TOWN OF ERWIN

P.O. Box 459 · Erwin, NC 28339
Ph: 910-897-5140 · Fax: 910-897-5543
www.erwin-nc.org

Memo To: Amat Group Homes, LLC

From: Dylan Eure, Town Planner

Subject: 714 W J St. – Family Care Home

Date: 06/02/2025

Please accept this correspondence from the Town of Erwin as a verification that a family care home is a permitted right at the address of 714 W J St. located within the municipal boundary of Erwin, NC.

714 W J St Erwin, NC is located within the municipal R-10 zoning district. Said zoning classification allows for group homes that contains a minimum of two individuals with a maximum of six individuals, and a buffer of .5 of a mile for each family care home.

If you need any additional information from me please let me know. I can be reached by email at deure@erwin-nc.org or by telephone at (910)-591-4201.

Regards,

Dylan Eure
Town Planner

PAID
JUN / 4 2025 KB
Chk 811
TOWN OF ERWIN

Town of Erwin

Zoning Application & Permit

Planning & Inspections Department

Permit #

Rev Sep2014

Each application should be submitted with an attached plot/site plan with the proposed use/structure showing lot shape, existing and proposed buildings, parking and loading areas, access drives and front, rear, and side yard dimensions.

Name of Applicant		Property Owner	
Home Address		Home Address	
City, State, Zip		City, State, Zip	
Telephone		Telephone	
Email		Email	

Address of Proposed Property			
Parcel Identification Number(s) (PIN)		Estimated Project Cost	
What is the applicant requesting to build / what is the proposed use of the subject property? Be specific.			
Description of any proposed improvements to the building or property			
What was the Previous Use of the subject property?			
Does the Property Access DOT road?			
Number of dwelling/structures on the property already		Property/Parcel size	
Floodplain SFHA ___Yes ___No	**Watershed ___Yes ___No**	**Wetlands ___Yes ___No**	
MUST circle one that applies to property	Existing/Proposed Septic System **Or** Existing/Proposed County/City Sewer		

Owner/Applicant Must Read and Sign

The undersigned property owner, or duly authorized agent/representative thereof certifies that this application and the forgoing answers, statements, and other information herewith submitted are in all respects true and correct to the best of their knowledge and belief. The undersigning party understands that any incorrect information submitted may result in the revocation of this application. Upon issuance of this permit, the undersigning party agrees to conform to all applicable town ordinances, zoning regulations, and the laws of the State of North Carolina regulating such work and to the specifications of plans herein submitted. The undersigning party authorizes the Town of Erwin to review this request and conduct a site inspection to ensure compliance to this application as approved.

Print Name	Signature of Owner or Representative	Date

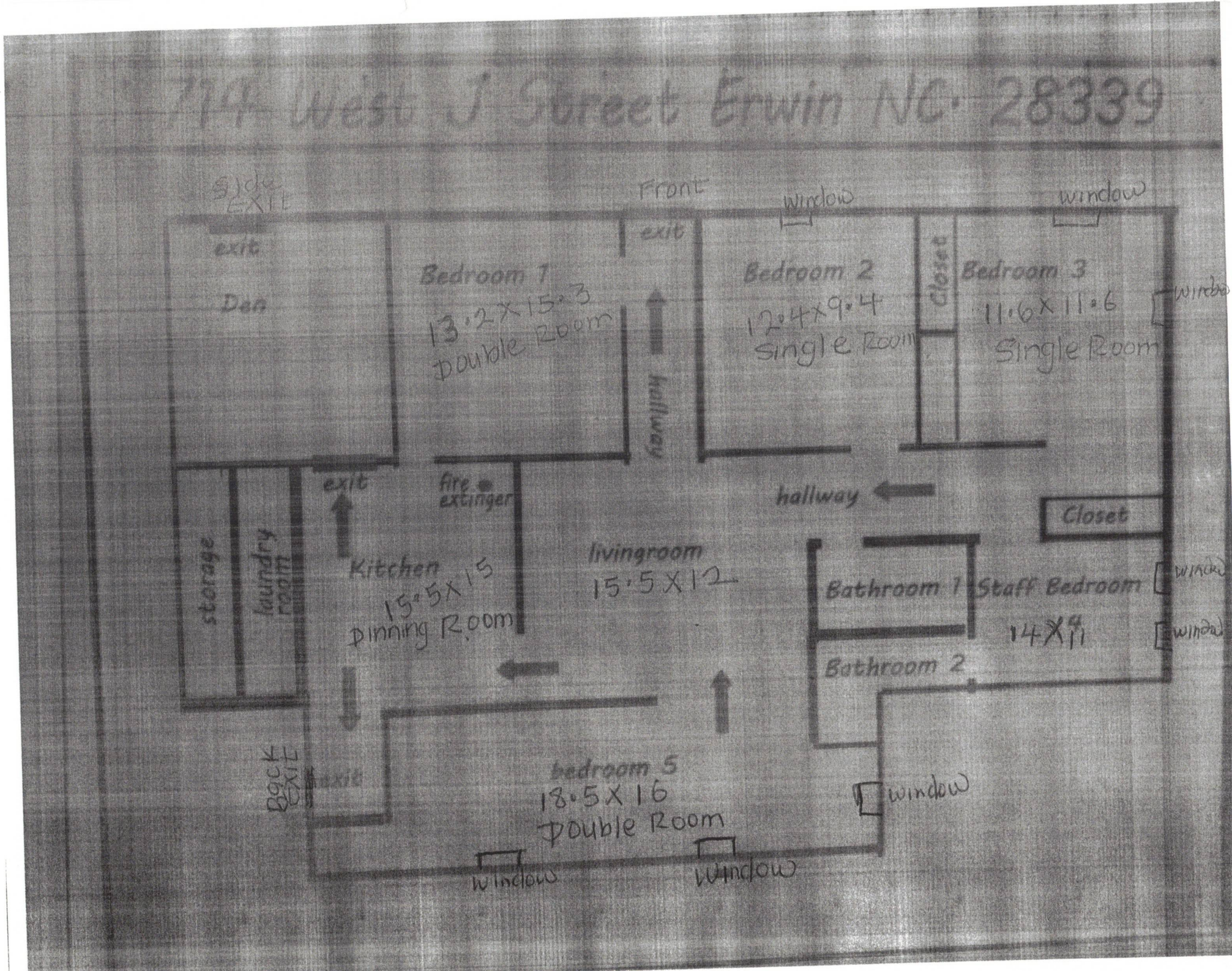
For Office Use

Zoning District	
Front Yard Setback	
Side Yard Setback	
Rear Yard Setback	

Existing Nonconforming Uses or Features		
Other Permits Required	__Conditional Use __Building __Fire Marshal __Other	
Requires Town Zoning Inspection(s)	**___Foundation ___Prior to C. of O.**	
Zoning Permit Status	____Approved ____Denied	
Fee Paid:	Date Paid:	Staff Initials:

Comments	

Signature of Town Representative:	Date Approved/Denied:


774 West J Street Erwin NC. 28339
Side EXIT
exit
Front
exit
Window
window
Den
Bedroom 1
13.2X15.3
Double Room
Bedroom 2
12.4x9.4
Single Room
Closet
Bedroom 3
11.6X11.6
Single Room
window
hallway
exit
fire extinger
hallway
storage
laundry room
Kitchen
15.5X15
Dinning Room
livingroom
15.5X12
Bathroom 1
Staff Bedroom
14X11
Closet
Bathroom 2
BACK EXIT
exit
bedroom 5
18.5X16
Double Room
window
window
window

N.C. Department of Health and Human Services

Division of Health Service Regulation

Mental Health Licensure and Certification Section

1800 Umstead Drive ■ 2718 Mail Service Center ■ Raleigh, North Carolina 27699-2718

Rule 10A NCAC 27G Licensure Rules for Mental Health Facilities	Check Service of License	Beds Assigned by Age		
		0-17	18 & up	Total Beds
.5200 Residential therapeutic (habilitative) camps for children and adolescents of all disability groups				
.5400 Day activity for individuals of all disability groups				
.5500 Sheltered workshops for individuals of all disability groups				
. 5600 supervised living for individuals of all disability groups (CON required for ICF/IID facility) Only One from the ".5600" categories can be chosen.				
5600**A** Group homes for adults whose primary diagnosis is mental illness (Max. of 6 clients)	✓			6
5600**B** Group homes for minors whose primary diagnosis is mental retardation or other developmental disabilities (Max. of 6 clients)				
.5600**C** Group homes for adults whose primary diagnosis is mental retardation or other developmental disabilities (Max. of 6 clients)				
.5600**D** Group homes for minors with substance abuse problems				
.5600**E** Half-way houses for adults with substance abuse problems				
.5600F Alternative family living – providing service in own private residence (Max. 3 clients)				

11. DO YOU HAVE A CERTIFICATE OF NEED? Required for the following service categories: .2100, .3400, & .5600 (only when ICF/IID facility)

☑ No ☐ Yes If yes, CON Number: _____ Date CON Received: _____

12. Do you plan on serving clients requiring blood sugar checks? Yes ☑ No ☐

*If yes **and** your staff will be conducting blood sugar checks, you must apply for a CLIA waiver before conducting blood sugar checks. Please contact DHSR's Acute & Home Care section's CLIA branch for information on obtaining CLIA waiver: https://info.ncdhhs.gov/dhsr/ahc/clia/index.html

13. NUMBER OF BEDS:

Type	Current License	Requested Change
Ambulatory*	6	
Non-Ambulatory, 1-3		
Non-Ambulatory, 4 or more		

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

14. NUMBER AND AGE(s) OF PEOPLE OTHER THAN CLIENTS RESIDING WITHIN THE FACILITY:
(Applicable only in categories where private residence is allowable: .5600 F & .5100 Private Home Respite)

Are any of the above people non-ambulatory? Yes ☐ No ☑

Harnett COUNTY NORTH CAROLINA
strong roots • new growth

CentralPermitting@Harnett.org
(910) 893-7525 ext:1
420 McKinney Pkwy (physical)
PO Box 65 (mailing)
Lillington, NC 27546

RESIDENTIAL LAND USE APPLICATION

SITE ADDRESS: 714 W J St. **PIN:**

LANDOWNER: Temilolaluwa Olanipekun Mailing Address: 3806 Redhill Church Rd.

City: Coats State: NC Zip: 27521 Phone: 910-580-0366 Email: tolanipekun@gmail.com

**Please fill out applicant information if different than landowner.*

APPLICANT: Dola Aridegbe Mailing Address: 5515 Plainview Hwy

City: Dunn State: NC Zip: 28334 Phone: 910-922-9588 Email: amatpek@gmail.com

PROPOSED USE:

☑ **Single Family Dwelling**: (Size ____x____) **# Bedrooms**: 3 **# Baths**: 2 **Garage**: Attached, Detached (Circle One) **Accessory**: (Deck), Patio, Porch (Circle One)

TOTAL HTD SQ FT:_____ GARAGE SQ FT:_____ **Foundation Type**: Crawl Space: ☐ Stem Wall: ☐ Mono Slab: ☐ Basement: ☐

☐ **Modular**: (Size ____x____) **# Bedrooms**:___ **# Baths**:___ **Garage**: Attached, Detached (Circle One) **Accessory**: Deck, Patio, Porch (Circle One)

TOTAL HTD SQ FT:_____

☐ **Manufactured Home**: SW ☐ DW ☐ TW ☐ (Size ____x____) **# Bedrooms**: ____ **Garage**: Attached, Detached (Circle One) **Accessory**: Deck, Patio (Circle One)

ZONING:_____

☐ **Duplex**: (Size ____x____) **# Buildings**:_____ **# Bedrooms Per Unit**:_____ TOTAL HTD SQ FT:_____

☐ **Addition/Accessory/Other**: (Size _____x_____) Use:_____

UTILITIES:

Water Supply: County ☑ Existing Well ☐ New Well (# of dwellings using well _____) ☐

Sewage Supply: New Septic Tank ☐ Expansion ☐ Relocation ☐ Existing Septic Tank ☐ County Sewer ☐

(Complete Environmental Health Checklist on other side of application if Septic is selected)

GENERAL PROPERTY INFORMATION:

Does the landowner own another tract that contains a manufactured home within 500 feet? YES ☐ NO ☑

Does the property contain any easements, whether underground or overhead? YES ☐ NO ☑

Structures (existing or proposed): Single Family Dwellings: ✓ Manufactured Homes:_____ Other (specify):_____

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 the foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if false information is provided.

Temilolaluwa Olanipekun 9/8/25

Signature of Owner or Owner's Agent **Date**

*****Permits are valid for 6 months from the issue date, or 12 months from last inspection once inspections have been initiated. It is the owner/applicant's 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.*****

APPLICATION CONTINUES ON BACK

Harnett COUNTY NORTH CAROLINA
strong roots • new growth

CentralPermitting@Harnett.org
(910) 893-7525 ext:1
420 McKinney Pkwy (physical)
PO Box 65 (mailing)
Lillington, NC 27546

Environmental Health Department Application for Improvement Permit and/or Authorization to Construct

If the information in this application is falsified, changed, or the site is altered, then the permit shall become invalid. This permit will be valid for 60 months.

☐ **NEW SEPTIC SYSTEM INSPECTION**

- ***All property irons must be made visible.*** Place **pink flags** on each corner of lot & approximately every 50 feet between corners.
- Place orange flags at the corners of each proposed structure per site plan submitted to Central Permitting.
- Post orange Environmental Health sign in location that is visible from road to assist in locating property.
- If property is thickly wooded, you will be required to clean out the **undergrowth** to allow the soil evaluation to be performed. Inspectors should be able to walk freely around site. **DO NOT GRADE PROPERTY.**

☐ **EXISTING TANK INSPECTION**

- Follow above instructions for placing flags and sign on property.
- Prepare for inspection by removing soil over **outlet end** of tank, lift lid straight up (*if possible*), and then **put lid back in place**.
  Does not apply to septic tank in a mobile home park
- **DO NOT LEAVE LIDS OFF OF SEPTIC TANK**

SEPTIC CHECK LIST

If applying for Authorization to Construct, please indicate desired system type(s): Can be ranked in order of preference, must choose one.

☐ Accepted ☐ Innovative ☐ Conventional ☐ Any ☐ Alternative

☐ Other _____

The applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in question. If the answer is "yes," applicant **MUST ATTACH SUPPORTING DOCUMENTATION**:

YES ☐ NO ☑ Does the site contain any jurisdictional wetlands?

YES ☐ NO ☐ Do you plan to have an irrigation system now or in the future?

YES ☐ NO ☑ Does or will the building contain any drains? Please explain: _____

YES ☐ NO ☐ Are there any existing wells, springs, waterlines, or wastewater systems on this property?

YES ☐ NO ☑ Is any wastewater going to be generated on the site other than domestic sewage?

YES ☐ NO ☑ Is the site subject to approval by any other Public Agency?

YES ☐ NO ☑ Are there any easements or rights-of-way on this property?

YES ☐ NO ☑ Does the site contain any existing water, cable, phone, or underground electric lines?
If yes, please call No Cuts at 800-632-4949 to locate the lines. This is a free service.

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized County and State Officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. I understand that a $25.00 return trip fee may be incurred for failure to uncover outlet lid, mark house corners and property lines, etc. once lot is confirmed to be ready.

_____ _____
Signature of Owner or Owner's Agent **Date**