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FAMILY CARE HOME CERTIFICATION

This Certification pertains to planning & zoning only. It is the responsibility of the applicant to verify that the proposed facility is in compliance with all other applicable governmental agencies, including, but not limited to, the Building Inspections Dept. and the Fire Dept.

To: Sanford/Lee County Planning & Community Development

Name of Facility: _____

Address of Facility: _____

Contact: _____

Mailing Address: _____

Phone: _____

Email: _____

I, hereby certify that I understand that the above referenced property identified as Lee County Tax Parcel _____ is currently zoned _____. This zoning district allows Family Care Homes just as it does any single-family dwelling unit under normal review requirements without a special or conditional use permit. I also certify that the Family Care Home, doing business as _____ at this location meets all requirements and regulations pertaining to the location and operation of the facility in accordance with NC G.S. 168-20-22, such that no conditional use permit or zoning variance shall be required. Further, the facility shall meet and adhere to the provisions of NCGS 168-21 which is set forth as follows:

“Family care home” means 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 handicapped persons.

*“Handicapped person” 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 disturbances, and orthopedic impairments but not including mentally ill persons who are dangerous to others as defined in **G.S. 122C-3(11)b**.*

Local zoning regulations are applicable as they pertain to any single-family residential uses and development. Sanford/Lee County Planning Department

should be contacted for any change of use or any additional development on the property, renovations of existing structures, and additions to existing structures whether interior or exterior.

Further, I certify that I understand the above stated rules, regulations and definitions as they pertain to the location and operation of a Family Care Home, and assume full responsibility for screening and determining whether each individual resident is harmful to himself/herself or to others.

Owner/Applicant Signature _____ Date: _____

I, _____, a Notary Public of _____ County, North Carolina, certify that _____ personally appeared before me this day and acknowledged the due execution of the foregoing instrument. Witness my hand and official seal, this the _____ day of _____, ____

NOTARY PUBLIC SIGNATURE

MY COMMISSION EXPIRES

(SEAL)

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