



FAMILY CARE/GROUP HOME APPLICATION

Person County Planning & Zoning
325 S. Morgan Street, Suite B
Roxboro, NC 27573
(336) 597-1750

Fee

Date Received

Permit Number

APPLICANT INFORMATION

Name: _____ Telephone: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Fax: _____

PROPERTY OWNER INFORMATION

Name: _____ Telephone: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Fax: _____

PROPERTY INFORMATION

Address: _____ City: _____ State: _____ Zip: _____

Tax Map & Parcel Number: _____ Total Acreage: _____ Township: _____

Zoning District: _____ Watershed: _____ Floodplain: ☐ Yes ☐ No

Utilities (check all that apply): ☐ Public Sewer ☐ Public Water ☐ Septic ☐ Well

FACILITY INFORMATION

Overview of Facility: _____

Need of Facility: _____

Distance from any other family care/group home: _____

Number of residents: _____ Number of Employees: _____ Number of bedrooms: _____

REQUIRED DOCUMENTS

1. Licensure of the applicant: documentation from NC Department of Health and Human Services (DHHS).
2. Environmental Health authorization or letter from City of Roxboro if served by public utilities.
3. Fire Inspector Authorization

SIGNATURES AND ACKNOWLEDGEMENT

I, the applicant, hereby certify that the foregoing application is complete and accurate. I understand that I am bound to comply at all times with the rules and regulations for home occupations as specified in the Person County Zoning Ordinance. I also understand that my home occupation will be monitored by the Person County Planning and Zoning Department from time to time to verify compliance. Furthermore, the undersigned hereby authorizes Person County Planning Director or designated representative to enter upon the above referenced property for the purpose of inspecting and verifying compliance with Person County's Ordinances.

Signature of Applicant

Date

OFFICE USE ONLY

☐ Approved ☐ Denied _____

County Zoning Official Signature

Date