

Initial Application Date: 7/19/2016

Application # _____

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

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION

CU# _____

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

LANDOWNER: Exodus Realty Mailing Address: 115 Hillcrest Dr.
City: Sanford State: NC Zip: 27330 Contact No: 919-774-4922 Email: _____

APPLICANT: Innovations, Inc Mailing Address: PO Box 1553
City: Sanford State: NC Zip: 27331 Contact No: 919-770-9903 Email: tonja01@windstream.net

CONTACT NAME APPLYING IN OFFICE: Tonja M. Reid Phone #: 919-770-9903

PROPERTY LOCATION: Subdivision: Heritage Village Lot #: G-24 Lot Size: 0.4227406
State Road #: 2071 State Road Name: Heritage Way Cameron NC 28326 Map Book & Page: /
Parcel: 09957503 0185 24 PIN: 9575-52-4299.000
Zoning: RA-20R Flood Zone: _____ Watershed: _____ Deed Book & Page: 2339 / 0544 Power Company: CEMC

*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:___
Mod: (Size ___x___) # Bedrooms___ # Baths___ Basement (w/wo bath)___ Garage:___ Site Built Deck:___ On Frame___ Off Frame___
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: 4 Use: Family Care Facility Hours of Operation: 24/7/365 #Employees: 4
Addition/Accessory/Other: (Size ___x___) Use: _____ 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: _____ Manufactured Homes: _____ Other (specify): _____

Required Residential Property Line Setbacks:

Front Minimum _____ Actual _____
Rear _____
Closest Side _____
Sidestreet/corner lot _____
Nearest Building on same lot _____

Comments: Proposing to establish a Family Care Home for adults with mental health.

Will operate 24/7/365, with awake staff on all shifts.

NAME: _____

APPLICATION #: _____

This application to be filled out when applying for a septic system inspection.

County 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 IMPROVEMENT PERMIT OR AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration depending upon documentation submitted. (Complete site plan = 60 months; Complete plat = without expiration)

910-893-7525 option 1

CONFIRMATION # _____

Environmental Health New Septic System Code 800

- **All property irons must be made visible.** Place "pink property flags" on each corner iron of lot. All property lines must be clearly flagged approximately every 50 feet between corners.
- Place "orange house corner flags" at each corner of the proposed structure. Also flag driveways, garages, decks, out buildings, swimming pools, etc. Place flags per site plan developed at/for Central Permitting.
- Place orange Environmental Health card in location that is easily viewed from road to assist in locating property.
- If property is thickly wooded, Environmental Health requires that you 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.**
- **All lots to be addressed within 10 business days after confirmation. \$25.00 return trip fee may be incurred for failure to uncover outlet lid, mark house corners and property lines, etc. once lot confirmed ready.**
- After preparing proposed site call the voice permitting system at 910-893-7525 option 1 to schedule and use code **800** (after selecting notification permit if multiple permits exist) for Environmental Health inspection. Please note confirmation number given at end of recording for proof of request.
- Use Click2Gov or IVR to verify results. Once approved, proceed to Central Permitting for permits.

Environmental Health Existing Tank Inspections Code 800

- Follow above instructions for placing flags and card on property.
- Prepare for inspection by removing soil over **outlet end** of tank as diagram indicates, and lift lid straight up (*if possible*) and then **put lid back in place.** (Unless inspection is for a septic tank in a mobile home park)
- **DO NOT LEAVE LIDS OFF OF SEPTIC TANK**
- After uncovering **outlet end** call the voice permitting system at 910-893-7525 option 1 & select notification permit if multiple permits, then use code **800** for Environmental Health inspection. Please note confirmation number given at end of recording for proof of request.
- Use Click2Gov or IVR to hear results. Once approved, proceed to Central Permitting for remaining permits.

SEPTIC

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 Right of Ways 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.



PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

DATE

Harnett County GIS

NOT FOR LEGAL USE

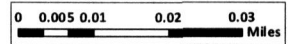


GIS/E-911 Addressing

December 12, 2016

LEGEND

- | | | | |
|----------------------------------|-------------------|------------|-------------------|
| — Surrounding County Major Roads | Address Numbers | — NC | ■ Cape Fear River |
| ▭ Surrounding County Boundaries | ✈ Airport | — US | □ Tax Parcel |
| ▭ USA Property | MajorRoads | — Roads | |
| ⋯ City Limits | — Interstate | — Railroad | |



1 inch = 100 feet

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: • 1. Start out going east on Heritage Way toward Connecticut Way.

• 2. Turn left onto Independence Way.

• 3. Take the 1st left onto NC Highway 24/NC-24.

• 4. Turn right onto NC Highway 27 W/NC-27. Continue to follow NC-27.

• 5. Turn left onto S Main St/US-401 N/NC-210/NC-27.

• 6. Turn right onto E Front St.

• 7. 108 E Front St, Lillington, NC 27546-6683, 108 E FRONT ST is on the right.

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.

Jana M. Reid
Signature of Owner or Owner's Agent

7-19-16
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**



I Innovations, Inc.~130 Wicker Street 2nd Floor Sanford, NC 27330~Phn: 919-776-8972~Fax: 919-708-5514

July 21, 2016

Hello my name is Tonja McLean Reid, Owner/Director of I Innovations, Inc. I am proposing to establish an Adult Family Care Facility at 2071 Heritage Way Cameron NC 28326. The home will be "awake staff" secured 24/7/365. I am proposing to license the facility for up to 5 adult consumers.

Sincerely,
I Innovations, Incorporated
Tonja M. Reid-Owner/Director
Cell: 919-770-9903
Bus: 919-776-8972
Fax: 919-708-5514
tonja01@windstream.net

13-5-
31193

DHHS
Commercial Landuse

I Innovations, Inc.~130 Wicker Street 2nd Floor Sanford, NC 27330~Phn: 919-776-8972~Fax: 919-708-5514

**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 be required to obtain certification from a state representative as to the classification of the facility in which the applicant is applying for a license to operate. We ask that you please take a few minutes to answer the questions below.

1. Proposed Facility Name _____ Owner _____
2. According to State definition for Family Care and Group Homes, what classification would you consider the proposed facility to be licensed as? _____
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? _____

5. Will this facility provide care for Children or Adults? _____

- If children what age range will they be? _____
- If adults will they be considered elderly? (Yes/No) _____

6. Please check all that apply to the residents that will be housed in this facility.

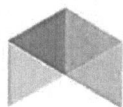
- They are considered handicapped, aged, or physically or mentally disabled by state definition. _____
- They are considered runaway, disturbed, or emotionally deprived. _____
- Will require medical treatment or supervision. _____

7. 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. _____

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

Signature of State Representative Date Job Title

Contact Info: Address: _____
City: _____ State: _____ Zip: _____
Phone#: _____



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

August 10, 2016

Tonja M. Reid, Owner / Director
I Innovations
PO Box 1553 Sanford, NC 27331

RE: Name of Group Home: I Innovations
Address of Group Home: 2071 Heritage Way Cameron, NC 28326
Type of License: .5600A
Number of beds: (3) Three

Dear Tonja M. Reid:

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.
3. **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 / smt

Tana K. Wirtz, Network Development Manager
Sandhills Center

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



Lindsey Bennett

From: Lindsey Bennett
Sent: Tuesday, July 26, 2016 10:07 AM
To: 'tonja01@windstream.net'
Subject: Applications and forms needed for Adult Family Care

Hello Ms. Reid,

I spoke with David McRae about your Adult Family Care Home and wanted to give you some more information so that you are able to get the process moving. Below I am attaching some forms you will need to complete to get started.

You will need to get an approval letter from DHHS to come start the permit process in our office.

<http://www.harnett.org/permits/downloads/Land%20Use%20Commercial%202014.pdf>

Commercial Land Use – make sure to let us know on this form how many people will be cared for, what their needs are, how many employees you will have and how many hours a day will the patients be cared for.

<http://www.harnett.org/permits/downloads/Plan%20Review%20Application%202015%20Buddy%20Walters.pdf>

Fire Marshall Plan Review Sheet

You will also need the form called Group Home & Family Care Facility Certification Form. I can fax or email that form to you.

We will need a layout of the home showing the fire evacuation route.

Please let me know if you have any questions.

Thank you.

*Lindsey Bennett
Harnett County Central Permitting
Central Permitting Technician
(910) 814-6421*