

Accessory Care Provider Housing Unit Permit Application

Lincoln County Planning and Inspections Department
302 North Academy Street Suite A Lincolnton, N.C. 28092
Phone: (704) 736-8440 Fax: 732-9010

Part I

Care Provider Name_____

Care Provider Address_____

Care Provider Phone Number_____

Property Owner's Name_____
(If different from Care Provider)

Property Owner Address_____
(If different from Care Provider)

Property Owner Phone Number_____
(If different from Care Provider)

Name of Recipient of Care_____

Part II

Property Location_____

Property ID#_____ Parcel #_____ Zoning District_____

Briefly describe how property is being used and list any existing structures._____

Part III

Please describe the relationship between the person who is in need of care and the person who will provide the care (Example: child, parent, professional nurse, etc.)._____

Please provide an explanation of why this permit is necessary._____

Name/Phone Number of Doctor_____

Please attach a signed written statement from the doctor stating why this person needs accessory care.

I hereby certify that all of the information provided in this application and attachments is true and correct to the best of my knowledge. I acknowledge that I have read the rules governing accessory care provider-housing units and agree to abide by them. I, also, agree to remove the mobile home within sixty (60) days of the termination or elimination of the conditions giving rise to this permit. I also understand that this permit will automatically expire in (1) year if not renewed within the specified time period.

Signature of Applicant

Date

Signature of Property Owner

Date

Signature of Zoning Administrator

Date Permit Issued

\$75.00 initial application charge. No charge for annual renewals.

Guidelines for Accessory Care Provider Housing Units

An accessory dwelling unit in the form of a Class A, B, or C, mobile home, the purpose of which is to accommodate an aged, infirmed, or handicapped person needing a substantial amount of personal care or attention based on a certified medical need. The careprovider may live in either the principle dwelling or the accessory mobile home. Before a permit will be issued, the applicant must provide evidence that the unit is necessary to take care of a sick, elderly, or disabled person who lives on the same lot or an adjacent lot and who is in need of personal or medical attention. The placement and type of housing unit shall be chosen so as to minimize any negative affects on adjacent properties.

Such uses shall also be required to meet the following criteria:

1. The accessory structure shall be located at least twenty (20) feet from the principal structure.
2. No more than one accessory careprovider-housing unit per lot shall be allowed. No more than one principal structure may be located on the lot unless the lot contains an area for each principal structure that is at least equal to the minimum lot size for the zoning district in which it is located.
3. The accessory unit shall observe the same setback requirements as the principle structure.
4. The accessory unit may not be placed in front of the principal unit when located on the same lot.
5. The mobile home must be skirted or underpinned as required for multi-section manufactured homes by the NC Department of Insurance.
6. The permit expires after one (1) year. Within three months prior to the expiration date, the applicant can provide evidence to the Zoning Administrator that the need for accessory care still exists and consecutive extensions may be granted.
7. The mobile home must be removed within sixty (60) days of the termination of the permit or the elimination of the conditions giving rise to the permit.

If you have any questions concerning accessory care provider housing issues, please contact the Lincoln County Planning and Inspections Department at (704) 736-8440.