



## Planning, Development & Inspections

TEL (PLANNING) 919 856 6310  
TEL (INSPECTIONS) 919 856 6222

A Division of Community Services  
P.O. Box 550 • Raleigh, NC 27602  
[www.wakegov.com](http://www.wakegov.com)

### **IN-HOME CARE FACILITY LAND USE SPECIAL CHECKLIST**

#### **Submittal Checklist**

##### **Family Care Home**

- Permit obtained through zoning office
- Limited to 6 persons
- Submit a to scale site plan
- Attach copy of completed Application from Division of Facility Services for use requested.
- Site plan is to show parking - 1.5 spaces for each bedroom. Parking is to be by forward motion in and out of site. How is this proposed use a public necessity? What is impact on surrounding neighborhood and adjacent properties?
- Provide documentation that no other family care homes are within a ½ mile radius.
- Floor plan required indicating portion of house utilized.
- Complete and attached the supplemental form (pg2)
- May require additional permits for building code compliance as determined by building inspector and/or fire marshal.

##### **In-Home Daycare**

- Permit obtained through zoning office
- Attach copy of completed Application from Division of Facility Services for use requested.
- Must be an accessory use of residential house. (*Any day care not part of SF residence requires SUP.*)
- May require additional permits for building code compliance as determined by building inspector and/or fire marshal.
- Complete and attached the supplemental form (pg2)

**If proposed use is not listed, please call 919-856-6335 for additional information and requirements.**

**Above Land Use Permit only. No construction allowed under this permit. Additional permits may be required, depending on outcome of initial building inspection.**

#### **Notes:**

- All documents and maps submitted as required become the property of Wake County.
- The Wake County Unified Development Ordinance are on the web at [www.wakegov.com](http://www.wakegov.com)
- All application fees are non-refundable.
- CSS portal [www.wakegov.com/permitportal](http://www.wakegov.com/permitportal)

The File Number should be used on all correspondence subsequent to application acceptance



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## Care Facility Supplemental Information

TEL 919 856-6335  
FAX 919 856-5824

This application is for: ☐ In-Home Day Care ☐ Day Care Center

☐ Family Care Home ☐ Group Home

Are any other Care Facilities located within ½ mile? ☐ Yes ☐ No

Is the owner also the operator? ☐ Yes ☐ No

Has application been made to Division of Facility Services? ☐ Yes ☐ No

What are ages (in years) of those receiving care? ☐ less than 2 ½ ☐ 2 ½ - 5 ☐ over 5

How many will receive care? \_\_\_\_ How many hours per day will they receive care? \_\_\_\_

What are the hours of operation? \_\_\_\_

Total number of caregivers? \_\_\_\_ Number of caregivers at one time? \_\_\_\_

Will any caregivers reside here? ☐ Yes ☐ No

\*Ambulatory ☐ Yes ☐ No

Will food be prepared on-site? ☐ Yes ☐ No

Type of water supply system: ☐ Well ☐ Public Water ☐ Community Water

Type of waste system: ☐ Septic Tank ☐ Public Sewer ☐ Community Sewer

How many bedrooms does the building currently have? \_\_\_\_

*Please attach detailed description of the proposed facility.*

*\*Ambulatory: a person who can evacuate the building without physical or verbal assistance during a fire or other emergency.*

Signature \_\_\_\_\_ Date: \_\_\_\_\_

*Please be aware that Wake County cannot design your care facility or type of facility. The applicant must know what type of care and number of occupants in order to begin the application process.*

By completing this application for a preliminary review, you and the various agencies of Wake County can begin to determine if your proposed project is possible and help to avoid unanticipated costs and minimize delays. A member of the Care Facilities project team will schedule a date and time when you will be able to meet with all of the above County agencies as needed during one meeting.

When you meet for preliminary review please be prepared to supply the following:

Copy of application from Division of Facilities Services (if not provided with application for preliminary review),