

PLANNING DEPARTMENT

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Family Home Care Application

Please allow a minimum of three (3) business days to process applications

Physical Address: _____ Zoning: _____

Licensure Name: _____

Mailing Address: _____

Email: _____ Phone: _____

Contact Person: _____ Contact Phone Number: _____

FAMILY CARE HOME. 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, the person with disabilities defined by state law.

Family care homes shall meet the following minimum conditions:

- The use cannot exceed six residents staying overnight at one time;
- The activity shall not be inconsistent with the use of the premises as a dwelling; and
- Family care homes and group homes must be licensed by the appropriate North Carolina licensing department and must meet all applicable Code requirements.

I, _____ certify that the use of this property is in full alignment with the definition and minimum requirements listed above.

Signature Date

City Staff Date