GROUP HOME APPROVAL FORM FOR BUILDING INSPECTOR

Division of Health Service Regulation
Construction Section - Form 428-BI

Directions for Applicant: Give this form to your building inspection department or building inspector before you begin construction or alterations to the proposed group home.

DHSR Construction Section Project Number: MHL-5846 **FID Number:** 250743

Facility Name: AMAT GROUP HOMES LLC

Applicant's Name: Ibilola Aridegbe

Facility Street Address: 714 W J St.

City: ERWIN **NC** **Zip code:** 28339

For buildings in which more than three people are harbored for medical, charitable or other care or treatment, and in accordance with information provided by the applicant the, State Agency having jurisdiction shall classify the facility under the **2018 edition of the North Carolina State Building Codes as:**

- ☐ **428.2 Residential Care Homes:** 4-6 residents all of whom will be able to respond and evacuate the building without any assistance from others in an emergency (no physical help or verbal prompting from anyone);
- ☐ **428.3 Licensed Small Residential Care Facilities:** 4-6 residents with up to three residents who may not be able to respond and evacuate the building without any assistance from others in an emergency; **or** up to 9 residents all of whom will be able to respond and evacuate the building without any assistance;
- ☐ **428.4 Small Nonambulatory Care Facilities:** 4-6 residents who may not be able to respond and evacuate the building without any assistance from others in an emergency.
- ☐ **428.5 Large Residential Care Facilities:** 7-12 residents who may not be able to respond and evacuate the building without any assistance from others in an emergency.

The proposed building for licensing as a group home as described above has been inspected by the local building inspector and is:

☐ **Approved** ☐ **Not Approved:** **for compliance with code requirements listed above by:**

Inspector: _____ **Jurisdiction:** _____

Date of Approval or Disapproval: _____

Building Inspector: Please write any comments below:

_____

_____

☐ **Building Inspector** (Optional): please indicate if the **Form 428A-BI-A** - ***Appendix A: Group Home Approval Checklist*** is attached to this inspection report.

Important Note: The approval by the building inspector does not permit the applicant to admit residents to the facility. Final approval for licensure must be obtained from the Division of Health Service Regulation Adult Care or Mental Health Licensure Section after final approval by the Construction Section. All Licensure Rules and Building Code deficiencies listed in our Letter of Review and/or Inspection Report for this facility must be provided or completed. In many cases, licensing requirements may be more stringent than building code requirements.

Applicant: Please return this completed form to: **DHSR Construction Section** **Attn:** _____
2705 Mail Service Center
Raleigh, NC 27699-2705

GROUP HOME APPROVAL FORM FOR BUILDING INSPECTOR

Appendix A: Group Home Approval Checklist

Division of Health Service Regulation

Note for Building Inspector: This is an **optional** form that may be used as an attachment to the Form 428-BI *Group Home Approval Form for Building Inspector.*

DHSR Construction Section Project Number: _____ **FID Number:** _____

Facility Name: _____

Applicant's Name: _____

Facility Street Address: _____

City: _____ **Zip code:** _____

GENERAL CONSTRUCTION

	APPROVED YES	NO	
1	☐	☐	There must be no obvious general safety and/or structural defects. The wood structure must be sound and dry, with no mildew smell, wet insulation, or standing water in the crawl space.
2.	☐	☐	There must be no exterior portals for vermin to enter the home (holes in soffits or fascia, missing foundation vents, etc)
3.	☐	☐	All decks, floors, porches, steps and railings (inside and outside) must be safe and in good repair.
4.	☐	☐	Provide a minimum two remote exits at each floor and arranged to minimize the possibility that both may be blocked by any one fire or other emergency. On the ground floor, provide at least one door three feet wide and one door at least two feet-eight inches wide.
5.	☐	☐	Interior ceiling heights must be a minimum seven feet-six inches high.
6.	☐	☐	Interior wall and ceiling finish shall be Class A, B or C. Fire retardant paints shall be renewed at such intervals as necessary to maintain the required finish rating if applicable.
7.	☐	☐	All required windows and doors must be easily operable from the inside for ventilation and escape purposes.

FOR HOMES WITH NONAMBULATORY RESIDENTS

8.	☐	☐	**Either:** 1-hour fire-resistant construction including all walls, partitions, floors and ceilings, and 1.75 inch solid wood core bedroom doors; **Or:** sprinklered with a wet-pipe system in accordance with NFPA 13D with a 30-minute water supply including sprinkler protection in toilets, closets, pantries, storage and utility spaces. Sprinkler system to be monitored per Section 903.4 (Exception 1, is not applicable).
9.	☐	☐	Exit stairways either exterior unenclosed or interior enclosed on each level with 1-hour fire-resistant construction and a self-closing 20-minute labeled door. Other interior stairways enclosed on one floor level with one - hour fire-resistant construction and a self-closing 20-minute labeled door.
10.	☐	☐	Any incidental use areas (as defined by Table 509) enclosed with one-hour fire-resistant construction and a self-closing 20-minute labeled door or provided with sprinklers and smoke-resistant separation from other areas.
11.	☐	☐	Provide a fire alarm system in accordance with NFPA 72. Provisions shall be made to activate the internal evacuation alarm at all required exits.
12.	☐	☐	Interior wall and ceiling finish of gypsum wallboard, plaster or other noncombustible material.

PLUMBING

	APPROVED YES	NO	
1.	☐	☐	Hot water tank pressure relief valve is piped to a safe location

ELECTRICAL

APPROVED YES	NO	
☐	☐	1. Receptacles in kitchens, bathrooms, garages, and outdoors are GFCI protected.
☐	☐	2. Exposed wiring in attics, crawl spaces, and other areas is supported and protected.
☐	☐	3. Smoke detection is installed in each bedroom, outside each bedroom area, and on each level. All detectors must be: **a)** powered from un-switched 120-Volt house current, **b)** provided with battery backup power, and **c)** tied together so that when any detector is activated, all the detectors sound.
☐	☐	4. The panel box must be labeled to indicate which circuit serves which appliance or area of the house. Panel blanks must be filled and the panel face secure.
☐	☐	5. Kitchen circuits must adequately support the equipment and outlet loads.
☐	☐	6. Outside lighting is required at all exit doors.
☐	☐	7. Where appliances are required to have three-wire 120-Volt circuits/receptacles, no adapters are permitted. Check the kitchen, laundry, computer, freezer and other three-wire appliances, and provide new circuits/receptacles where needed.
☐	☐	8. All extension cords must be UL approved and be properly used.
☐	☐	9. Verify that electrical outlets have not been painted.

FOR FAMILY CARE HOMES AND HOMES WITH NONAMBULATORY RESIDENTS

☐	☐	10. Heat detector(s) in the attic with dedicated sounding device, powered by a 120-Volt house circuit and provided with battery backup power.

HEATING/COOLING

APPROVED YES	NO	
☐	☐	1. If applicable, provide smooth walled solid metal duct from the range hood and from the dryer wall connection to exhaust directly to the outside of the home. Provide back draft caps at the exterior termination of these ducts. Note that flexible duct may be installed between the dryer and the wall connection.
☐	☐	2. If applicable, provide metal duct from the bathroom ventilation fans to exhaust directly to the outside of the home. This duct may be a flexible metallic duct. Provide back draft caps at the exterior termination of these ducts.
☐	☐	3. Ensure there is adequate combustion air and ventilation at gas-fired heating equipment – furnaces, water heaters, and dryers.

COMMENTS, ADDITIONAL INFORMATION, DIRECTIONS, ETC.

_____

_____

☐ **Approved** ☐ **Not Approved: for compliance with code requirements listed above by:**

Inspector: _____ **Jurisdiction:** _____ Date: _____

Important Note: The approval by the building inspector does not permit the applicant to admit residents to the facility. Final approval for licensure must be obtained from the Division of Health Service Regulation Adult Care or Mental Health Licensure Section after final approval by the Construction Section. All Licensure Rules and Building Code requirements listed in our Letter of Review and/or Inspection Report for this facility must be provided or completed. In many cases, licensing requirements may be more stringent than building code requirements.

Applicant: Please return this completed form to: **DHSR Construction Section**
2705 Mail Service Center
Raleigh, NC 27699-2705
Attn: _____

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
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

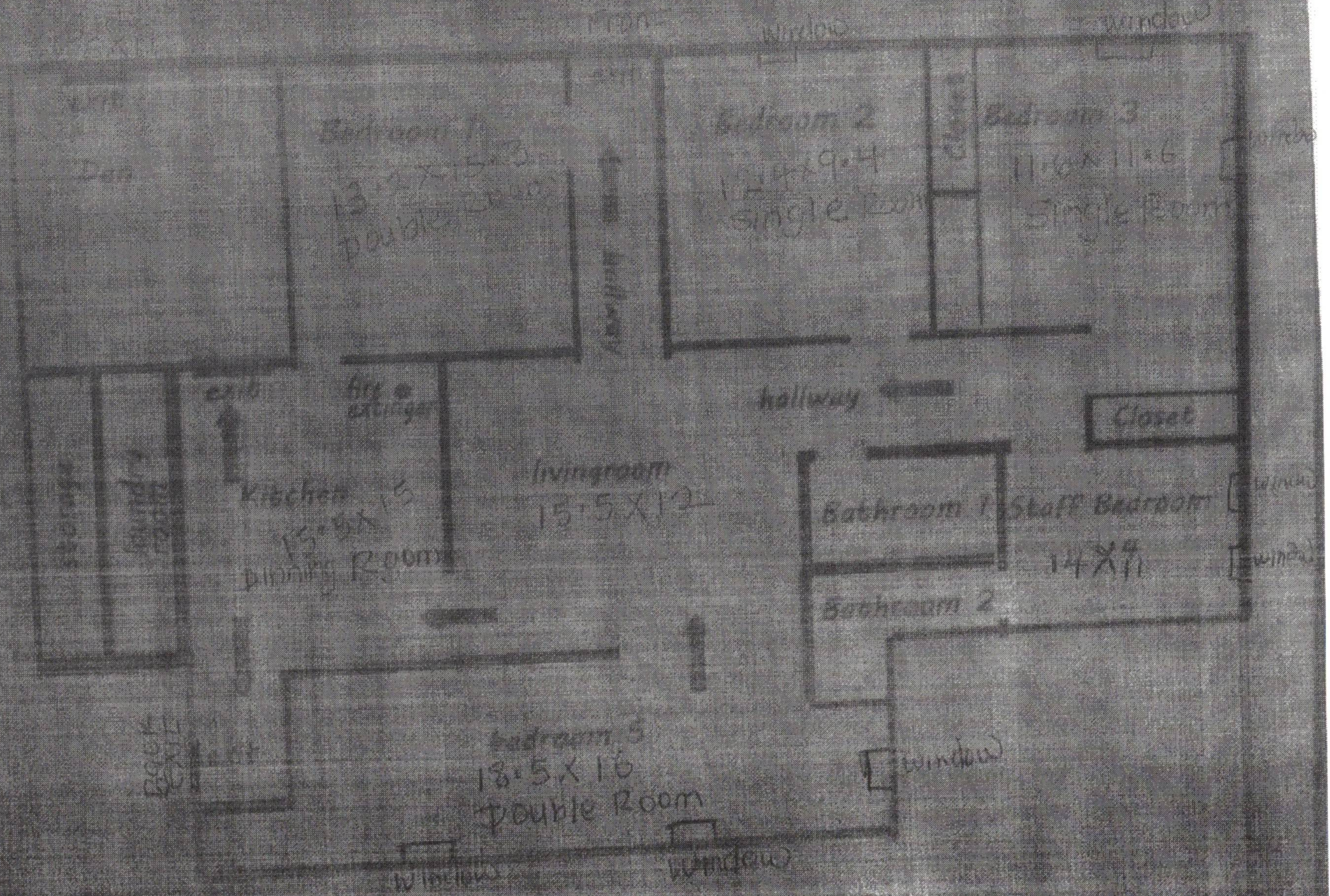
For Office Use

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:

Street Erwin NC 28339



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		Total Beds
		0-17	18 & up	
.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: Temiloluwa 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: Lola Arideigbe Mailing Address: 5515 Plainview Hwy

City: Dunn State: NC Zip: 28334 Phone: 910-922-9588 Email: amatper@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.

Temiloluwa 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

(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 any 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**