

**CITY OF WILMINGTON
STATE OF NORTH CAROLINA**

**APPLICATION FOR A VARIANCE UNDER THE FAIR HOUSING ACT
PURSUANT TO SECTION 18-149 and 18-150 OF THE LAND DEVELOPMENT CODE**

PRE-APPLICATION MEETING – A pre-application meeting with staff is required before a variance application can be accepted. Pre-application meetings will not be scheduled for or held on the date of the application submission deadline. Please identify the meeting date and staff in attendance below.

Meeting Date: _____ Staff: _____

PURPOSE OF VARIANCE – A variance is the official allowance of a variation from the separation requirement set forth in Sections 18-149 and 18-150 of the Land Development Code for a family care home, group home supportive small, group home supportive medium, group home supportive large and group home residential. An applicant for a variance must demonstrate that the persons residing in the facility are disabled or handicapped as defined by the federal Fair Housing Act (FHA) and that the variance is required as an accommodation under the FHA because it is necessary, reasonable and needed to provide the disabled or handicapped an equal opportunity to use and enjoy housing.

BOARD OF ADJUSTMENT – The Board of Adjustment (BOA), is the official City Board that considers requests for variances. The BOA receives sworn testimony at its quasi-judicial hearings and issues decisions on variance requests based on this testimony and the documentary evidence presented. It is the responsibility of each applicant for a variance to attend the BOA meeting and present sworn testimony and other evidence in support of the request.

SUBJECT PROPERTY INFORMATION

Street address _____

Tax Parcel Number _____

Zoning District _____

Type of care facility (check one):	<input type="checkbox"/> Family care home
<input type="checkbox"/> Group home supportive small	<input type="checkbox"/> Group home supportive medium
<input type="checkbox"/> Group home supportive large	<input type="checkbox"/> Group home residential

REASON FOR VARIANCE REQUEST – Describe your variance request; explain why you are requesting a variance and answer each of the questions below. (Attach additional sheets if needed.)

I am requesting a variance of _____ feet for the above property from the separation requirement of _____ mile in the Land Development Code because:

QUESTION 1: Are you making this application for a variance as a disabled or handicapped person or as a representative of an organization that represents disabled or handicapped persons? _____ If so, describe your disability or the organization? _____

Is the organization non-profit? _____ Does it have 501(c)(3) or other IRS tax exempt status? _____ Attach documentation to support your responses.

QUESTION 2: Are those persons who will reside in this facility handicapped or disabled within the meaning of the Fair Housing Act? _____
Explain. _____

Attach documentation to show how you determine such disability or handicap.

QUESTION 3: How do you determine that persons who will reside in this facility do not currently use illegal drugs? _____

Attach documentation to show your practices and procedures.

QUESTION 4: How do you determine that persons who will reside in this facility are not currently abusing the consumption of alcohol? _____

Attach documentation to show your policies and procedures.

QUESTION 5: How do you determine that persons who will reside in this facility have not been convicted of the sale or manufacture of illegal drugs? _____

Attach documentation to show your policies and procedures.

QUESTION 6: How do you determine that persons who will reside in your facility do not present a direct threat to the health, safety or property of others? _____

Attach documentation to show your policies or procedures.

QUESTION 7: Why is the requested variance from the separation requirement a reasonable accommodation under the Fair Housing Act? _____

QUESTION 8: Identify the family care homes, group homes supportive small, group homes supportive medium, group homes supportive large and group homes residential located within one mile of this facility. _____

QUESTION 9: What benefit would the variance to the separation requirement provide to the disabled or handicapped in general? _____

QUESTION 10: How would the variance to the separation requirement directly improve the effect of the disability or handicap? _____

QUESTION 11: Are there other such care facilities that provide similar services to the disabled or handicapped in the City of Wilmington? _____ If so, please identify them by type, name and location. _____

QUESTION 12: Would the variance provide an undue financial or administrative burden on the City? _____ Explain. _____

QUESTION 13: Is the variance necessary to lessen the impact of the disability or handicap? _____ Explain. _____

QUESTION 14: Does the property meet the requirements of the City's Minimum Housing Code (Article V, Chapter 16 of the City Code)? _____

QUESTION 15: Has a City Code Enforcement Officer inspected the property for compliance with the Minimum Housing Code? _____ If so, when? _____

QUESTION 16: Does the property meet other state and local regulations, including licensure? _____ Explain. _____

Attach copy of documentation to support an affirmative response, including a copy of any license.

QUESTION 17: What is the maximum number of residents that will reside in the facility? _____ Of these residents, how many will be related by blood or marriage? _____ How related? _____

(Attach documentation to show relationship of these residents.)

How many of these residents are disabled or handicapped? _____

Of these residents how many, if any, will be supervisors? _____ Are any of these supervisors counted as a disabled or handicapped resident above? _____ If so, how many? _____

QUESTION 18: Do you receive state or federal funding? _____ If so, describe.

QUESTION 19: Do you provide room and board, personal care and habilitation services in a family environment to the disabled or handicapped persons who will reside in the facility?

_____ If so, describe these services. _____

QUESTION 20: Is the structure to be used as the facility in existence? _____
If so, attach clear recent photographs of the structure.

QUESTION 21: Are there to be any changes made to the exterior of the structure? _____
If so, describe. _____

Attach plans that show the proposed changes.

QUESTION 22: Is the structure to be used as the facility going to be new construction? _____
If so, attach plans showing the façade.

QUESTION 23: Is the structure architecturally compatible with the residential streetscape?

_____ If so, attach clear recent photographs of the streetscape.

QUESTION 24: How many parking spaces are provided on site? _____
Attach a site plan drawn to scale showing the property boundaries and dimensions, structures, driveways and on site parking.

QUESTION 25: How does your request for a variance from the separation requirement provide the disabled or handicapped an equal opportunity to use and enjoy housing under the Fair Housing Act? _____

QUESTION 26: Would the variance provide a benefit to the disabled or handicapped above that provided to the non-disabled with respect to matters unrelated to disability? _____
Explain. _____

ATTACH TAX PARCEL & OWNERSHIP INFORMATION FOR ADJACENT PROPERTIES (Include stamped, self-addressed envelopes)

APPLICANT INFORMATION
Name/Address/Telephone/Email

Name: _____

Address: _____

Phone: _____

Email: _____

OWNER INFORMATION
Name/Address/Telephone/Email

ATTACH AGENT FORM IF APPLICANT IS NOT THE PROPERTY OWNER

DATE _____

APPLICANT'S NAME _____
APPLICANT'S TITLE _____

Applicant's Signature