P17-15F

Special Use Permit Application Form

433 Hay Street, Fayetteville, North Carolina 28301
910-433-1612 Fax # 910-433-1776

Submittal Date: 5.9.17 Approval/Denial Date: _____

Fee: $700.00 (Cell Tower Fee $2500) Received By: Karen Estep

Notes:

1. A pre-application conference is mandatory prior to submission of an application for a special use permit.
2. Applications for special use permits shall include the sketch plan from the pre-application conference or may include a site plan depicting the proposed special use.
3. Unless specified otherwise by the City Council, a Special Use Permit shall automatically expire if a Building Permit for the development authorized by the Special Use Permit is not obtained within one year after the date of issuance of the Special Use Permit, or if the development authorized by the Special Use Permit is discontinued and not resumed for a period of one year.
4. *Extension* - Upon written request submitted at least 30 days before expiration of the time period provided in accordance with Section 30-2.C.7.d.8.a above, and upon a showing of good cause, the City Manager may grant one extension not to exceed six months. Failure to submit a written request for an extension within the time limits established by this section shall result in the expiration of the Special Use Permit.

1. General Project Information

Project Address:	1907 Harris St. Fayetteville, NC 28301
Tax Parcel Identification Number:	0428-84-8529
Zoning District:	4
Overlay zoning district(s):	

2. Written Description of Special Use

A) Provide a written description of the proposed special use, including summary of existing uses and the proposed use/activity in detail. Also include hours and days of operation, number of employees, number of clients, etc.

The Proposed use for the special use permit is to open a Family Care Home at the Above projected Address. A family care home is an assisted living residence in which the housing management provides 24-hour scheduled & unscheduled personal care services to two or more residents (No More than 6), either directly or for scheduled needs, through formal written agreement with licensed home care or hospice care agencies. Supervision is provided to persons with cognitive impairments whose decision, if made independently, may jeopardize the safety or well being of themselves or others & require supervision. This Family care Home 4 staff members which include 2 administrators, & 2 rotating scheduled CNA's. The current uses of the property is vacant, & was formally used as a Group home.

B) Please provide a description of the zoning district designations and existing uses on adjacent properties, including across the street. (attach additional sheets if necessary)

The zoning district is a Residential neighborhood. The designation for the zoning district is Family Care Home, which is classified as Group Living. The existing use on adjacent properties are residential homes on the sides & rear of the designation & directly across the street is a newly built Family Dollar Store. This designation sits in a zone that is the process of being revitalized by the city. This disignation is seperated by a privacy fence adjacent to the left of the building & the rear. The right side of the designation is open & seperated by a concrete driveway.

3. Special Use Permit Justification. Answer all questions in this section (attach additional sheets as necessary).

A) Indicate how the special use complies with all applicable use-specific standards in the City Code of Ordinances.

Part II- Code of Ordinances > Article 30-91
Group Home - Small: A home with support & supervisory personnel that provides room & board, Personal care, & habilitation services in a family environment for between two & six residents Persons with disabilities. The definition does not include hospital, rest home, Nursing Home, boarding homes, homes for orphans or aged, sub-acute-care detoxification centers, or halfway house/mainstreaming facilities.

B) Describe how the special use is compatible with the character of surrounding lands and the uses permitted in the zoning district(s) of surrounding lands.

This special use is compatible with the character of surrounding land due to the fact that this home has been apart of this zone for many years. It was built in this location in 1965. It was once used for Group living & is currently set with Group Living fixtures inside the resident. The special use of this location will require few home repairs but will maintain the character & integrity of the surrounding lands.

C) Indicate how the special use avoids significant adverse impact on surrounding lands regarding service delivery, parking and loading, odors, noise, glare, and vibration.

This special use will not adversely impact the surrounding land because it is an existing structure that has been vacant in a thriving part of the city that is in the process of revitalization. The service delivery is done within the home in a normal residential setting & manner. There is parking available on the premises for 5 vehicles. None of the residents will come with vehicles parking is for staff & visitors. Due to the nature of the special use, no orders, glare, or vibrations apply. The noise level will be restricted to the confines of the resident.

D) Demonstrate how the special use is configured to minimize adverse effects, including visual impacts of the proposed use on adjacent lands.

Because the designation has been a ~~the~~ part of this community since 1965, it has yet to demonstrate any adverse effects, including visual impacts, on adjacent lands. We intend on maintaining the structural integrity of the existing resident & make the improvements needed to meet all state & local inspections required for the special use. This designation last use was for the purpose of Group Living. The integrity of adjacent lands remains intact.

E) Explain how the special use avoids significant deterioration of water and air resources, wildlife habitat, scenic resources, and other natural resources.

The special use is in a residential neighborhood located in a urban section of zone 4. It will continue to be maintained with respect to natural resources & habitation within the community. Water usage will be limited to the needs of living & maintaining a residential home. Air resources will not deteriorate due to normal living conditions.

F) Indicate how the special use maintains safe ingress and egress onto the site and safe road conditions around the site.

The location of the special use is on a paved street with a very light flow of traffic ingress & egress onto the site is assessable in the front of the resident.

G) Demonstrate how the special use allows for the protection of property values and the ability of neighboring lands to develop the uses permitted in the zoning district.

The location of this special use is surrounded by privacy fencing on the sides & the rear. This offers protection to the neighbors & adds value to the property. Furthermore, this section of Fayetteville is building new retail stores near directly across the street from the resident which increases the value of the properties of neighboring lands.

H) The special use complies with all other relevant City, State and Federal laws and regulations

Once granted the special use permit, then all required city & state inspections will be sceduled in accordance with City, State & Federal laws & regulations.

5. Submittal Requirement Checklist

(Submittals should include 2 copies of listed items, unless otherwise stated.)

☐	Pre-application Conference completed
☐	Application fee
☐	Completed site plan (information required includes parking, ingress, egress, fencing, play areas, setbacks, square footage of building, landscaping, etc.)
☐	Special Use Permit Application Form
☐	Vested Rights Certificate (if requested)
☐	Copy of recorded deed
☐	Copy of an approved Certificate of Appropriateness (COA) if located within the HLO
☐	Proposed or existing development name (if different from project name)
☐	Traffic impact analysis (if required)
☐	Any additional information determined to be necessary by the Development Services Department

6. Primary Point of Contact Information for the Pre-application Conference

Primary Point of Contact Name:	Sheary Turner / Michael Carroll		
Mailing Address:	1735 Slater Ave. Fayetteville, NC 28301	Fax No.:	910-630-3169
Phone No.:	910-476-0628 / 910-309-9432	Email:	Dynamicsofcare@yahoo.com

7. Owner Information

Owner Name:	Carietta Adkins		
Mailing Address:	1231 Belgrave Place Charlotte N.C. 28203	Fax No.:	
Phone No.:	704 607-8284 / 704-376-2340	Email:	
Signature:	Carietta Adkins	Date:	9 May 17