



## Planning, Development & Inspections

TEL (PLANNING) 919 856 6310  
TEL (INSPECTIONS) 919 856 6222

A Division of Community Services  
P.O. Box 550 • Raleigh, NC 27602  
[www.wakegov.com](http://www.wakegov.com)

### PRE-SUBMITTAL MEETING CHECKLIST

#### In-Home Care Facility

- Attach copy of completed Application from Division of Facility Services for use requested.
- Provide documentation that no other family care homes are within a ½ mile radius. (if applicable)
- Please complete and upload the care facility supplemental application (pg 2)

#### Commercial, Rezoning and Subdivisions

Give a detail description in the Description Box located on the Permit Portal application (i.e. proposed use, # employees, hours of operation, type of subdivision, # of lots, etc)

- Please complete and upload the pre-submittal meeting commercial supplemental form (pg 3)

**If proposed use is not listed, please call 919-856-6335 for additional information and requirements.**

#### Notes:

- All documents and maps submitted as required become the property of Wake County.
- The Wake County Unified Development Ordinance are on the web at [www.wakegov.com](http://www.wakegov.com)
- All application fees are non-refundable.
- Permit Portal [www.wakegov.com/permitportal](http://www.wakegov.com/permitportal)

The File Number should be used on all correspondence subsequent to application acceptance



# Pre-Submittal Meeting Care Facility Supplemental Information

TEL 919 856-6335  
FAX 919 856-5824

This application is for:  In-Home Day Care  Day Care Center  
 Family Care Home  Group Home

Are any other Care Facilities located within 1/2 mile? Yes No

Is the owner also the operator? Yes No

Has application been made to Division of Facility Services? Yes No

What are ages (in years) of those receiving care?  less than 2 1/2  2 1/2 - 5  over 5

How many will receive care? \_\_\_ How many hours per day will they receive care? \_\_\_

What are the hours of operation? \_\_\_\_\_

Total number of caregivers? \_\_\_ Number of caregivers at one time? \_\_\_

Will any caregivers reside here? Yes No

\*Ambulatory Yes No

Will food be prepared on-site? Yes No

Type of water supply system:  Well  Public Water  Community Water

Type of waste system:  Septic Tank  Public Sewer  Community Sewer

How many bedrooms does the building currently have? \_\_\_

*Please attach detailed description of the proposed facility.*

*\*Ambulatory: a person who can evacuate the building without physical or verbal assistance during a fire or other emergency.*

Signature \_\_\_\_\_ Date: \_\_\_\_\_

*Please be aware that Wake County cannot design your care facility or type of facility. The applicant must know what type of care and number of occupants in order to begin the application process.*

By completing this application for a preliminary review, you and the various agencies of Wake County can begin to determine if your proposed project is possible and help to avoid unanticipated costs and minimize delays. A member of the Care Facilities project team will schedule a date and time when you will be able to meet with all of the above County agencies as needed during one meeting.

When you meet for preliminary review please be prepared to supply the following:

Copy of application from Division of Facilities Services (if not provided with application for preliminary review),



Pre-Submittal Meeting Commercial Supplemental Information

What is the proposed use: \_\_\_\_\_

What is the existing use: \_\_\_\_\_

Detail Description: \_\_\_\_\_

How many proposed employees? \_\_\_\_\_

How many proposed customer/seating? \_\_\_\_\_

Will child care be provided on site? Yes No If yes How many will receive care? \_\_\_\_\_

What are the hours of operation? \_\_\_\_\_

Will food be prepared on-site? Yes No

Type of water supply system: [ ] Well [ ] Public Water [ ] Community Water

Type of waste system: [ ] Septic Tank [ ] Public Sewer [ ] Community Sewer

If you have any sketches or other documentation, please upload to the pre-submittal request.

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