



Town of Zebulon

Planning Department

1003 N. Arendell Avenue, Zebulon, NC 27597
 Phone: (919) 823-1810 Fax: (919) 269-6200
 www.townofzebulon.org

Group Home Submittal Requirements

This form indicates the requirements for group home submittals. Incomplete applications will not be accepted. Projects located in special protection areas (fire districts, flood plains, etc.) may require additional material. Staff reserves the right to request any material that may be required to determine compliance with the NC Building Code. **Plan review for all submittals takes 7-14 business days. If the first review fails then there is additional time required to review multiple submittals or revisions.**

Required for All Residential Permit Applications:

<u>Document/ Information</u>	<u>Details</u>
Commercial Permit Application	Complete all fields pertaining to project
Layout of the Residence	Required for all work. Plans must be drawn in blue or black ink. Layout should include location of fire extinguisher. Label the number of beds per room. Plans must be legible
Detailed Scope of Work (Needs to be in statement from)	<ul style="list-style-type: none"> A. Facility Name, Address, Contact Information (phone number, email address B. Property Owner's Full Name, Address, Contact Information (phone number, email address C. Operator of Group Home Full Name, Address, Contact Information (phone number, email address) D. Licensee Full Name, Address, Contact Information (phone number, email address, license number) E. A statement stating " Residence is being converted to be used as group home" F. A statement detailing how many people will be staying in group home and if they will live, sleep or dwell in the group home G. Age range of persons under care H. Number of shifts and hours of operation I. A statement detailing the number of residents that will be able to respond and evacuate building with no assistance from others in emergency and the number of those that may need assistance in emergency. J. A statement detailing if



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	<p>clients/residents will receive medical services requiring / comparable to on-site nursing, physician, or medical care</p> <p>K. State Agency Contact Person / Inspector Information (phone number, email address)</p> <p>L. Signature of Owner and Operator</p>
<p>Owner of Home Statement</p>	<p>A separate statement from the owner (if different from the operator) that he/she is aware that the home will be converted to a group home and approved the conversion</p>
<p>Emergency Evacuation Plan</p>	<p>Drawn in blue or black ink, Label Fire Extinguishers, Label where residents/staff should gather on the property after evacuating the home</p>
<p>Zoning Letter</p>	<p>Please see Planner 1, Mackenzie Day (919 823 1811 or mday@townofzebulon.org</p>