



## OVERVIEW

A Family Care Home is defined as 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.” These facilities are designed to provide non-skilled care to handicapped individuals suffering from a variety of long term or acute disability. *A state license is required to operate these facilities.*

For the purpose of this section, *“Handicapped persons” means 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 disturbance and orthopedic impairments but not including mentally ill persons who are dangerous to others.”*

## PERMITTED IN ALL RESIDENTIAL ZONES

For the purpose of zoning, Family Care Homes are permitted as a single family dwelling and 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).

## PERMITTING PROCESSES

A state of North Carolina Family Care home Permit is required for all family care homes regardless of size. In addition a building permit is required for all family care homes with more than three (3) residents. This will include an evaluation of the well and septic system, building and trade inspections, fire inspection and any other inspection deemed needed by the Department of Facility Services.

*Applicants are encouraged to consult with Guilford County Plans Engineers concerning Handicap Accessibility and Fire Code Compliance early in the process.*

An application may be submitted to the Zoning Enforcement Section of the Guilford County Planning Department for initial processing and referral to appropriate agencies.

## ADDITIONAL CONTACTS

Additional information regarding state permits may be found at:  
<http://facility-services.state.nc.us/acinitapp.pdf>

### Adult Care Section

919-855-3765 or by fax at 919-733-9379.

Complaints HOT LINE 1-800-624-3004



GUILFORD COUNTY
PLANNING AND DEVELOPMENT

Family Care Homes
and
Applications

MATERNAL CARE HOME APPLICATION

Applicant's Name \_\_\_\_\_ Date \_\_\_\_\_
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_ E-Mail \_\_\_\_\_
Tax Map # \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_ Block # \_\_\_\_\_ -- \_\_\_\_\_ Parcel # \_\_\_\_\_
Plat/Deed Book: \_\_\_\_\_ Page #: \_\_\_\_\_ Zoning: \_\_\_\_\_

Property Owner's Name \_\_\_\_\_ Telephone # \_\_\_\_\_
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\*If title to the above mentioned property is not in the name of the applicant and the application is on behalf of such property, attach a notarized letter from the owner signifying their approval.

A Family Care Home is defined as "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 less resident handicapped persons, pursuant to NCGS 168-21."

A minimum of one entrance and the walkway leading up to that entrance must meet the requirements of Section 1.4.4 of the North Carolina Accessibility Code.

Number of Residents: \_\_\_\_\_ Number 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 described above 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 with 90 days to the Planning Office. 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.

Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

[ ] Because the number of residents listed above is 3 or fewer, no permit is required. Therefore, if the Planning Department Official signs this form, it certifies the Family Care Home is permitted at the above location and complies with the Guilford County Development Ordinance.

[ ] Because the number of residents listed above is 4 to 6, 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.

PLEASE SUBMIT APPROVED STATE APPLICATION ONCE IT IS RECEIVED

Permit Number: \_\_\_\_\_ Approved [ ] Yes [ ] No
Reason for Denial: [ ] Too Many Residents [ ] No State License [ ] Wrong Services (must consult with legal)
Planning Department Official: \_\_\_\_\_