



# Due Diligence / Zoning Verification Letter

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Development Services Center

Application Guide, Online Payment, and Submittal Portal: <https://dsc.durhamnc.gov/264>  
Application Questions: [planning@durhamnc.gov](mailto:planning@durhamnc.gov) | 919-560-4137

REQUEST FOR:  Business Outside The Home  Zoning Verification Letter  Property Address: \_\_\_\_\_

## APPLICANT / LESSEE INFORMATION (ALL APPLICATIONS)

Applicant/ Lessee Name:	Email:
Applicant Address:	Telephone #1:
City/State/ZIP:	Telephone #2:
Applicant's Signature:	Date Signed:

## REQUEST ZONING VERIFICATION LETTER SENT TO A DIFFERENT ADDRESS

Address Letter To:	Company Name
Mailing Address:	City/State/ZIP:

## BUSINESS INFORMATION (FOR BUSINESS OUTSIDE THE HOME OR CHANGE OF USE ONLY)

Business Name:	New Business? <input type="checkbox"/> Y <input type="checkbox"/> N
Current or Previous Tenant:	New Address for Existing Business?
Current or Previous Use at this Address:	<input type="checkbox"/> Y <input type="checkbox"/> N
Proposed Business Type: (Check All that Apply)	<input type="checkbox"/> Daycare <input type="checkbox"/> Family Care (6 or less residents) <input type="checkbox"/> Group Home (more than 6 residents) <input type="checkbox"/> Indoor Recreation <input type="checkbox"/> Industrial <input type="checkbox"/> Kennel <input type="checkbox"/> Nightclub/Bar <input type="checkbox"/> Office <input type="checkbox"/> Outdoor Recreation <input type="checkbox"/> Personal Services <input type="checkbox"/> Restaurant <input type="checkbox"/> Retail/Comm. <input type="checkbox"/> Vehicle Repair <input type="checkbox"/> Vehicle Sales/Lease <input type="checkbox"/> Other (Please Describe) _____
Describe Proposed Business Activities:	

## FAMILY CARE OR GROUP HOMES - PROPERTY OWNER & ON-SITE CONTACT INFORMATION

**All property owners and on-site contact info is REQUIRED. Attach additional sheets if needed.**

Property Owner Name:	Owner Telephone:
Owner Address:	Owner Email:
Owner's Signature:	Date Signed:
On-Site Contact Name:	Contact Telephone:
Contact Address:	Contact Email:

## Tracking Information (Staff Use Only)

Date Received:	Received By:	New Case #:
PID:	PIN:	Zoning:
Limited Use Standards Apply? <input type="checkbox"/> Y <input type="checkbox"/> N	Development (D) Plan? <input type="checkbox"/> Y <input type="checkbox"/> N	Tier:
Bd. of Adjustment Req'd? <input type="checkbox"/> Y, Case #: _____ <input type="checkbox"/> N	COA Required? <input type="checkbox"/> Y, Case #: _____ <input type="checkbox"/> N	Overlay:
Meets Separation Requirements? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Site Plan Required? <input type="checkbox"/> Y <input type="checkbox"/> N	D-Plan Case #:
Prev. Use/ Tenant:	From: <input type="checkbox"/> Polk <input type="checkbox"/> Bus. License <input type="checkbox"/> Other	Re-Zoning Required? <input type="checkbox"/> Y <input type="checkbox"/> N
Adequate Parking? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Allowed? <input type="checkbox"/> Y <input type="checkbox"/> N	S.P. Approved? <input type="checkbox"/> Y <input type="checkbox"/> N
Comments/ Notes:		Year of Last Info:

NOTE: Please see required attachments and fee on page 2

## REQUIRED APPLICATION ATTACHMENTS (AS APPLICABLE)

**Application Fee: \$20.80 per parcel.** Pay application fees online at <https://dsc.durhamnc.gov/220/Online-payment-fee-schedule>.

Please provide copies of all required information below in addition to this completed application form.

**Family Care Homes and Group Homes, Related Permits/ Licenses:** Facility must open within 180 days (6 months) of the date of the verification letter or the letter will expire and the location will be released. If additional time is needed, one 6-month extension shall be granted if applied for before the expiration date. Along with the extension request, the applicant shall provide evidence to Planning that all licenses have been applied for, and it is the applicant's intent to occupy this location before the extended expiration date of this letter. Licenses shall include, but not be limited to:

- State License                       County Health Dept. Inspection/Permit

**Family Care/ Group Homes Separation Requirement:** At the time of submittal, Planning staff will prepare a map showing the property and all other properties within the regulated radius, per UDO Section 5.3, Limited Use Standards, and specified below.

- Family Care Homes:** 1,125 foot minimum separation from other Family Care Homes  
 **Group Homes:** 1,125 foot minimum separation from other Group Homes and Family Care Homes

**Other Nonresidential Uses with Separation Requirement (e.g., Kennel, Nightclub/ Bar, Outdoor Recreation, Etc.):** Planning staff can assist in preparation of an initial map showing the subject property and all other properties within a regulated radius (per UDO Section 5.3, Limited Use Standards). Applicant is responsible for identification of the uses of properties within the regulated radius, to be checked by staff after submittal.

**Parking Plan for Change of Use (contact the Development Services Center for Site-Specific Details):** If the proposed use requires more parking than the previous use(s) on the same property, a parking plan can be required to **show that adequate parking exists on site for all existing uses on the site plus the additional parking that will be required for the new use.** If the change of use involves or requires site changes that meet the UDO threshold for a site plan, it must be approved prior to establishing the new use. If a site plan is not required, provide 1 copy of an Existing Conditions plan for the property, drawn to scale, and include the following, as applicable, with dimensions and features clearly labeled:

- |  |   |
|--|---|
| <input type="checkbox"/> Name of the project   | <input type="checkbox"/> Applicant's contact information with phone                           |
| <input type="checkbox"/> Property address and PID  | <input type="checkbox"/> Motor vehicle parking spaces, numbered                               |
| <input type="checkbox"/> Property lines  | <input type="checkbox"/> Handicap-accessible parking spaces, with required aisles and signage |
| <input type="checkbox"/> Total area of property  | <input type="checkbox"/> Label all parking surfaces with type of material                     |
| <input type="checkbox"/> Building outline, showing locations of all doors  | <input type="checkbox"/> Bicycle parking spaces, numbered                                     |
| <input type="checkbox"/> Driveway location(s)  | <input type="checkbox"/> Sidewalks and other pedestrian ways                                  |
| <input type="checkbox"/> Designated fire lanes   | <input type="checkbox"/> Locations of landscaping and planting areas around parking           |
| <input type="checkbox"/> Location, type, and size (in square feet) of each use in all buildings and outdoor activity areas | <input type="checkbox"/> above-ground utility locations and type                              |
| <input type="checkbox"/> Service locations (trash/recycling, loading, etc.)  |   |

This requirement does not apply to Household Living uses. It will be waived for other uses if sufficient parking has been documented on an approved site plan or previous parking plan, and uses on the property have not changed since the last approved plan. Contact the Development Services Center for assistance.

**Spill Prevention Plan for Vehicle Service:** Provide 2 copies of a Spill Prevention Plan if a site plan is not otherwise required. The form is available from the Public Works Department.

**Contact Us:** If you have any questions about this application, please contact the Durham Development Services Center at 919-560-4137, or send us an inquiry at: <https://dsc.durhamnc.gov>

**Note:** *Please allow up to 48 hours for a background check for this site. You will be notified when a letter is ready for pickup or if there are other questions from Planning staff.*

## SUBMITTAL INSTRUCTIONS

Email a PDF of the this application form and a PDF of the fee payment confirmation email to [dsticket@dsc.mojohelpdesk.com](mailto:dsticket@dsc.mojohelpdesk.com)