

# Temporary Family Health Care Structures (TFHCS) Zoning Permit Checklist

<b>Building Permit #:</b> _____	<b>Date:</b> _____	<b>Fee: \$100.00</b> _____ <b>Paid</b>
<p>This checklist is to be completed and specified information attached for each zoning permit package submitted for review. Temporary Family Health Care Structures (TFHCS) are regulated per Section 30-88 of the Roanoke County Zoning Ordinance and Section § 15.2-2292.1. of the Virginia State Code.</p> <p><b>Please provide attached document pages to verify requirements.</b></p>		
<p><b>Tax Map #:</b> _____ <b>Zoning District:</b> _____</p> <p>_____ <b>Primary Structure Setbacks:</b> Plot Plan attached.</p> <p>Front: _____ Side: _____ Side: _____ Rear: _____</p>		
<p>_____ Only one <b>TFHCS</b> shall be allowed on a lot or parcel of land.</p>		
<p>_____ <b>Compliance with Virginia Department of Health standards.</b> Documentation attached.</p>		
<p>_____ <b>Utility Hook Up Documentation:</b> <i>Documentation attached.</i> Serving the primary residence on the property.</p>		
<p>_____ <b>Water</b></p>	<p>_____ <b>Sewer</b></p>	<p>_____ <b>Electric utilities</b></p>
<p>_____ <b>Property ownership/Caregiver Occupied:</b> <i>Documentation from licensed physician attached.</i></p> <p>For use by a caregiver in providing care for a mentally or physically impaired person as a permitted accessory use in any single-family residential zoning district on lots zoned for single-family detached dwellings.</p>		
<p>_____ <b>Obtain Building/Zoning Permit</b> – Documentation attached.</p>		
<p>_____ <b>Signage:</b> <i>No signage advertising or otherwise promoting the existence of the TFHCS shall be permitted</i> either on the exterior of the temporary family health care structure or elsewhere on the property.</p>		
<p>_____ <b>Annual Review and Inspection:</b> Date Due: _____ Documentation Received: _____</p> <p>Roanoke County will require that the applicant provide evidence of compliance with this section on an annual basis as long as the temporary family health care structure remains on the property. Such evidence may involve the inspection by the locality of the temporary family health care structure at reasonable times convenient to the caregiver, not limited to any annual compliance confirmation.</p>		
<p>_____ <b>TFHCS Removal:</b> Any TFHCS installed pursuant to this section shall be removed within 30 days in which the mentally or physically impaired person is no longer receiving or is no longer in need of the assistance provided for in this section. It shall be the responsibility of the property owner to notify the Zoning Administrator in writing when use is discontinued.</p>		
<p><b>The local governing body, or the zoning administrator on its behalf, may revoke the permit granted if the permit holder violates any provision of this checklist. Additionally, the local governing body may seek injunctive relief or other appropriate actions or proceedings in the circuit court of that locality to ensure compliance with the standards of § 15.2-2292.1. of the Virginia State Code. The zoning administrator is vested with all necessary authority on behalf of the governing body of the locality to ensure compliance with this section.</b></p>		
<p>Owner or Agent Signature: _____ Date: _____</p>		