



Initial Application Date: 7.18.19

Application # BCCM1907.0006
DRB # _____ CU # _____

COMMERCIAL

COUNTY OF HARNETT LAND USE APPLICATION

Central Permitting (Physical) 108 E. Front Street, Lillington, NC 27546 (Mailing) PO Box 65 Lillington NC 27546 Phone: (910) 893-7525 opt #2 Fax: (910) 893-2793 www.harnett.org/permits

LANDOWNER: Reginald Harris 90 Turlington * Mailing Address: 201 N Wilcox Ave Dunn NC 28334

City: Dunn State: NC Zip: 28334 Contact # 919-207-7999 Email: tregpm@gmail.com

APPLICANT: * Amat Group Homes LLC Mailing Address: 5519 Plainview Hwy.

City: Dunn State: NC Zip: 28334 Contact # 910-922-9583 Email: amatpek@gmail.com

*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: _____ Phone # _____

Address: Wilkinson PIN: 0589.52.5827

Deed Book Page: lease agreement approval

PROPOSED USE:

- Multi-Family Dwelling No. Units: _____ No. Bedrooms/Unit: _____
- Business Sq. Ft. Retail Space: _____ Type: _____ # Employees: _____ Hours of Operation: _____
- Daycare # Preschoolers: _____ # Afterschoolers: _____ # Employees: _____ Hours of Operation: _____
- Industry Sq. Ft: _____ Type: _____ # Employees: _____ Hours of Operation: _____
- Church Seating Capacity: _____ # Bathrooms: _____ Kitchen: _____

Accessory/Additional/Other (Size 0 x 0) Use: Amat Group Home w people, mentally challenged adults - ambulatory

Water Supply: County _____ Existing Well _____ New Well (# of dwellings using well _____) *Must have operable water before final (Need to Complete New Well Application at the same time as New Tank)

Sewage Supply: _____ New Septic Tank _____ Expansion _____ Relocation _____ Existing Septic Tank _____ County Sewer
(Complete Environmental Health Checklist on other side of application if Septic)

Comments: 1 staff member
4 people will live there

If permits are granted I agree to conform to all ordinances and laws of the State of North Carolina regulating such work and the specifications of plans submitted. I hereby state that foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if false information is provided.

[Signature]
Signature of Owner or Owner's Agent

7/3/19
Date

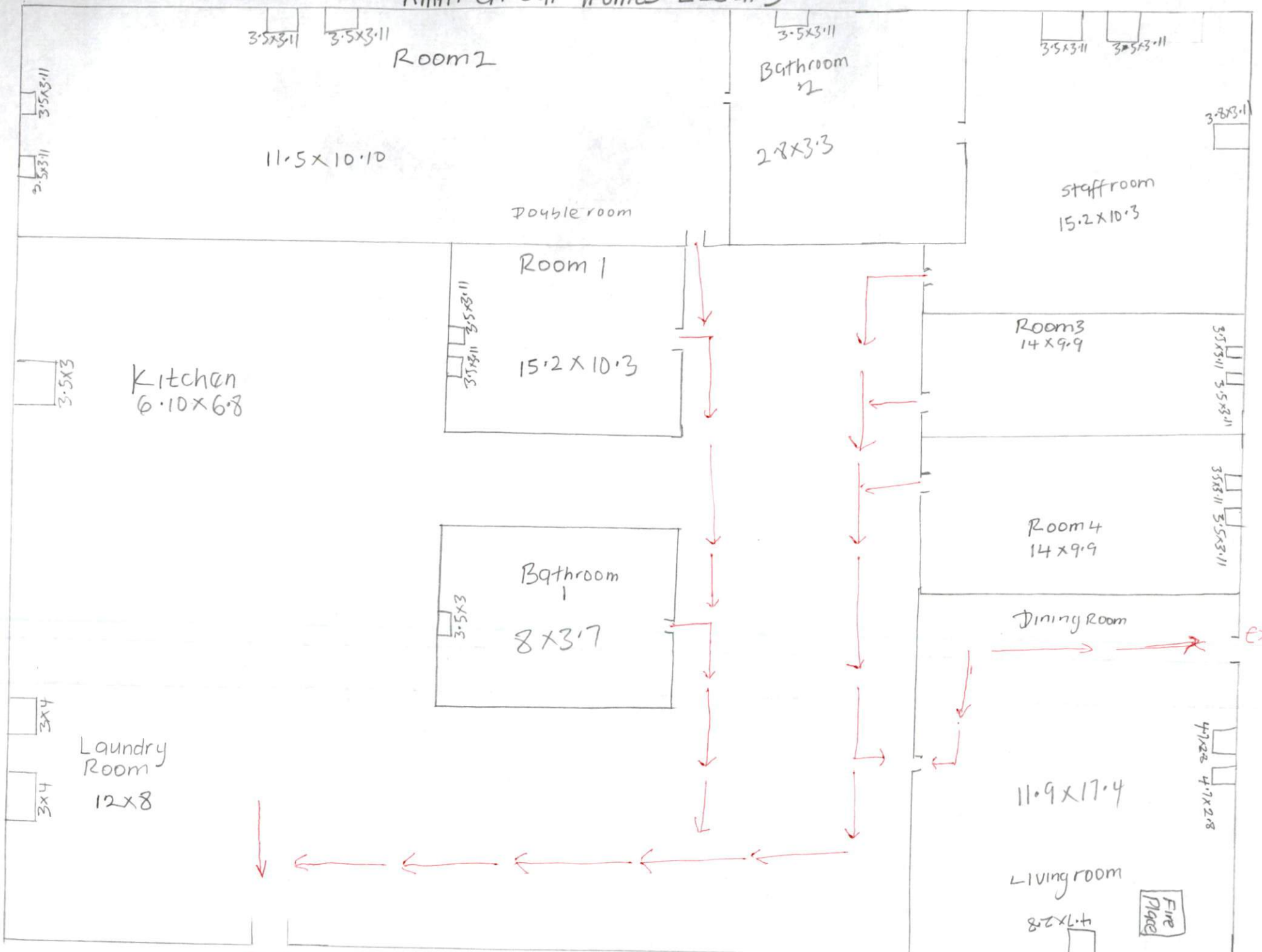
This application expires 6 months from the initial date if permits have not been issued

RECORDED DEED (OR OFFER TO PURCHASE) AND PLAT ARE REQUIRED WHEN APPLYING FOR LAND USE APPLICATION

It is the owner/applicants responsibility to provide the county with any applicable information about the subject property, including but not limited to: boundary information, house location, underground or overhead easements, etc. The county or its employees are not responsible for any incorrect or missing information that is contained within these applications.

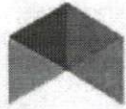
This application expires 6 months from the initial date if permits have not been issued

AMAT GROUP HOMES LLC #3



Exit

exit



SANDHILLS CENTER

Managing Mental Health, Intellectual/Developmental Disabilities and Substance Abuse Services
910-673-9111 (FAX) 910-673-6202 www.sandhillscenter.org Victoria Whitt, CEO

July 12, 2019

Ibillola Aridegbe
Amat Group Homes LLC
906 E. Prospect Avenue
Raeford, NC 28376
910.922.9583 (ph)
910-728.4819
amatpek@gmail.com

RE: Name of Group Home: Amat Group Home #3 (name change)
Address of Group Home: 7616 US Highway 421 South, Erwin, NC 28339
Type of License: .5600 A
Number of beds: Six (6) beds (Adults with primary diagnosis of Mental illness)

Dear Ms. Aridegbe:

In accordance with G.S. 122C-23.1: Licensure of Residential Treatment Facilities, providers must submit a Letter of Support from Sandhills Center Local Management Entity (LME) indicating that there is a need for the type of facility proposed in the Sandhills Center catchment area. This letter is not intended as an endorsement of the quality of the service nor is it to be interpreted as a guarantee of referrals, business or occupancy of beds for the provider. Given the closed provider network that is a component of the managed care model for mental health, developmental disabilities and substance abuse services, this letter is also not a guarantee that Sandhills Center will be receiving new provider applications for this service to participate in the Medicaid or State funded provider network.

In an effort to comply with the requirements of G.S. 122C-23.1, Sandhills Center has done the following (data utilized is current as of this letter and is subject to change):

1. Conducted a review of the number of residential programs (.5600 licensed facilities) in the Sandhills catchment area.
2. Conducted a review of our current utilization of these facilities by the consumers in our service area. It should be noted that the Division of MH, DD & SAS has determined that there is a statewide shortage of .5600 licensed facilities. Based on this determination, the Division has directed Sandhills Center to grant all requests for a letter of support.

Based on the data available and direction from the Division, your request for a letter of support for additional .5600 beds in the Sandhills Center area is approved. Thank you for your interest in serving the Sandhills Center area. Should you have any questions, please contact Tana Wirtz, Network Development Director, at (336) 389-6190.

Sincerely,

Tana K. Wirtz / CW

Tana K. Wirtz, Network Development Director
Sandhills Center

Cc: Sandee Resnick, Accountability Team Leader, DMH/DD/SAS, Sandee.Resnick@dhhs.nc.gov
Stephanie A. Gilliam, Chief MH Licensure and Certification, DHSR, StephanieGilliam@dhhs.nc.gov

P.O. Box 9, West End, NC 27376
24-Hour Access to Care Line: 800-256-2452
Serving Anson, Guilford, Harnett, Hoke, Lee, Montgomery,
Moore, Randolph & Richmond counties





201 N. Wilson Avenue ~ PO Box 143 ~ Dunn, NC 28335 ~ (910) 892-0463 Office ~ (910) 910-892-0431 Fax

July 3, 2019

To Whom It May Concern,

The home located at 7616 US 421 Erwin, NC has been approved by the owner and its agent to be used by Amat Group Homes as a group home. Any additions or modifications will be the financial responsibility of Amat Group Homes. This approval is contingent upon the home passing all required State and Local Housing Guidelines and Turlington Real Estate Group Rental requirements.

If you have questions, please feel free to contact me.

Sincerely,

Michelle Brooks
Turlington Real Estate Group
Rental Property Management
(919) 207-7999 direct
Email: tregpm@gmail.com

Group Home & Family Care Facility Certification Form

In hopes of making an accurate determination of the type of facility that we are permitting. The Harnett County Planning Department is requiring that all applicants applying for permits to open a family care facility or group home in Harnett County certify the classification of the facility in which the applicant is applying for a permit to operate. Please take a few minutes to answer the questions below.

1. Proposed Facility Name Amat Group Homes LLC #3 Owner Ibilola Aridegbe
2. According to State definition for Family Care and Group Homes, what classification would you consider the proposed facility to be licensed as? 5600A
3. Will this facility operate as any of the following? (Please Circle)
 - Half-way House
 - Assisted Living Residence
 - Boarding Homes for Children
 - Convalescent Home
 - Adult Care Home
 - Nursing Home
 - Other Mental Health Care Home (5600A)
4. How many individuals will this facility provide care for? 6
5. Will this facility provide care for Children or Adults? Adults
 - If children what age range will they be? _____
 - If adults will they be considered elderly? (Yes/No) No
6. Please check all that apply to the residents that will be housed in this facility.
 - They are considered handicapped, aged, or physically or mentally disabled by state definition. _____
 - They are considered runaway, disturbed, or emotionally deprived. _____
 - Will require medical treatment or supervision.
7. According to state regulations what level (1-4) of client will you be caring for? _____
8. Please use the following lines to provide us with any other information or comments that you may see as useful to us during our permitting process. This is considered to be a supervised mental health group home.

*I hereby swear that the foregoing information are accurate and correct to best of my knowledge.

Ibilola Aridegbe 7/18/19 Owner/Qualified Professional
 Owner / Applicant Date Job Title

Contact Info: Address: 5519 Plainview Hwy
 City: Dunn State: NC Zip: 28334
 Phone#: 910-922-9583

Office Use Only	
Approve _____	Denied _____
By: _____	Date: _____

(Form must be completely filled out or application will be denied!)