number _____

Address _____ City _____ State _____ Zip Code _____

Email _____

Applicant Signature _____ Date _____

BUSINESS INFORMATION

Name of Operation _____ # of Residents _____ # of Supervisory Personnel _____

Types of Services Offered:

I hereby certify that the above information is correct and that I am the property owner or have provided the notarized statement from the property owner and that I have read the definition of a Family Care Home and I agree to abide by the provisions of the Guilford County Development Ordinance. I will further, if applicable, submit a copy of my state license within 90 days to the Planning Department. If any of the above information is incorrect or the Family Care Home is not operated in accordance with the above definition, I understand that the permit may be revoked.

3 or fewer residents, no permit is required. Family Care Home is permitted at the above location and complies with the Guilford County Development Ordinance.

4 to 6 residents, a permit is required. A Certificate of Occupancy will be issued when all requirements of the Guilford County Development Ordinance are met. The Certificate of Occupancy also indicates that the Family Care Home is a permitted use at that location.

Denied, Family Care Home is not permitted at the above location. Reason for denial _____
The decision of the Enforcement Officer can be appealed to the Guilford County Board of Adjustment within fifteen (15) days following the decision. The appeal shall be filed on the appropriate forms and shall be subject to an application fee.

Reviewed By _____ Title _____ Date _____

Please submit approved state application once received.