



Application for Plan Review

Application # 111-50039410

Date Received: 10-20-14 Received By: _____

Name of Project: L Innovations

Physical Address of Project: 2071 Heritage Way
Cameron, NC 28320

Plans Submitted By: Tonja Reid

Project Phone: 919-770-9903

Contact Person/Address: _____

Contact Email: _____

Contact Phone: (____) - ____ - ____ (____) - ____ - ____

Contractor's Name/Info: _____

Contractor's Phone: (____) - ____ - ____

- Plans that are submitted will be reviewed as quickly as possible with an average time of review between 7-10 working days.
- Status checks may be conducted on plan reviews by visiting the website <http://htweb.harnett.org/Click2GovBP/Index.jsp> or by calling the Harnett County Central Permitting Office (910-893-7525, Option #2), or the Harnett County Fire Marshal's Office (910-893-7580).
- Approved plans must be picked up from the Central Permitting Office and all fees paid before any required inspections can be conducted.

Initial Application Date: 10/11/2016

Application # _____
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) 863-7525 ext # 2 Fax: (910) 863-2788 www.harnett.org/permits

LANDOWNER: GARY JONE - EXODUS REALTY Mailing Address: 115 HILLCREST SANFORD NC 27330

City: SANFORD State: NC Zip: 27330 Contact # 919-774-4922 Email: _____

APPLICANT*: I INNOVATIONS, INC. C/O TONJA M. REID Mailing Address: PO BOX 1563

City: SANFORD State: NC Zip: 27331 Contact # 919-770-9903 Email: tonja01@windstream.net

*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: _____ Phone # 919-770-9903

PROPERTY LOCATION: Subdivision: HERITAGE WAY Lot #: G-24 Lot Size: 0.4227405

State Road # 2071 State Road Name: Heritage Way Cameron NC 28326 Map Book&Page: _____

Parcel: 09967803 0185 24 PIN: 9575-62-4289.000

Zoning: RA-20R Flood Zone: X Watershed: _____ Deed Book&Page: 2339, 544 Power Company: CENTRAL ELECTRIC EMC

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

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 NNC-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.

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/Addition/Other (Size x) Use: _____

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

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

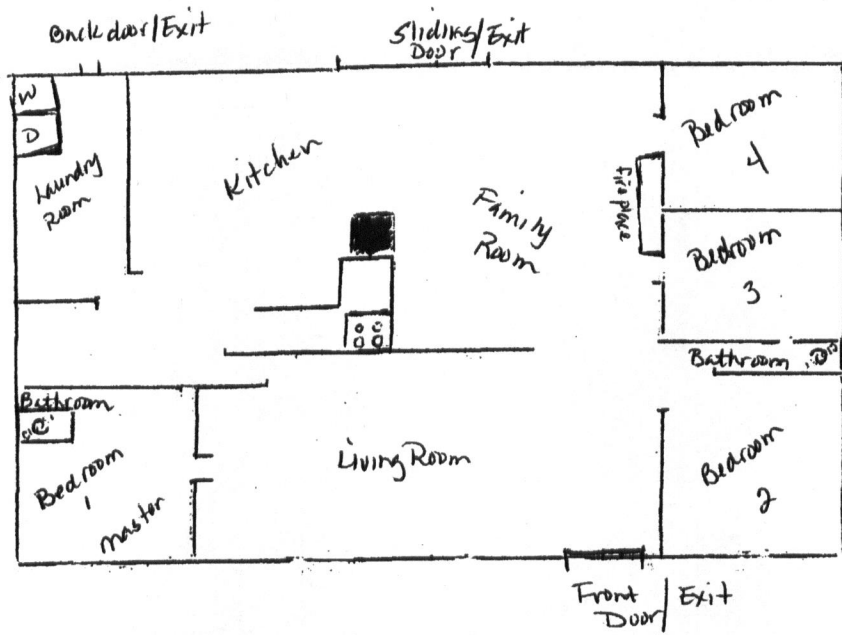
If permits are granted I agree to conform to all ordinances and laws of the State of North Carolina regulating such work and the specifications of plans submitted. I hereby state that foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if false information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

Tonja M Reid
Signature of Owner or Owner's Agent

10/19/16
Date

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

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



I Innovations - 2071 Heritage Way

**Group Home & Family Care Facility
Certification Form**

PO Box 65
102 East Front Street
Lillington, NC 27546

ph: 910-893-7525
fax: 910-893-2793

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 INNOVATIONS INC-2071 HERITAGE Owner EXODUS REALTY - GARY JONES

2. According to State definition for Family Care and Group Homes, what classification would you consider the proposed facility to be licensed as? 5600 A SUPERVISED LIVING

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 5600 A supervised living 24 hour residential

4. How many individuals will this facility provide care for? 3

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

- If children what age range will they be? NA
- 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. 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. AFTER RESEARCH IT SHOWS THERE IS AN DEFINITE NEED FOR MY PROPOSED FACILITY. ALSO IT WILL PROVIDE JOBS & HOPEFULLY HELP WITH ECONOMIC GROWTH

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

Lungm Reid 10/19/16 OWNER/DIRECTOR
Signature of State Representative Date Job Title

Contact Info: Address: PO BOX 1553
City: SANFORD State: NC Zip: 27331
Phone#: 910-770-9903

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