

Initial Application Date: 1.15.13

Application # 1350030435

CU# _____

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION
Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext:2 Fax: (910) 893-2793 www.harnett.org/permits

****A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION****

LANDOWNER: James Thrower Mailing Address: 320 Lee Rd.

City: Clayton State: NC Zip: 27520 Contact No: 910-984-7364 Email: J.Thrower517@yahoo.com

APPLICANT*: LEOS Family Care Home Mailing Address: P.O. Box 61422

City: Raleigh State: NC Zip: 27661 Contact No: 919-368-9200 Email: LEOsCare50@yahoo.com

*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: George Gomes Phone # 919-368-9200

PROPERTY LOCATION: Subdivision: Lilly Haven Lot #: 2 Lot Size: .577A

State Road # 32 State Road Name: Lilly Ct. Map Book & Page: PCAF 805D

Parcel: 110671005402 PIN: 0671-88-9887-000

Zoning: R300 Flood Zone: X Watershed: IV Deed Book & Page: 1508, 33 Power Company*: _____

*New structures with Progress Energy as service provider need to supply premise number _____ from Progress Energy.

PROPOSED USE:

SFD: (Size _____ x _____) # Bedrooms: _____ # Baths: _____ Basement(w/wo bath): _____ Garage: _____ Deck: _____ Crawl Space: _____ Slab: _____ Slab: _____
(Is the bonus room finished? () yes () no w/ a closet? () yes () no (if yes add in with # bedrooms) Monolithic

Mod: (Size _____ x _____) # Bedrooms _____ # Baths _____ Basement (w/wo bath) _____ Garage: _____ Site Built Deck: _____ On Frame _____ Off Frame _____
(Is the second floor finished? () yes () no Any other site built additions? () yes () no

Manufactured Home: _____ SW _____ DW _____ TW (Size _____ x _____) # Bedrooms: _____ Garage: _____ (site built? _____) Deck: _____ (site built? _____)

Duplex: (Size _____ x _____) No. Buildings: _____ No. Bedrooms Per Unit: _____

Home Occupation: # Rooms: _____ Use: _____ Hours of Operation: _____ #Employees: _____

Addition/Accessory Other: (Size _____ x _____) Use: Family Care Home Closets in addition? () yes () no

Water Supply: County _____ Existing Well _____ New Well (# of dwellings using well _____) *Must have operable water before final

Sewage Supply: _____ New Septic Tank (Complete Checklist) Existing Septic Tank (Complete Checklist) _____ County Sewer

Does owner of this tract of land own land that contains a manufactured home within five hundred feet (500') of tract listed above? () yes () no

Does the property contain any easements whether underground or overhead () yes () no

Structures (existing or proposed): Single family dwellings: 1 Manufactured Homes: _____ Other (specify): _____

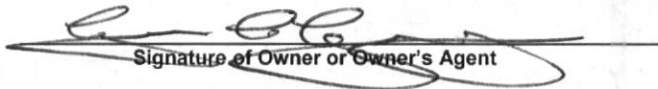
Required Residential Property Line Setbacks:

	Minimum	Actual
Front	<u> </u>	<u> </u>
Rear	<u> </u>	<u> </u>
Closest Side	<u> </u>	<u> </u>
Sidestreet/corner lot	<u> </u>	<u> </u>
Nearest Building on same lot	<u> </u>	<u> </u>

Comments: creating 4 adults - 3 bedrooms
Staff will rotate 24/7.

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: S. Main St., Right onto US-421 S/NC-27E,
Left onto Johnson Farm Rd., Johnson Farm Rd becomes Old Buies
Creek Rd., Right on to Chesterfield Lake Rd. Right onto Lilly Ct.

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.

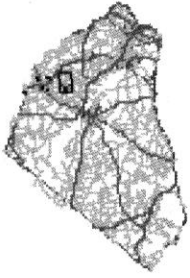

Signature of Owner or Owner's Agent

1-17-13
Date

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

**HARNETT COUNTY, NORTH CAROLINA
GIS/LAND RECORDS**

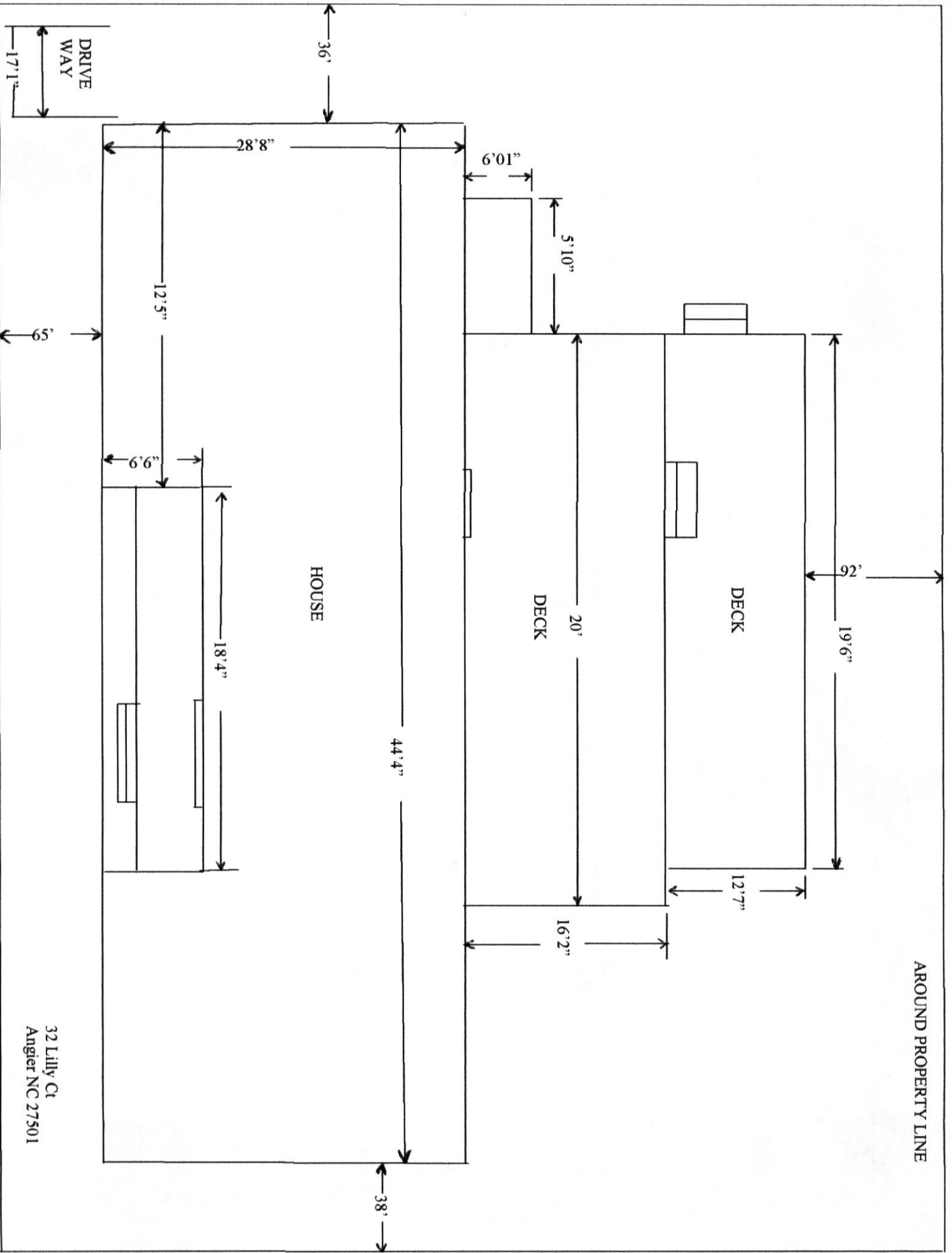


- AddressPoints
- Roads
- MajorRoads
- Rivers
- Parcels
- County_Boundary
- CityLimits
- Fort_Bragg_Camp_McCa
- Red: Band_1
- Green: Band_2
- Blue: Band_3
- Harnett.sid
- Red: Band_1
- Green: Band_2
- Blue: Band_3

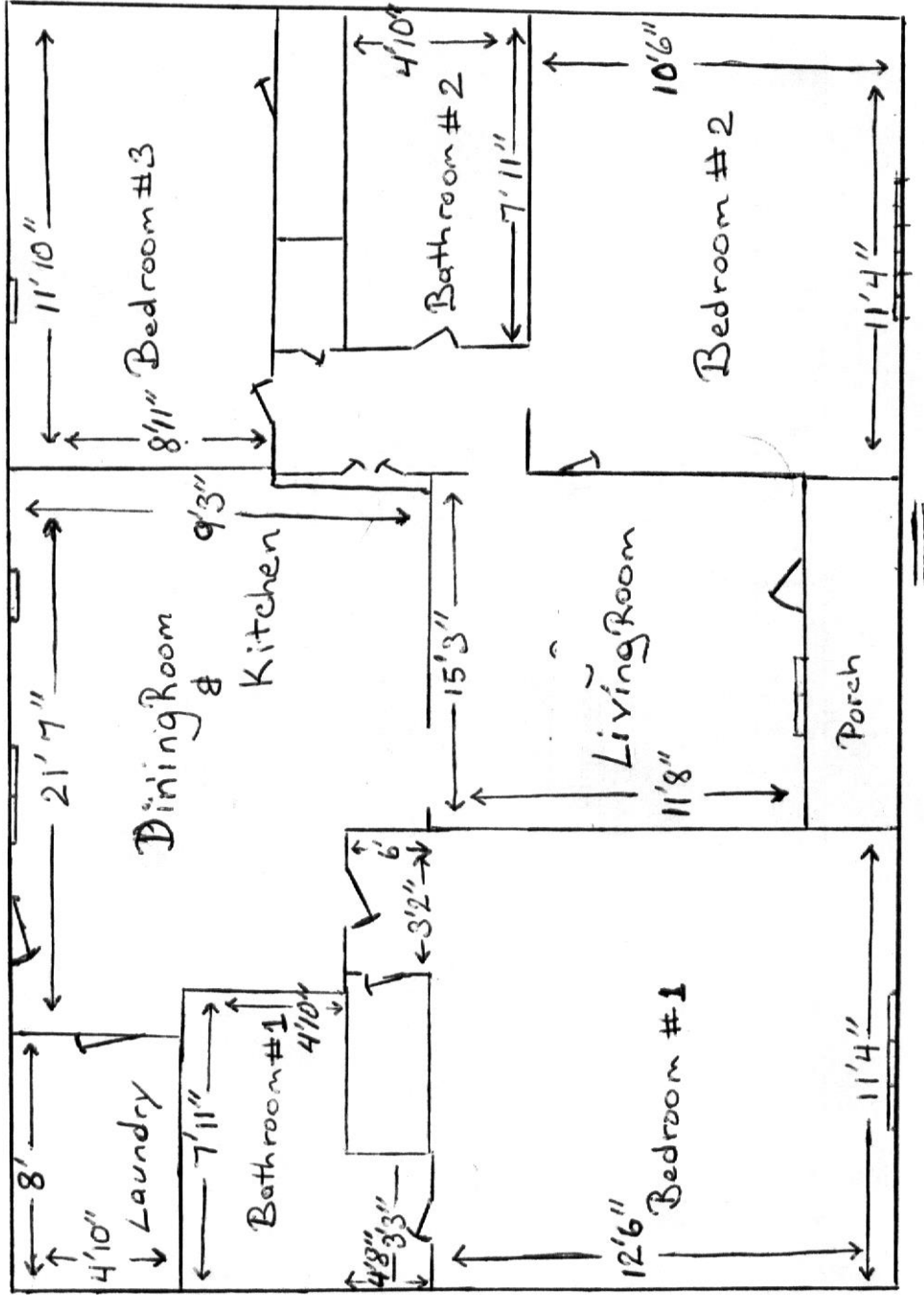


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Harnett County GIS
305 W Cornelius Harnett Blvd, Suite 100
Lillington, NC 27546
Phone: 910-893-7523 www.harnett.org



32 Lilly Ct
 Angier NC 27501



LEOs Family Care Home
 32 Lilly Ct.
 Angier NC. 27501

To whom it may concern:

I Jimmy Thrower would like to state that I am leasing with an option to purchase the real property located at 32 Lilly Ct. Angier, N.C. 27501. The leasee named on the agreement is Leos Family Care Home, LLC. I am aware that the leasee has plans to use the property has a Family Care Home.

James Martin Thrower 1/16/2013
Homeowner

[Signature] 1/16/13
Leasee

Peggy C. Baker 01-16-2013
Notary 03-22-2014



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 LEOs Family Care - Owner George Gomes
2. According to State definition for Family Care and Group Homes, what classification would you consider the proposed facility to be licensed as? FAMILY CARE
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 _____
4. How many individuals will this facility provide care for? 4
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) Yes YES
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? M/A - Family Care
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 will be a 24hr supervised facility that provides care to adults in need. We provide meals and snacks, medication administration, personal care services along with transportation for our clients. Veterans are welcome.

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


1/14/2013
Owner
 Owner / Applicant Date Job Title

Contact Info: Address: P.O. Box 61422
 City: Raleigh State: NC Zip: 27661
 Phone#: 919-368-9200

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

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