

Statement of Intent for Use of 1903 B W Cumberland St. Dunn for PSR Program (Adult Day Program)

6/13/2025

To Whom It May Concern,

We intend to use the property located at 1903 B W Cumberland St. Dunn as a facility for our Psychosocial Rehabilitation (PSR) program under the state service code H2017. This location will not be used for cooking or food preparation. Each client will bring their own meals from home, and we will also provide meals by purchasing from local restaurants such as McDonald's, KFC, and Bojangles.

We had a fire inspection and Building Inspection conducted on 5/30/2025 by Matt Starling 910-366-6250 with the understanding that we are conducting Adult Day Program.

Our PSR program is designed to support clients in developing the skills necessary for successful independent living in the community. We are going to be servicing members from our Adult mental health group home. Services provided at this location will include education and support in areas such as money management, activities of daily living (ADLs), community integration, trips to different educational places and awareness of current events. Our goal is to empower individuals with the tools and confidence needed to maintain stability and independence in their daily lives.

I've attached the documentation issued by the state for your reference.

Sincerely,

Ibilola Aridegbe

Amat Psychosocial Rehabilitation Center

Phone: 910-922-9583

Email:amatpek@gmail.com

Division of Health Service Regulation
Mental Health Licensure and Certification Section
Policies and Procedures: Initial Licensure Survey

RECEIVED

JUN 02 2025

INITIAL LICENSURE APPLICATION FOR MH/DD/SAS FACILITIES

Include First Name, Middle Initial & Last Name for every person listed in the application

DHSR-MH Licensure Sect

Fillable Form

Office use only:	License Number: MHL#	FID#
------------------	----------------------	------

1. FACILITY NAME: Amat Psychosocial Rehabilitation Center

Name which the facility is advertised or presented to the public. This is the name that will be printed on your license. Refer to this facility name in all inquiries.

2. FACILITY SITE ADDRESS: (NO P.O. BOXES)

Street Address: 1903 B W Cumberland St

City: Dunn State: NC Zip Code: 28334 County: Harnet

Phone: 9109229583 Email: amatpek@gmail.com

* Must have an operable facility designated telephone that is clearly visible, accessible, on site and available 24 hours.

3. FACILITY CORRESPONDENCE MAILING ADDRESS:

Name of Contact Person (Identified person will oversee application process): Ibilola

Street Address: 5515 Plain view Hwy

City: Dunn State: NC Zip Code: 28334

Phone: 9109229583 Email: amatpek@gmail.com

4. NAME OF FACILITY DIRECTOR: (First, MI, Last) Ibilola Aridegbe

5. SIGNATURE OF LICENSEE OR PERSON WITH SIGNATORY AUTHORITY: The undersigned, representing the governing authority, submits information for the above-named facility and certifies the accuracy of this information in accordance with 10A NCAC 27G. **ALL APPLICATIONS MUST HAVE AN ORIGINAL SIGNATURE**

Name: (First, MI, Last) Ibilola Aridegbe

Signature: Ibilola Aridegbe Title: Director Date: 5/4/25

OFFICIAL USE ONLY:

Licensure Categories: 1200 Check # 216 Check Amount 265⁰⁰

SOS ☐

P Request: ☐

PPT ☐

MFF ☐

Staff Initials:

ACCESS ☐

ACO ☐

Remarks:

Division of Health Service Regulation
Mental Health Licensure and Certification Section
Policies and Procedures: Initial Licensure Survey

6. MANAGEMENT COMPANY: If the facility is managed by a company *other than the licensee*, provide the following information about the Management Company:

Name of Company/Contact Person: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

7. LOCAL MANAGEMENT ENTITY/ MANAGED CARE ORGANIZATION (LME/MCO) (List name(s) of LME/MCOs with which the facility has a contract): Alliance

8. LEGAL IDENTITY OF OWNERSHIP/LICENSEE:

The full legal name of the individual, partnership, corporation or other legal entity, which owns the mental health facility business, is required. Owner/Licensee means any person/business entity (Corp., LLC, etc.) that has legal or equitable title to or a majority interest in the mental health facility. This entity is responsible for the financial and contractual obligations of the business and will be **recorded as the licensee on the license**.

(a) Name of Corporation/Legal Entity: Amat Group Home LLC

Address: 5515 Plain View Hwy

City: Dunn State: NC Zip Code: 28334

Phone: 9109229583 Email: amatpek@gmail.com

(b) Federal Tax ID number of Owner/Licensee: 810947826

(c) NATIONAL PROVIDER IDENTIFIER (NPI): 1679939896

For Health Care Providers

The Administrative Simplification provisions of the *Health Insurance Portability and Accountability Act of 1996 (HIPAA)* mandated the adoption of a standard unique identifier for health care providers. The National Plan and Provider Enumeration System (NPPES) collects identifying information on health care providers and assigns each a unique **National Provider Identifier (NPI)**. If you have questions or need additional information regarding the NPI number, call the toll-free number 1-800-465-3203 or visit the website: <https://medicaid.ncdhhs.gov/claims-and-billing/national-provider-identifier>

<http://www.ncdhhs.gov/dma/NPI/index.htm>

(d) Legal entity is: ☒ For Profit ☐ Not for Profit

(e) Legal entity is: ☐ Proprietorship
☐ Corporation ☒ Limited Liability Company
☐ Partnership ☒ Limited Liability Partnership
☐ Government Unit ☐ Professional Limited Liability Company

(f) Name of CEO/President: (First, MI, Last) Ibilola Aridegbe

Title: Director

Street Address: 5515 Plain View Hwy

City: Dunn State: NC Zip Code: 28334

Phone: 9109229583 Email: amatpek@gmail.com

Division of Health Service Regulation
Mental Health Licensure and Certification Section
Policies and Procedures: Initial Licensure Survey

Building Owner: If the above entity (partnership, corporation, etc.) **does not** own the building from which services are offered, please provide the following information:

Name of Building Owner: Brian Huang

Street Address: 1903 W Cumberland St.

City: Dunn **State:** NC **Zip Code:** 28334

Phone: 704-293-1417 **Email:** _____ **Lease expires:** _____

9. OWNERS, PRINCIPLES, AFFILIATES, SHAREHOLDERS (Confidential Information for Official Use Only)

For-Profit Individuals or Companies

Complete the information below on all individuals who are owners, principles, affiliates or shareholders holding an interest of 5% or more of the licensing entity listed on page 2. Attach additional pages if necessary. If you are the only owner, complete the information below, listing the percentage interest as 100%.

Shareholder Name: (First, MI, Last)

Ibidola Andegbe

Street Address: 5515 Plain View Hwy

City: Dunn **State:** NC **Zip Code:** 28334

Phone: 910 922 9583 **Email:** amatper@gmail.com

Percentage interest in this facility: 60 **Title:** Director

Shareholder Name: (First, MI, Last)

Christy Olanipekun

Street Address: 4422 Bethel Park Dr.

City: Raleigh **State:** NC **Zip Code:** 27610

Phone: 919-802-9839 **Email:** colanipekun@gmail.com

Percentage interest in this facility: 40 **Title:** CO-Owner

Shareholder Name: (First, MI, Last)

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone: _____ **Email:** _____

Percentage interest in this facility: _____ **Title:** _____

Non-Profit Companies and For-Profit Companies (If no individual holds an interest of 5% or more, please sign the statement below.)

There are no owners, principles, affiliates or shareholders who hold an interest of 5% or more of the licensing entity applying for or renewing a license:

Signature _____ **Title** Director **Date** 05/04/2025

Division of Health Service Regulation
Mental Health Licensure and Certification Section
Policies and Procedures: Initial Licensure Survey

10. SERVICE CATEGORIES:

Services subject to licensure under GS 122C are shown in the table below and are found in the Rules for Mental Health, Developmental Disabilities and Substance Abuse Facilities and Services. All applicants must complete the following table for all services which are to be provided by the facility. If the service is not offered, leave the spaces blank.

Rule 10A NCAC 27G Licensure Rules For Mental Health Facilities	Check Service of License	Beds Assigned by Age		
		0-17	18 & up	Total Beds
.1100 Partial hospitalizations for individuals who are acutely mentally ill. <i>Does not encompass SUD as a primary D/O</i>				
.1200 Psychosocial rehabilitation facilities for individuals with severe and persistent mental illness	✓			
.1300 Residential treatment facilities for children or adolescents—Level II (Max. of 12 clients)				
.1400 Day treatment for children and adolescents with emotional or behavioral disturbances				
.1700 Residential treatment Staff Secure for Children or Adolescents—Level III (Max of 12 clients)				
.1800 Intensive residential treatment for children or adolescents (Level IV)				
.1900 PRTF – Psychiatric Residential Treatment Facility for minors who are emotionally disturbed or who have a mental illness.				
.2100 Specialized community residential centers for individuals with developmental disabilities. (Max. of 30 clients) (CON Required if ICF/IID)				
.2200 Before/after school and summer developmental day services for children with or at risk for developmental delays, developmental disabilities, or atypical development				
.2300 Adult Developmental and vocational programs for individuals with developmental disabilities				
.3100 Non-hospital medical detoxification for individuals who are substance abusers				
.3200 Social setting detoxification for substance abuse				
.3300 Outpatient detoxification for substance abuse				
.3400 Residential treatment/rehabilitation for individuals with substance abuse disorders				
.3600 Outpatient narcotic addiction treatment (preliminary SOTA Authorization letter required)				
.3700 Day treatment facilities for individuals with substance abuse disorders				
.4100 Therapeutic homes for individuals with substance abuse disorders and their children (min. 3 clients)				
.4300 A supervised therapeutic community for individuals with substance abuse disorder				
.4400 Substance Abuse Intensive Outpatient Program				
.4500 Substance Abuse Comprehensive Outpatient is a periodic service that is a time-limited, multi-faceted approach treatment service for adults who require structure and support to achieve and sustain recovery.				

Division of Health Service Regulation
Mental Health Licensure and Certification Section
Policies and Procedures: Initial Licensure Survey

Rule 10A NCAC 27G Licensure Rules for Mental Health Facilities	Check Service of License	Beds Assigned by Age		
		0-17	18 & up	Total Beds
.5000 facility based crisis service for individuals of all disability groups				
.5100 Community Respite services for individuals of all disability groups				
.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 – NOTE: Only <u>one</u> category (A, B, C, D, E or F) can be checked for .5600 facilities				
5600A Group homes for <u>adults</u> whose primary diagnosis is mental illness (Max. of 6 clients)				
5600B Group homes for <u>minors</u> whose primary diagnosis is mental retardation or other developmental disabilities (Max. of 6 clients) (CON required only if ICF/IID)				
.5600C Group homes for <u>adults</u> whose primary diagnosis is mental retardation or other developmental disabilities (Max. of 6 clients) (CON required only if ICF/IID)				
.5600D Group homes for <u>minors</u> with substance abuse problems				
.5600E Half-way houses for <u>adults</u> 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 ICF/IID Facilities (program code .2100 or .5600C)

☒ 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 DHR'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 CLIENTS FOR WHICH THE FACILITY IS GOING TO BE LICENSED:

Type	Specify Number to be Licensed
Ambulatory*	60
Non-Ambulatory, 1-3	0
Non-Ambulatory, 4 or more	0

Ambulatory: is a person who can evacuate the facility 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 a private residence is allowable: .5600F & .5100 Private Home Respite)

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

An interpretation the NC Department of Insurance determined in June of 1998, that any child under the age of six residing in a licensed Home (MHL, FCH or Child Care etc.) is considered non-ambulatory and, as such, must be considered as part of the home's licensed census, as the child will require attention in addition, to the care the licensed clients of the home will also require, this would also apply for an aged or disabled family member that needs assistance residing the home.

Division of Health Service Regulation
Mental Health Licensure and Certification Section
Policies and Procedures: Initial Licensure Survey

PHYSICAL PLANT

Please fill in information for each inspection Department:

Zoning Department Official

Department Name: Dunn City Planning and Zoning
Street Address: 102 N Powell Ave
City: Dunn State: NC Zip Code: 28334
Phone: 9102303505 Email: _____

Local Building Official

Department Name: Dunn Building Inspector
Street Address: 102 N Powell Ave
City: Dunn State: NC Zip Code: 28334
Phone: 9102303505 Email: _____

Local Fire Marshall

Department Name: City of Dunn
Street Address: 401 E Broad St,
City: Dunn State: NC Zip Code: 28334
Phone: 9102303500 Email: _____

Local Sanitation

Department Name: City of Dunn
Street Address: 401 E Broad St,
City: Dunn State: NC Zip Code: 28334
Phone: 9102303500 Email: _____

Building Information: Complete for 24-hour residential facilities only:

Has the building housed a licensed facility previously? Yes ☐ No ☒

If Yes: Type of licensed facility: _____

Previous License #: _____ Dates of Licensure: From: _____ To: _____

Does this building(s) contain facilities licensed for a different use other than the one an initial license is being sought for? Yes ☐ No ☒

If yes, please clarify type of license _____

Is the building a site constructed home or a manufactured/mobile home? no

NOTE: If it is a manufactured/mobile home, contact the DHR Construction Section for licensure limitations on this type of structure)

If it is a manufactured/mobile home, was it built after 1976? Yes ☐ No ☒

**HARNETT COUNTY ADULT DAY SERVICE FACILITY
PLAN REVIEW APPLICATION**

Review for Compliance with NC Rules Governing the Sanitation of Adult Day Service Facilities
(15A NCAC 18A .3300)

All items are to be submitted through the Central Permitting Office at 420 McKinney Pkwy., Lillington, NC 27546 or by mail at PO Box 65, Lillington, NC 27546. You may contact the Central Permitting Office at 910-893-7525, Ext. 2. However, please contact our office with questions regarding the contents of this application.

Plans must be submitted with the following supporting documentation:

- _____ Plans must include drawing showing the placement of equipment in the facility, including any storage, laundry, kitchen facilities, trash can wash facilities, along with general plumbing, electrical, and mechanical and lighting drawings.
- _____ Plans must include a room finish schedule.
- _____ Plans must include a site plan locating exterior equipment such as dumpsters or compactors, and indicating the proposed connections to approved sewer and water connections.
- _____ Completed application.
- _____ Proposed foodservice menu

APPLICANT: AMAT Psychosocial Rehabilitation Center

ADDRESS: 1903 B W Cumberland St. Dunn NC 28334

OWNER (IF DIFFERENT): _____

OWNER'S ADDRESS: 1903 B W Cumberland St. Dunn NC 28334

MAILING ADDRESS: Same as above

PHONE: 910-922-9583 FAX: 910-728-4819

EMAIL: amatpek@gmail.com

RESIDENTS: _____ # EMPLOYEES: _____

MULTI-USE UTENSILS? YES _____ NO ☒

WATER SUPPLY: County

WASTEWATER DISPOSAL TYPE (Check one): SEWER ☒ SEPTIC _____

RECEIVED

APR 24 2025

Pd. 50
Conf. 024226



City of Dunn Inspections Department
102 N. Powell Ave. P.O. Box 1065
Dunn, NC 28335
Main: (910) 230-3505 Fax: (910) 230-9005

Application for Change of Use or Occupancy Permit

Applicant Name: AKinabi Olanipekun Phone Number: 910 922 9583
Project Address: 1403 B W Cumberland St, Dunn, NC 28334
Occupant/Business Name: Psychosocial Rehabilitation Program

Property Owner: Brian Huang Phone Number: 704 293 1417
Owner's Address: 1403 B W Cumberland St, Dunn, NC 28334
Project Contact: Brian Huang Phone Number: 704 293 1417

Existing Type of Property: ☐ Residential ☒ Non-Residential Zoning Classification: C3

Existing Use/Occupancy Type: Vacuum / Bakery
Proposed Use/Occupancy Type: Psychosocial Rehabilitation Program / Mental Health

Building Code Used For Changes: ☐ 2018 NC Building Code ☒ 2018 Existing Building Code

Description of Proposed Work: Psychosocial Rehabilitation Program, serving mentally ill adults to help them regain skills and maximize their functionality in the community.

Total Square Footage: 4,600 sft Number of Floors: 1 Area Per Floor: 4,600

NOTES:

- 1) Please include a floor plan of existing and proposed uses. Floor plan must be drawn to scale with all exits marked.
- 2) This application is for approval of change of use only. Proper building and trade permits will need to be issued prior to any work being started.
- 3) A pre-inspection may need to be done in order to provide an accurate list of changes that will be required for the proposed change of use.

Applicant Signature: [Signature] Date: 04/24/25

Inspector Signature: [Signature] B. Clinic Date: 5/2/25

Zoning Administrator: [Signature] Date: 5-2-2025

C-3 zoning permits Professional Office/Services
"The City of Dunn is an Equal Opportunity Provider and Employer"

HARNETT COUNTY



EMERGENCY SERVICES

Inspection Report - Passed

Facility Information

Occupant Name: AMAT Psychosocial Rehab Center
Street Number: 1903
Occupant West Street Prefix:
Street Name: CUMBERLAND
Street Type: Street
Date 05/30/2025
Completed:
Building Class M -
Code: Mercantile
City: Dunn
Postal Code: 28334
State: NC
Occupant Suite: B

Contact

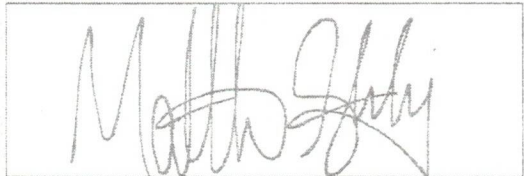
First Name Ibilola
Last Name Aridegbe
Email Amatpek@gmail.com
Cell Phone 910-922-9583

Inspection Information

Inspection Type: 101-Fire Protection, 1st Reinspection
Inspection Inspection
Results: Passed

Signatures

Type	First Name	Last Name	Signature Date	Signature Graphic
Inspector	Matthew	Starling	05/30/2025	



Permit Information

Was operational No
permit issued?:

Inspection Results: Inspection Passed

N.C. Department of Health and Human Services
Division of Health Service Regulation
Mental Health Licensure and Certification Section
2718 Mail Service Center ■ Raleigh, North Carolina 27699-2718

LICENSE APPLICATION PROCESS

An applicant is allowed six months from the date contact is made with applicant and a Licensure & Training team member to complete all requirements of application review to obtain a license. After initial licensure, the facility must have the license renewed every year.

In order to apply for a license from the Division of Health Service Regulation to operate a mental health facility as required under General Statute 122C, you must do the following:

1. *Complete the application*

(a) **24-hour Residential Programs:**

- **Take the completed application (pages 9-14) to your local zoning office and obtain zoning compliance. Attach the zoning compliance letter to the application.**
- **The zoning compliance letter from your local zoning department must clearly identify:**
 - **Facility address**
 - **Zoning code (must be correct zoning code see below chart)**
 - **Intended usage**

Your application will not be processed if your zoning compliance information does not contain and verify the correct zoning.

- Take the completed application (pages 9-14) to your area Local Management Entity-Managed Care Organization (LME-MCO) office and obtain a Letter of Support as per 10A NCAC 27G .0406. Attach LME-MCO support letter to the application. A Letter of Support is not required for services that have a Certificate of Need (CON) from DHSR, which currently is ICF/IID facilities.
- Submit all items listed in the **Requirements for 24-hour Residential Programs** box on **page 7**.
- Include initial licensure fee upon submitting all items.

(b) **Day Programs:**

- **Take the completed application (pages 9-14) to your local zoning office and obtain zoning approval. Attach the zoning approval letter to the application.**
- State Opioid Treatment Authority (SOTA) requires a preliminary program approval letter for all service category 3600 facilities.
- Submit all items listed in the **Requirements for Day Programs** box on **page 8**, including approved Fire Marshal, Sanitation and Building Officials inspection reports as required.
- Include initial licensure fee upon submitting all items.

2. Write a letter briefly describing the services you will offer at the proposed facility.
3. Develop written policies and procedures for your service. Do not submit your organization's P&P with the application, as they will be reviewed later.
4. Make check payable to: **NC Division of Health Service Regulation**
5. Send application with the required information to:

Division of Health Service Regulation
MH Licensure & Certification Section
1800 Umstead Drive
2718 Mail Service Center
Raleigh, NC 27699-2718

***Note:** Before the construction of a **new residential** facility, you must submit blueprints and receive approval from the DHSR Construction Section. For information, contact DHSR Construction at 919-855-3893.

N.C. Department of Health and Human Services
Division of Health Service Regulation
Mental Health Licensure and Certification Section
2718 Mail Service Center ■ Raleigh, North Carolina 27699-2718

Building Code Zoning Classifications - Requirements for Licensure Categories (revised 8-8-2013)

Program Code 10 NCAC 27G	Facility Type	Residential/ Institutional 24 hour programs	Building Classification	Code
.1100	Partial Hospitalization for individuals who are acutely mentally ill	No	Group B – Business Occupancy (Adults) Group E – Educational or I4 (minors)	a
.1200 ✓	Psychosocial Rehab for individuals with Severe and Persistent Mental Illness	No	Group B – Business Occupancy	a
.1300	Residential Treatment for Children or Adolescents	Yes	Residential – Classification dependent on number & ambulation status	b
.1400	Day Treatment for Children and Adolescents with Emotional or Behavioral Disturbances	No	Group E – Educational Occupancy or I-4	a
.1700	Residential Treatment Staff Secure for Children or Adolescents	Yes	Residential – Classification dependent on number & ambulation status	d
.1800	Intensive Residential Treatment for Children or Adolescents	Yes	Institutional Occupancy	e
.1900	Psychiatric Residential Treatment for Children and Adolescents	Yes	Institutional Occupancy	f
.2100	Specialized Community Residential Centers for Individuals with Developmental Disabilities	Yes	Residential or Institutional Occupancy	g
.2200	Before/After School and Summer Developmental Day Services for Children with or at Risk for Developmental Delays, Developmental Disabilities, or Atypical Development	No	Group E- Educational or I-4	a
.2300	Adult Developmental and Vocational Program for Individuals with Developmental Disabilities	No	Group B- Business Occupancy	a
.3100	Nonhospital Medical Detoxification for Individuals who are Substance Abusers	Yes	Institutional Occupancy	h
.3200	Social Setting Detoxification for Substance Abusers	Yes	Residential or Institutional Occupancy	m
.3300	Outpatient Detoxification for Substance Abuse	No	Group B – Business Occupancy	a
.3400	Residential Treatment/Rehabilitation for Individuals with Substance Abuse Disorders	Yes	Residential or Institutional Occupancy	i
.3600	Outpatient Opioid Treatment	No	Group B- Business Occupancy	a
.3700	Day Treatment Facilities for Individuals with Substance Abuse Disorders	No	Group B- Business Occupancy Group E – Educational or I4 (Minors)	a
.4100	Residential Recovery Programs for Individuals with Substance Abuse Disorders and their Children	Yes	Typically Group R – Residential	j
.4300	Therapeutic Community	Yes	Typically Group R – Residential	k
.4400	Substance Abuse Intensive Outpatient Program (SAIOP)	No	Group B – Business Occupancy (Adults) Group E – Educational or I4 (minors)	a

Division of Health Service Regulation
Mental Health Licensure and Certification Section
Policies and Procedures: Initial Licensure Survey

Requirements for Day Programs

Note: Day Programs for children and adolescents cannot be located in a building classified as a Business Occupancy. These programs are required to meet either Group E-Educational Occupancy or Group I-4 - Child Daycare Occupancy under the NCSBC.

Please submit the following below:

1. ✓ A floor plan of the entire building or floor within the building of the space to be licensed that specifies the following:
 - a. ✓ Identification and dimensions of rooms to be licensed.
 - b. ✓ Exits from the licensed space and building.
 - c. ✓ Toilet areas and other required support spaces.
2. ✓ Exterior photos of each side of the building. Interior photos of the proposed licensed space.
3. Provide current *Secretary of State Report* (<https://www.sosnc.gov/corporations>) documenting Active Status.
4. Local Zoning Department approval or verification that the facility is classified under building/planning for the intended use.
5. ✓ Current local Fire Marshal's Inspection Report for the building.
6. Current local Sanitation Inspection report if serving any food.
7. A preliminary program approval letter is required from the State Opioid Treatment Authority (SOTA) for all Service Category 3600 facilities.
8. New Construction/Renovation: the local Building Officials approval.
9. Existing Structure: If this is an existing Business Occupancy building (as classified under the North Carolina state building code) and it is only a change of tenant use (for a program that is classified as a 'Business Occupancy use') approval from the local Building Official may not be required. Contact your local Building Official and provide them with a copy of your application to verify if your program is classified as a Business Occupancy and if they need to provide any type of documentation.

Day Program Checklist

	Item	Completed
1.	Secretary of State Report (https://www.sosnc.gov/corporations) documenting Active Status.	
2.	Completed Initial Licensure Application (form DHSR 5001)	
3.	Fee	
4.	Floor Plan with dimensions	
5.	Pictures (Interior & Exterior)	
6.	Directions to Facility if not findable using google maps	
7.	Zoning Approval (original) <i>Required for application to move forward</i>	
8.	Fire Inspection (clear copy or original)	
9.	Sanitation Inspection (clear copy or original) if serving food	
10.	Preliminary Program approval from SOTA (service category 3600)	
11.	Building Inspection (original) if applicable for new construction or renovation of building	

