



PLANNING BOARD AGENDA
Monday, August 24, 2026

1. Call to Order

2. Pledge of Allegiance

3. Invocation

4. Approval of Agenda

5. Approval of Minutes – August 3, 2026

6. Regular Business

A. Planning Department Staff Report for July 2026

B. Update on Projects

7. Old Business –

None.

8. New Business

A. Initial Zoning Designation – 4800 US HWY 70 Business West (RZ-01-2026)

B. SUP-01-2026 GMB Independent Home, LLC (214 Fire Department Road)

C. SUP-02-2026 Harper House of Hope #3 (107 Endridge Lane)

D. SUP-03-2026 Harper House of Hope #2 (177 Frazier Drive)

E. Vote for Planning Board Time/Date Change for monthly meeting

F. Re-Organization – Swearing in of Bennie Cherry (Seat #4)

G. Re-Organization – Swearing in of Alvin Hardy (Seat #8)

9. Adjourn

TOWN OF WILSON'S MILLS

PLANNING BOARD

REGULAR MEETING

MINUTES

August 3, 2026

Present: Donald Byrd - Chair, Marvin Dodd – Vice Chair, Jim Uzzle, Benji Parrish, Jay Mouser, Lloyd Barnes, Charlotte Cox & Jessica Knight.

Staff Present:

Wendy Oldham, Planning Director; Cynthia Paul, Planning Technician; Kleber Aguilar, Code Enforcement Officer & Permit Technician.

Others Present:

Don McCullers (SUP-01-2026), Beverly Rowland (SUP-02-2026) & (SUP-03-2026), Alvin Hardy (Planning Board Applicant), Bennie Cherry (Planning Board Applicant).

Absent

None.

Convocation

D. Byrd called the meeting to order at 7:01 P.M.

Pledge of Allegiance

The Pledge of Allegiance was led by D. Byrd.

Invocation

The invocation was given by D. Byrd.

Approval of Agenda

A motion was made to approve the agenda by J. Uzzle and seconded by Jay Mouser. The motion passed unanimously.

Approval of Minutes

A motion was made by B. Parrish to approve the minutes from June 22, 2026. L. Barnes seconded it. The Planning Board approved unanimously.

New Business:

A. Special Use Permit Hearing: All sworn in together by Notary Public Oldham, CZO, Planning Director.

I. SUP-01-2026 - GMB Independent Home, LLC – Don McCullers -

214 Fire Department Road

The Board asked questions regarding missing documentation from the Department of Health and Human Services (DHHS), about the number of residents, the gender of residents, specifics of daily operations. A motion was made to table SUP-01-2026 due to a lack of information and approval from the state and advised Mr. McCullers to cease operation and not to have anyone in the home until the approval from Wilson's Mills and Department of Health and Human Services (DHHS) has been granted. The

Regular Business:

- Planning Board approved the motion to table the Special Use Permit unanimously.
2. SVP-02-2026 – Harper House of Hope # 3 – Beverly Rowland
107 Endridge Lane
- The Board asked questions regarding missing documentation from the Department of Health and Human Services (DHHS) and specifics of daily operations. A motion was made to table SVP-02-2026 due to a lack of information and approval from the state and advised Mrs. Rowland to cease operation and not to have anyone in the home until the approval from Wilson's Mills and Department of Health and Human Services (DHHS) has been granted. The Planning Board approved the motion to table the Special Use Permit unanimously.
3. SVP-03-2026 – Harper House of Hope # 2 – Beverly Rowland
177 Frazier Drive
- The Board asked questions regarding missing documentation from the Department of Health and Human Services (DHHS) and specifics of daily operations. A motion was made to table SVP-02-2026 due to a lack of information and approval from the state and advised Mrs. Rowland to cease operation and not to have anyone in the home until the approval from Wilson's Mills and Department of Health and Human Services (DHHS) has been granted. The Planning Board approved the motion to table the Special Use Permit unanimously.
- D. Swearing in of Jay Mouser for Chairman of the Planning Board, by Notarized Planning Director, Wendy Oldham.
- E. Swearing in of Marvin Dodd, for Vice Chairman of the Planning Board, by Notarized Planning Director, Wendy Oldham.
- Planning Department Staff Reports for June 2026.
- W. Oldham discussed annexations becoming a part of the Planning Department.

Update On Projects: W. Oldham updated the board members about a large potential Industrial project expected to be 1.5 million Sq. Ft.

Old Business: Continued Discussion of Food Truck Ordinance.

J. Uzzle made a motion to approve the food truck ordinance, B. Parrish seconded it. Motion Passed Unanimously.

The Planning Board continued its discussion of Board of Adjustment appointments and agreed that C. Cox, J. Knight, D. Riley, D. Byrd, and M. Dodd would serve as members, with M. Dodd serving as the ETJ member and A. Hardy serving as an alternate member. These recommendations will go before Town Council.

J. Uzzle made a motion to adjourn at 7:50 P.M, and B. Parrish seconded it. Motion carried unanimously.

Attest: Jay Mouser, Chair

Wendy Oldham, Planning Director

STAFF REPORT

TO: Mayor Byrd and Town Council Members
 DATE: August 7, 2026
 FROM: Wendy Oldham, Planning Director
 SUBJECT: Planning Report – July 2026



RESIDENTIAL PROJECTS		
WORKING ON INFRASTRUCTURE		
Willis Crossing	Construction Plans Approved	Architect working on Plans
Southeast Mills	Construction Plans Ph. 1	Waiting on Final Plat Ph 1
CURRENTLY BUILDING IN PHASES		
Wilson's Walk	Phase 3 Plat Recorded	Building Phase 3
Olive Branch	Working on Phase 4	Building in Phase 3A
Eason Creek	Building Out	Waiting on Street Takeover
Crescent Mills	Phase 6B Plat Recorded	Second Phase on East Side
Wilson's Ridge	Phase 5 Final Plat recorded	Waiting on Permits
PLANNING STAGES		
Cobalt	Re-designing project	Still waiting on re-submittal
Hwy 70 Bus beside East Hampton		
Miller Ridge	Preliminary Plans approved	Construction Plans approved; waiting on outside approvals
Johnston Farms	Construction Plans Approved	Waiting on Developer
Blake's Landing	Phase 1 Final Plat Recorded	Infrastructure installation happening now
(Formerly Lee Property) Swift Creek End of Strickland Road		
Wellons Property	Reviewing construction plans	waiting on Outside Permits
Connecting to Wilson's Ridge		
AWAITING FINAL INSPECTION		
N/A	N/A	N/A
STREET TAKEOVER		
Street Name	Subdivision	Linear Feet
N/A	N/A	N/A
RECOMBINATION/SUBDIVIDES		
ADDRESS	ACTION	STATUS
L	Court Ordered Subdivide	Approved
TEMPORARY EVENT PERMITS		

ANNEXATIONS		
2024 Gordon Rd	WM Fire Dept. Station #3	Hearing To Be Called 7-20-26
REZONES		
ADDRESS	ACTION	STATUS
N/A	N/A	N/A
NON-RESIDENTIAL PROJECTS		
ADDRESS/PROJECT	USE REQUEST	STATUS
Clayton Glass & Mirror	New Building for expansion	Waiting on Johnston County
Wilson's Mills High School	Construction Plans Approved	Building out
SPECIAL USE PERMIT		
214 Fire Dept Road	MUAH	Before Planning Board
177 Frazier Drive	MUAH	Before Planning Board
107 Endridge Ln	MUAH	Before Planning Board
EXCAVATION PERMITS		
ADDRESS/PROJECT	COMPANY	STATUS
N/A	N/A	N/A
SIGN PERMITS		
ADDRESS	BUSINESS/PROJECT	STATUS
N/A	N/A	N/A
DEMOLITION PERMITS		
ADDRESS	BUSINESS/PROJECT	STATUS
N/A	N/A	N/A
NON-RESIDENTIAL PERMITS		
ADDRESS	BUSINESS/PROJECT	STATUS
N/A	N/A	N/A
RESIDENTIAL ZONING PERMITS		
USE	#	
Single Family Home/Town Home – New Construction	10	
Porch/Deck/Pool/Driveway Extension/Ramp/Additions	2	
Accessory Structure	1	
Fence	7	
Manufactured Home	0	
Rooftop Solar Panels	0	
Chickens	0	
MUAHS (Multi Unit Assisted Housing with Services)	0	
Home Occupation	0	
Change of Use	0	
TOTAL	20	

FLOODPLAIN DEVELOPMENT PERMITS		
ADDRESS/PROJECT	ACTION	STATUS
N/A	N/A	N/A
ZONING INSPECTIONS/LETTERS		
Completed and Passed- Single Family Homes		25
Completed and Passed-Other		5
Zoning Verification Letters		0
CODE ENFORCEMENT VIOLATIONS		
VIOLATIONS		#
TOTAL		27
Undue Growth		14
Debris/Garbage Clean-Up		8
Nuisance/Junk/Abandoned Vehicles		5
Chickens/Roosters		0
ZONING VIOLATIONS		
VIOLATIONS		#
TOTAL		4
Building without Permit		2
Fence without Permit		1
Unsafe Structure		1
Other Zoning Violation		0
CODE ENFORCEMENT AND ZONING ABATEMENT		
OUTCOMES		#
TOTAL		2
Abated		2
Final Letter Sent		0
Citations/Fines Issued		0
TOWN ABATEMENTS		
Paid Town Abatements		1



TOWN OF WILSON'S MILLS

4083 Wilson's Mills Road – P. O. Box 448 – Wilson's Mills, NC 27593
Voice: 919-938-3885 – Fax: 919-938-1121
Website: www.wilsonsmillsnc.org

TO: Chairman Jay Mouser and Planning Board Members
DATE: August 24, 2026
RE: Merus LLC
FROM: Wendy Oldham, Planning Director
File No. RZ-01-2026

PROPOSAL

The applicant is requesting an initial Zoning Designation for Parcel ID No. 05106039C from (AR) Agriculture Residential, Johnston County Zoning Classification, to (IND) Industrial. This initial Zoning Designation request is to allow for the development of an Industrial Warehouse and Distribution Facility of approximately 224,000 square feet with associated truck courts, parking, stormwater management, and utility infrastructure. The applicant has submitted a request for annexation into the Town of Wilson's Mills, and that process is running concurrently with the rezoning.

CURRENT SITE INFORMATION

LOCATION:	4800 US HWY 70 Business West
TAX ID:	05106039C
ZONING:	(AR) Agriculture Residential
CURRENT USE:	Undeveloped

PROPOSED SITE INFORMATION

LOCATION:	4800 US HWY 70 Business West
TAX ID:	05106039C
SITE ACREAGE:	23.610
PROPOSED ZONING:	(IND) Industrial
PROPOSED USE:	Industrial Warehouse and Distribution Facility

ZONING CHARTS FOR CURRENT ZONING CLASSIFICATION

AR (Agriculture Residential) – Johnston County Zoning Classification

ZONING CHART FOR PROPOSED ZONING CLASSIFICATION

Zoning	IND
Density:	N/A
Minimum Lot Size:	30,000 sf
Minimum Lot Width:	150'
Setbacks (min.):	
Front	40'
Side	15'
Rear	20'
Side Street	40'
Accessory Structure	A minimum of 5' behind primary structure & 5' from side and rear property lines.
Setbacks:	

Industrial (IND). The Industrial District (IND) is established to provide locations for industrial uses that, due to the scale of the buildings and/or the nature of the use, cannot be integrated into the community. Uses within the Industrial District are buffered from adjacent uses. The dominant uses in this district are manufacturing and warehouse storage. Small scale manufacturing and storage that is compatible with less intensive uses can and should be located in other non-residential or mixed-use districts. The Industrial District is reserved for uses which require very large buildings and/or large parking and loading facilities.

Article 7.8 of the WMDO requires the compliance of specific findings of fact to grant a rezone. The applicant shall submit the following statements of justification, presenting information supporting each and all the required findings as they relate to the proposed rezone request:

1. That the use or development is located, designed, and proposed to be operated to maintain or promote public health, safety, and general welfare. Statement by applicant: The proposed industrial development is located along US HWY 70 Business W, a designated arterial corridor, with no residential uses in immediate proximity. The project will be developed in compliance with all applicable stormwater, access management, and fire safety requirements.

2. That the use or development complies with all required regulations and standards of the Wilson's Mills Development Ordinance and with all other applicable regulations. Statement by applicant: Warehouse, distribution, and light industrial uses are by-right permitted (P) in the IND district per the Table of Uses, section 8.4 The development will meet all dimensional, parking, loading, and landscaping requirements of the WMDO.

FINDINGS OF FACT



ORTHO PHOTO

3. That the use or development is located, designed, and proposed to be operated so as not to substantially injure the value of adjoining or abutting property, or that the use or development is a public necessity. Statement by applicant: The IND zoning classification is consistent with the corridor's established industrial character along US HWY 70. Required buffer yards will be provided per Article 11. Industrial development of this type typically increases adjacent commercial/industrial land values through infrastructure investment and increased employment activity.

4. That the use or development will be in harmony with the area in which it is to be located and conforms to the general plans for the land use and development of the Town of Wilson's Mills and its environment. Statement by applicant: The Town's land use plan designates the US HWY 70 Business Corridor as appropriate for commercial and industrial development. The proposed IND Zoning supports the Town's economic development objectives by creating shovel-ready industrial capacity within the Wilson's Mills planning area.

STATEMENT OF CONSISTENCY AND REASONABleness

The proposed initial zoning of IND (Industrial) for the approximately 23.610-acre property located at 4800 US Highway 70 Business West (Parcel 05106039C) is consistent with the Town of Wilson's Mills adopted Comprehensive Land Use and Master Plan, which identifies the property as Employment Manufacturing. The proposed zoning is reasonable based on the property's size, location along US Highway 70 Business, undeveloped condition, and surrounding mixture of industrial, business, and agricultural/residential uses. Existing industrial zoning is located to the north and south, with General Business zoning to the west. Based on these factors, the proposed IND zoning is consistent with the adopted comprehensive plan and is reasonable for the property and surrounding area. Furthermore, the request is in accordance with the Town's Unified Development Ordinance and contributes to the orderly growth and development envisioned in the Comprehensive Plan.

5.2 Goals-Objectives-Strategies

The objectives and strategies appearing under each goal appear in priority rankings based upon the number of public comments. These may be pursued as deemed appropriate by the Town, its citizens and businesses.

5.2.1 Goal 1: ADOPT STRONG ZONING STANDARDS AND SPECIFICATIONS FOR BOARD DECISIONS

5.2.1.2 Objective 2: Ensure quality development within the Town of Wilson's Mills.

Strategy 1: Establish zoning districts and standards consistent with this Town Plan 2040.

5.2.2.1 Goal 2: PLAN FOR GROWTH!

Objective 1: Harness the imminent southward expansion of the Triangle while managing growth within Wilson's Mills.

5.2.2.2 Objective 2: Have a good plan and ordinances so projects achieve the mission of the plan.

5.2.3 Goal 3: RETAIN OUR CHARACTER!

5.2.3.1 Objective 1: Preserve the small-town appeal of Wilson's Mills while encouraging compatible business growth through development of revised development standards and specifications.

STAFF RECOMMENDATION

The Planning Department staff have reviewed the initial Zoning Designation request for Parcel No. 05106039C, proposing a change from (AR) Agriculture Residential to (IND) Industrial. Based on analysis of the Future Land Use Map, applicable zoning regulations, and the surrounding development pattern, staff find the request to be consistent with the Town of Wilson's Mills Comprehensive Land Use Plan.

The proposed IND zoning is appropriate for the property based on its location along US Highway 70 Business, its size and undeveloped condition, the surrounding development pattern, and the Future Land Use Map designation of Employment Manufacturing. The proposed zoning also supports the Town's goals of managing growth, encouraging compatible business development, and establishing zoning districts and development standards consistent with the Town Comprehensive Land Use Plan 2040.

Planning staff recommend approval at the August 24, 2026, meeting of the initial zoning designation request, finding it promotes orderly growth, aligns with adopted planning goals, and is in the public interest.

ACTION REQUESTED

1. Acknowledging consistency and reasonableness with the Future Land Use Map and Comprehensive Land Use Plan, the Planning Board recommends **approval** for the initial Zoning Designation of Parcel 05106039C to Town Council from (AR) Agriculture Residential to (IND) Industrial:

2. **Table** the application for initial Zoning Designation of Parcel 05106039C for the following reason(s):

3. Recommend **denial** of the initial Zoning Designation of Parcel 05106039C to Town Council for following reason(s):

ATTACHMENT(S)

- 1. Copy of Rezone Application
- 2. Owner Authorization Form
- 3. Metes and Bounds Description
- 4. Will serve letter from Johnston County Public Utilities
- 5. Concept Proposal
- 6. Letter of Support
- 7. Site Plan
- 6. Copy of Permitted Use Table
- 7. Copy of Future Land Use Map



REZONING / MAP AMENDMENT APPLICATION

Planning Department
PO Box 448, Wilson's Mills, NC 27593
Phone: (919) 938-3885 Fax: (919) 938-1121

RZ-01-2026

PROCESS INFORMATION:

Submission Requirement: An application for a rezoning (general or conditional zoning) to the Town's official zoning map shall be filed with the Development Compliance Officer. Such petition shall contain all the information required on this form and must be determined to be complete by the Development Compliance Officer prior to advancing it through the review process.

Public Notification: This is a legislative process that requires a public hearing.

Review Process: Per Article 5 of the Wilson's Mills Development Ordinance (WMDO), all applications are to be reviewed for compliance by the Development Compliance Officer and then forwarded for to the Planning Board (review) and Town Council (decision) for consideration.

General Rezoning Requests: These are "general" requests involving a zoning change to an individual parcel of land. The request is to amend or change the Town's Official Zoning Map in a certain area from one zoning district to another. "General" rezoning requests are not specific and if approved, any permitted land use within the new zoning district as illustrated in the Section 8.1 (Table of Uses) of the Wilson's Mills Development Ordinance (WMDO) could be permitted.

Conditional Zoning Requests: Conditional Zoning Districts (CZ) are districts with conditions voluntarily added by the applicant. Conditional zoning is available for any of the Primary General Use District classifications enumerated in Article 8 of the WMDO, except for those that require a site-specific development plan as part of the application. The conditional zoning designation shall be indicated on all zoning maps and other official documents with the suffix, "(CZ)" (e.g., "IND(CZ)").

FILING INSTRUCTIONS:

- Every applicant for rezoning request is required to meet with the Development Compliance Officer in a pre-application conference prior to the submittal of a formal application. The purposes of this conference are to provide additional information regarding the review process and assistance in the preparation of the application.
- A petitioner must complete this application in full. This application will not be processed unless all information requested is provided.
- Remittance of associated fee(s)* to accompany this application. (*See Town of Wilson's Mills fee schedule)

GENERAL PROJECT INFORMATION:

Project Address / Location: 4800 US Hwy 70 Bus West

Zoning District: AR

Johnston Co. Tax PIN #: 167600-86-3874

Town Jurisdiction: N/A In-Town Limits

Size of Property (in acres): 23.116

Proposed Building Square Footage: 224,000

N/A ETJ

1

Existing land use/zoning on adjoining properties:

North: AR,GB/I-1
South: I-1 & AR
East: AR
West: GB

APPLICANT INFORMATION:

Applicant: Merus LLC

Address: 4509 Creedmoor Road, Suite 500

City: Raleigh

State: NC

Zip: 27612

Phone: 513-739-3595

Email: somara@merus1894.com

Property Owner (Owner Consent Form is required if different from applicant): Smithfield Free Will Baptist Church, Inc.

Address: PO Box 421

City: Smithfield

State: NC

Zip: 27577

Phone: 919-631-7400

Email: thomas@thethomasparkrealttygroup.com

REZONING REQUEST:

☒ General Use

Existing Zoning Classification: AR

Proposed Zoning Classification: IND

If the request is to a Conditional Zoning District, this application should be accompanied by a site-specific

development plan that includes land use, existing conditions, buildings, lots, etc. per the WMD. In addition, please

provide a narrative of the proposed use and list any proposed conditions:

Proposed Land Use:

Development of a speculative industrial warehouse and distribution facility

of approximately 224,000 square feet with associated truck courts, parking,

stormwater management, and utility infrastructure.

Proposed Conditions Offered by Applicant:

No conditions proposed. General Use rezoning requested. The applicant

will comply with all applicable development standards, setback requirements,

and design criteria set forth in the WMD for the IND zoning district.

ACKNOWLEDGEMENT:

The undersigned property owner, or duly authorized agent/representative thereof certifies that this application and

the foregoing answers, statements, and other information herewith submitted are in all respects true and correct to the

best of their knowledge and belief, with the understanding that any incorrect information submitted may result in the

delay or rescheduling of the required public hearing and may result in the revocation of this application. I hereby

authorize the Town of Wilson's Mills to review this request, visit the site, and contact any appropriate design

professional in relation to questions generated as a result of the review.

Applicant Printed Name

Applicant Signature

Date

Sean O'Mara

Signature

5/15/26

FINDINGS OF FACT

Article 7.8 of the WMDO require the compliance of specific findings of fact in order to grant a rezone. The applicant shall submit the following statements of justification, presenting factual information supporting each and all the required findings as they relate to the proposed rezone request:

1. That the use or development is located, designed, and proposed to be operated so as to maintain or promote the public health, safety, and general welfare.

Statement by applicant:

The proposed industrial development is located along US Hwy 70 Business W, a designated arterial corridor, with no residential uses in immediate proximity. The project will be developed in compliance with all applicable stormwater, access management, and fire safety requirements.

2. That the use or development complies with all required regulations and standards of the Wilson's Mills Development Ordinance and with all other applicable regulations.

Statement by applicant:

Warehouse, distribution, and light industrial uses are by-right permitted (P) in the IND district per the Table of Uses, Section 8.4. The development will meet all dimensional, parking, loading, and landscaping requirements of the WMDO.

3. That the use or development is located, designed, and proposed to be operated so as not to substantially injure the value of adjoining or abutting property, or that the use or development is a public necessity.

Statement by applicant:

The IND zoning classification is consistent with the corridor's established industrial character along US Hwy 70. Required buffer yards will be provided per Article 11. Industrial development of this type typically increases adjacent commercial/industrial land values through infrastructure investment and increased employment activity.

4. That the use or development will be in harmony with the area in which it is to be located and conforms to the general plans for the land use and development of the Town of Wilson's Mills and its environs.

Statement by applicant:

The Town's land use plan designates the US Hwy 70 Business corridor as appropriate for commercial and industrial development. The proposed IND zoning supports the Town's economic development objectives by creating shovel-ready industrial capacity within the Wilson's Mills planning area.

For Town Use Only

meeting w/ JCPU 6-26

JC Commissioners commit to serve 8-3-26

Date Received: 6-15-26 Case #: RZ-01-2026

Payment Amount: 4,222.20 Date Paid: 8-6-2026

Application Received by: Wendy Osherson

PB Date: 8/24/26 Recommended Denied

Site Posted Date: Ad Run Dates: Letters Mailed Date: Hearing Called by TC on: TC Date: Approved Denied

TOWN OF WILSON'S MILLS
OWNER AUTHORIZATION FORM
Planning Department
PO Box 448, Wilson's Mills, NC 27593
Phone: (919) 938-3885 Fax: (919) 938-1121



PROPERTY OWNERS CERTIFICATION:

Edie Robertson (Clerk) & Daniel Evans (Treasurer)
I, for Smithfield Free Will Baptist Church, Inc. hereby affirm that I am the owner of the property located at:

Property Address/Physical Location: 4800 US Hwy 70 Bus. W

City: Clayton State: NC Zip Code: 27520

Johnston Co. Tax PIN #: 167600-86-3874

Project/Activity/Permit for which application is being made: Rezoning of property from Agricultural Residential (AR) to Industrial (IND) for the development of a speculative industrial warehouse and distribution facility.

By signing below, I authorize the individual identified in the following section to act as my authorized agent with regard to any and all application(s) made to the Town of Wilson's Mills Planning Department for the activities described. The individual identified below shall remain in this capacity with regard to any applications and subsequently issued permits related to these activities indefinitely unless an express written request to terminate this authorization, signed by me, is submitted to the Town of Wilson's Mills Planning Department.

Edie Robertson

Timothy Daniel Evans

Owner's Printed Name

Owner's Signature

Date

5/13/2026
5/12/2026

APPLICANT/AGENT INFORMATION:

Applicant/Owner's Authorized Agent: Mernus LLC

Address: 4509 Creedmoor Road, Suite 500

City: Raleigh

State: NC

Zip Code: 27612

Phone: 513-739-3595

Email: somara@merus1894.com

I, the duly authorized agent/representative thereof, hereby certify that the information herewith is in all respects true and correct to the best of my knowledge and belief.

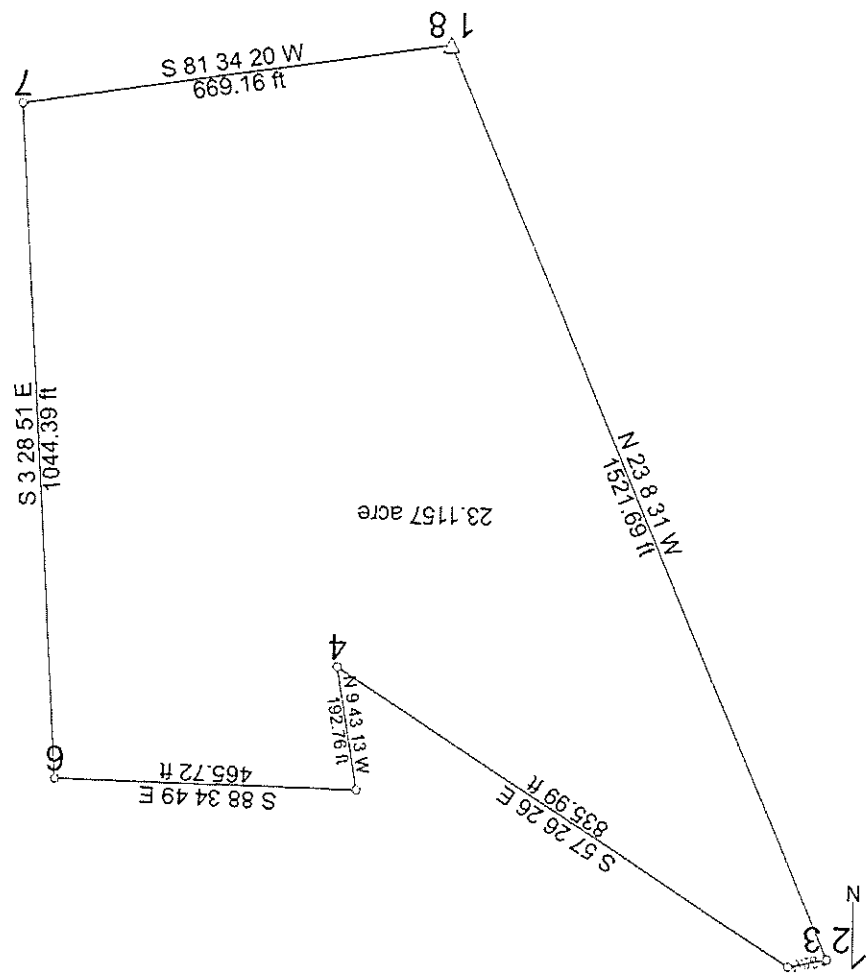
Applicant/Agent Printed Name
Sean O'Mara

Applicant/Agent Signature

Date

5/14/2026

DeedPro Software, LLC makes no warranty as to the accuracy and completeness of this document.



Call	Start	Type	Q	Deg	Min	Sec	Dist	Arc	Rad	Dir
1	1	-	NW	23	8	31	1521.69 ft	-	-	-
2	2	-	NE	77	47	2	60.29 ft	-	-	-
3	3	-	SE	57	26	26	835.99 ft	-	-	-
4	4	-	NW	9	43	13	192.76 ft	-	-	-
5	5	-	SE	88	34	49	465.72 ft	-	-	-
6	6	-	SE	3	28	51	1044.39 ft	-	-	-
7	7	-	SW	81	34	20	669.16 ft	-	-	-

*Distance, arc, radius units in feet.

Area: 23.1157 acre (1006919 sq. ft.) Closing Distance: 0.01 ft Closing Error: 0.00% Perimeter: 4790.00 ft

BEGINNING; thence N 23 Deg 8 Min 31 Sec W a distance of 1521.69 feet; thence N 77 Deg 47 Min 2 Sec E a distance of 60.29 feet; thence S 57 Deg 26 Min 26 Sec E a distance of 835.99 feet; thence N 9 Deg 43 Min 13 Sec W a distance of 192.76 feet; thence S 88 Deg 34 Min 49 Sec E a distance of 465.72 feet; thence S 3 Deg 28 Min 51 Sec E a distance of 1044.39 feet; thence S 81 Deg 34 Min 20 Sec W a distance of 669.16 feet to the point and place of BEGINNING, containing 23.116 acres, more or less;

BEGINNING AT A 1" IRON PIPE FOUND IN THE EASTERN MARGIN OF THE RIGHT OF WAY FOR US HIGHWAY 70 BUSINESS AND HAVING NORTH CAROLINA GRID COORDINATES OF NORTHING: 666342.72; EASTING: 2178339.32;

THENCE WITH THE EASTERN MARGIN OF SAID RIGHT OF WAY N 23° 08' 31" W A DISTANCE OF 1521.69' TO A 5/8" REBAR WITH CAP SET;

THENCE N 77° 47' 02" E A DISTANCE OF 60.29' TO A 5/8" REBAR WITH CAP SET;

THENCE S 57° 26' 26" E A DISTANCE OF 835.99' TO A CONCRETE MONUMENT FOUND;

THENCE N 09° 43' 13" W A DISTANCE OF 192.76' TO A 5/8" REBAR WITH CAP SET HAVING NORTH CAROLINA GRID COORDINATES OF NORTHING: 667494.79, EASTING: 2178472.28;

THENCE S 88° 34' 49" E A DISTANCE OF 465.72' TO A CONCRETE MONUMENT FOUND;

THENCE S 03° 28' 51" E A DISTANCE OF 1044.39' TO A SURVEY NAIL FOUND AT THE BASE OF A BENT 1/2" IRON PIPE;

THENCE S 81° 34' 20" W A DISTANCE OF 669.16' TO THE POINT AND PLACE OF BEGINNING AND CONTAINING 23.116 ACRES.



August 11, 2026

Town of Wilson's Mills
Attn: Town Manager
PO Box 448
Wilson's Mills, NC 27593

Merus, LLC
Attn: Sean O'Mara
4509 Creedmoor Road, Ste 500
Raleigh, NC 275612

RE: Request for Utility Services/Will Serve Letter

To Whom It May Concern:

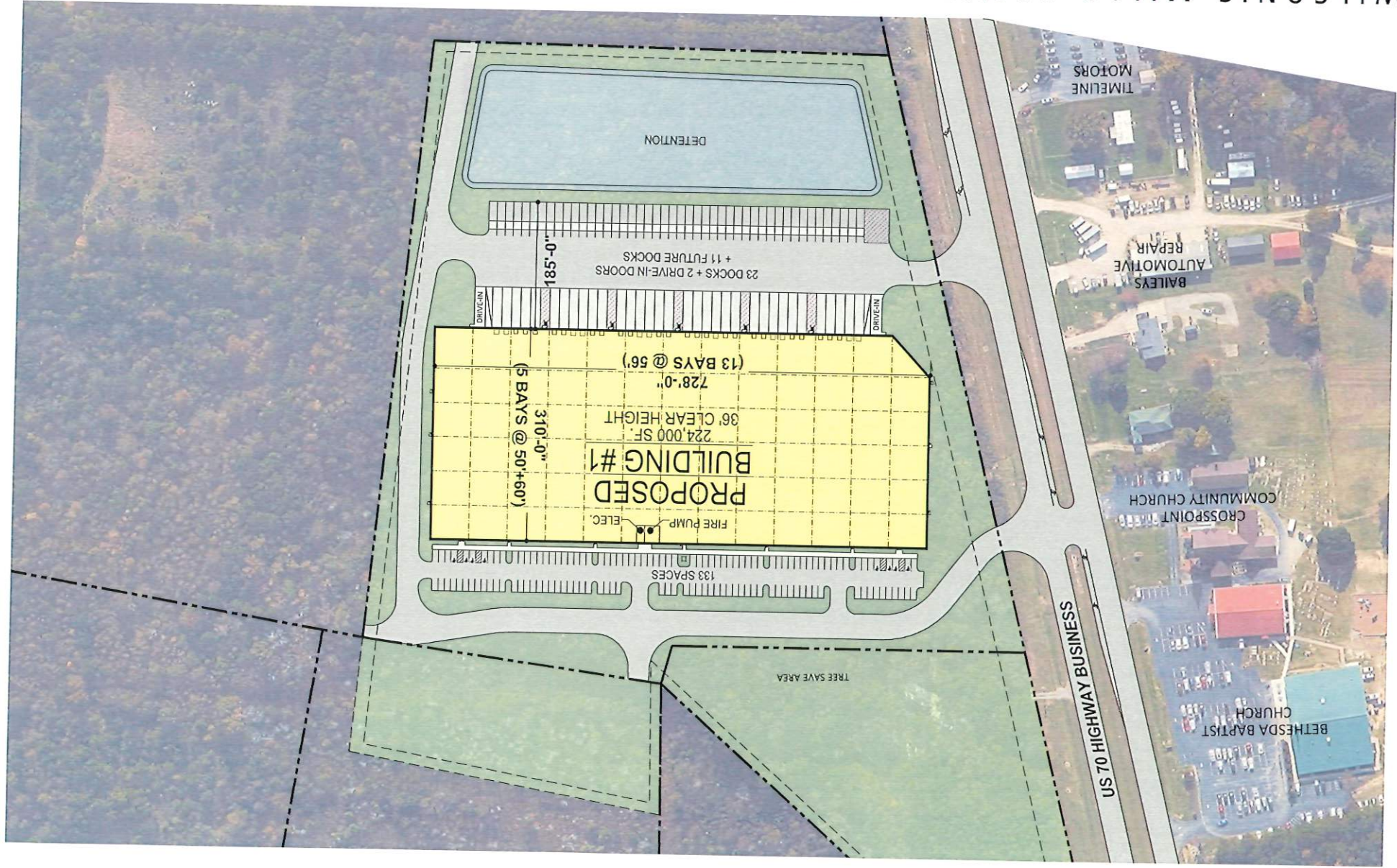
Pursuant to section III(B)(5) of the Utility Service Agreement, effective June 15, 2026, by and between the County of Johnston and the Town of Wilson's Mills ("Agreement"), the County's Board of Commissioners has APPROVED the request for Utility Services¹ for the property located at **4800 US Highway 70 Business West, Clayton, North Carolina** bearing **PIN: 167600-86-3874** ("Property"), subject to the terms and conditions outlined below.

As provided in the Agreement, this written determination is not a reservation of capacity for any project or use of the Property. Instead, this written determination simply indicates the County's willingness to provide Utility Services to the Property pursuant to the Agreement. Water and/or sewer capacity will only be reserved, and water and/or sewer connections shall only be made, as provided under County policy. This determination is also subject to, and contingent upon, the completion of all necessary transmission and other infrastructure improvements that detailed evaluations and future studies may deem necessary or advisable to reliably provide Utility Services to the Property, including, but not limited to, downstream improvements of the gravity sewer system in the Olive Branch Subdivision along Reagan Crest Drive (between Craig Point Drive and the Olive Branch Wastewater Pump Station). As outlined in the Agreement, any such improvements are the responsibility of the Property owner. This written determination is not intended to serve, nor is it to be relied upon for, any purpose other than the purpose outlined in the Agreement, which is to confirm the County's willingness to provide Utility Services to the Property.

Sincerely,

Chandra C. Farmer

cc: Jennifer Slusser
Kim Rineer, PE



WILSON'S MILLS COMMERCE CENTER

CONCEPTUAL DESIGN | WILSON'S MILLS, NC | 15 JULY 2026



MERUS | **MERUS** ARCHITECTS



WILSON'S MILLS COMMERCE CENTER CONCEPTUAL DESIGN | WILSON'S MILLS, NC | JULY 14, 2026

MERUS | **MERUS** ARCHITECTS

- **Consistency with Town and County Long-Range Plans:** Both the Town of Wilson's Mills and Johnston County have long emphasized economic resilience and the intentional clustering of industrial, logistics, and employment centers along major transit arteries. Rezoning this highway-adjacent property to Light Industrial directly aligns with the land-use goals outlined in the Town's Comprehensive Land Use Plan and the County's broader economic development strategies.
- **Establishing a Regional Employment Corridor:** The US Highway 70 Business corridor is uniquely suited to serve as a high-impact employment corridor. Transitioning this parcel to Light Industrial allows for diverse, clean, and modern industrial and commercial operations that create stable, high-paying jobs closer to home for the residents of Wilson's Mills and wider Johnston County.

We believe this rezoning request should be approved based on the following key planning alignments:

On behalf of the Johnston County Economic Development Advisory Board, I am writing to formally express our strong support for the rezoning application submitted by the Smithfield Free Will Baptist Church for the property located at 4800 US Hwy 70 Business, Clayton, NC. The request to rezone this parcel from its current **AR** classification to **Light Industrial (LI)** is not only a practical transition for the property itself, but it represents a highly strategic, forward-thinking step for our community's growth.

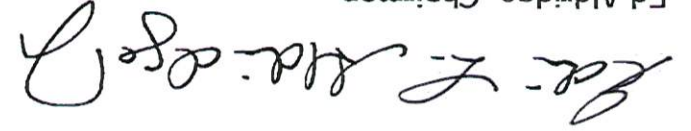
To the Members of the Planning Board and Planning Staff,

RE: Support for Rezoning Request — 4800 US Hwy 70 Business, Clayton, NC (Smithfield Free Will Baptist Church Property)

Town of Wilson's Mills
Planning Department
Attn: Planning Director / Planning Board
P.O. Box 448 / 100 Park Road
Wilson's Mills, NC 27593



Ed Aldridge, Chairman
Johnston County Economic Development Advisory Board



Sincerely,

Mills.
Thank you for your time, dedication, and continued service to the future of Wilson's

We respectfully urge the Planning Department and the Planning Board to
recommend approval of this rezoning request to the Town Council.

Approving this rezoning request is a win-win. It honors the goals of the property
owner while taking a vital step toward securing the long-term, structured
development of the US Highway 70 corridor as a thriving economic engine.

• **Encouraging Sustainable Economic Growth:** By enabling light
industrial development, the Town expands its commercial tax base, helping
to fund critical public infrastructure and services without disproportionately
placing the tax burden on individual homeowners.

• **Logical Transitional Zoning:** The US 70 Business corridor already hosts
a mix of commercial, municipal, and industrial-supportive uses. Reclassifying
4800 US Hwy 70 Business to Light Industrial acts as a sensible buffer and
transition zone, fitting cleanly alongside existing and future developments
without encroaching on low-density residential pockets.



SPECULATIVE INDUSTRIAL SITE
ZONE MAP AMENDMENT PLANS
4800 US 70 BUSINESS WEST
WILSON'S MILLS, JOHNSTON COUNTY, NORTH CAROLINA

CONTACTS

ZONING:
WILSON'S MILLS
PLANNING, ZONING & CODE ENFORCEMENT
WILSON'S MILLS TOWN HALL
WILSON'S MILLS, NC 27577

DEVELOPER:
MIRUS
4509 CREEDMOOR ROAD, SUITE 500
RALEIGH, NORTH CAROLINA 27612
(877) 271-6400

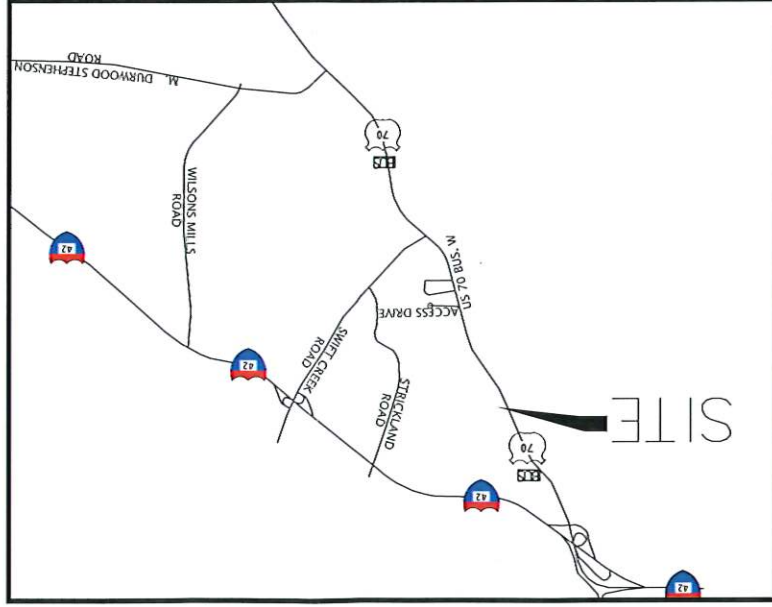
CARDINAL ENGINEERING
121 WALL STREET, SUITE E
ASHEVILLE, NC 28801
(859) 581-9600

SURVEYOR:
WOODLANDS SURVEY + MAPPING
30 HICKORY TOP LANE
ASHEVILLE, NC 28805
(828) 412-2343

ELECTRIC;
DUKE ENERGY
P.O. BOX 1326,
CHARLOTTE, NC 28201
(800) 774-1202

CABLE TELEVISION
SPECTRUM
(833) 949-0036

- C-1 TITLE/MCINITY MAP
- C-2 EXISTING CONDITIONS/DEMOLITION PLAN
- C-3 ZONE CHANGE PLAN
- C-4 CONCEPTUAL SITE PLAN
- C-5 CONCEPTUAL UTILITY PLAN



VICINITY MAP
SCALE: 1" = 1,000'

JOHNSTON COUNTY ZONING INFORMATION

DISTRICT NAME:	AGRICULTURAL RESERVATION DISTRICT
HOIST SETBACK:	SEVENTY FOUR FEET (MINIMUM COLLECTION)
ROOF SETBACK:	TWENTY FOUR FEET
REAR SETBACK:	TWENTY FOUR FEET

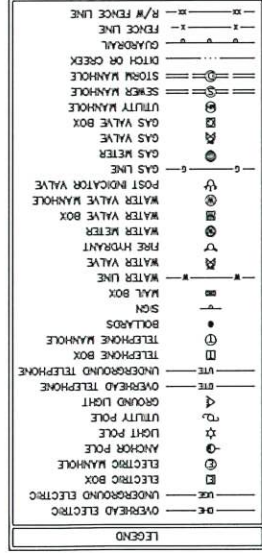
WILSON'S MILLS ZONING INFORMATION

[illegible]

PARKING SUMMARY BY DISTRICT

REQUIRED	12 10'0" STREET FRONT LOT WIDTH AND ACCESS AREAS FOR	NON-RESIDENTIAL DEVELOPMENT	1.5% PER 1,604 SF	PROPOSED	133
				WALL AREA	
			1.5% PER 2,731 SF	PROPOSED	82
				THICK	
				THICK	

LOCALIZATION POINT
BASIS OF BEARINGS: NORTH CAROLINA STATE PLAN GRID
LOCALIZATION SYSTEM: NAD 83 (NARS 2011)
LOCALIZATION POINT: SURVEY NAL
N: 667239.82; E: 2177653.49 ELEV: 252.11



NOTE:
UNDERGROUND UTILITIES ARE SHOWN BASED
ON AS-BUILT GROUND OBSERVATIONS, AS DATA
AND SURVEY PROVIDED TO CARDINAL
ENGINEERING BY WOODWARD SURVEY +
MAPPING AND MAY NOT BE COMPLETE OR
ACCURATE.
CONTRACTOR TO VERIFY LOCATION AND USE
OF ALL UTILITIES EXISTING IN AREAS OF
CUT/CHOPPED BURIED UTILITIES.



North Carolina 811, Inc.
811 or 800-632-4949

SHEET
 TITLE/LOCATION MAP
 DATE 05-01-26
 SCALE N.T.S.
 PROJECT NO. 26-034
 DRAWN BY: MAT
 CHECKED BY: SRM
 PROJECT MANAGER: SRM
 SEAL

PROJECT: FREE WILL BAPTIST SPECULATIVE INDUSTRIAL SITE
ZONE MAP AMENDMENT PLANS
4800 US 70 BUSINESS W.,
WILSON'S MILLS, JOHNSTON COUNTY, NC 27520

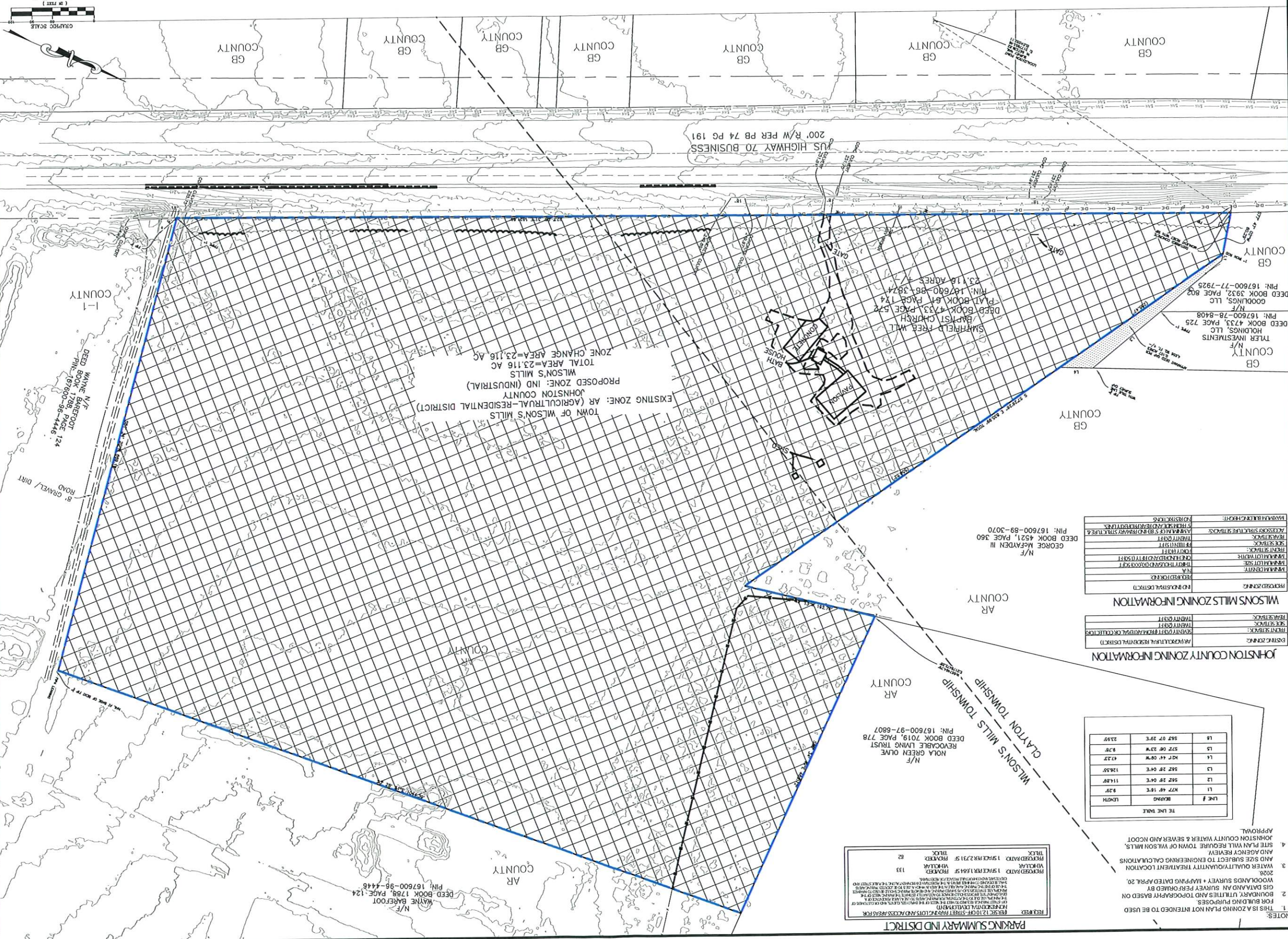
CLIENT: MERUS
4509 CREEDMOOR ROAD, SUITE 500
RALEIGH, NORTH CAROLINA 27612

11. _____



CARDINAL
ENGINEERING
121 WALL STREET
ROCKVILLE CENTER, NY 11550
PHONE: (516) 581-5500

[illegible]



WILSON'S MILLS ZONING INFORMATION

EXISTING ZONING	IND (INDUSTRIAL DISTRICT)
PROPOSED ZONING	IND (INDUSTRIAL DISTRICT)
MINIMUM LOT SIZE	15,000 SQ. FT.
MINIMUM LOT WIDTH	50 FT.
MINIMUM LOT DEPTH	100 FT.
MINIMUM LOT AREA	15,000 SQ. FT.
MINIMUM LOT FRONT SETBACK	10 FT.
MINIMUM LOT SIDE SETBACK	10 FT.
MINIMUM LOT REAR SETBACK	10 FT.
MINIMUM LOT FRONT YARD SETBACK	10 FT.
MINIMUM LOT SIDE YARD SETBACK	10 FT.
MINIMUM LOT REAR YARD SETBACK	10 FT.

JOHNSTON COUNTY ZONING INFORMATION

EXISTING ZONING	AR (AGRICULTURAL-RESIDENTIAL DISTRICT)
PROPOSED ZONING	IND (INDUSTRIAL DISTRICT)
MINIMUM LOT SIZE	15,000 SQ. FT.
MINIMUM LOT WIDTH	50 FT.
MINIMUM LOT DEPTH	100 FT.
MINIMUM LOT AREA	15,000 SQ. FT.
MINIMUM LOT FRONT SETBACK	10 FT.
MINIMUM LOT SIDE SETBACK	10 FT.
MINIMUM LOT REAR SETBACK	10 FT.
MINIMUM LOT FRONT YARD SETBACK	10 FT.
MINIMUM LOT SIDE YARD SETBACK	10 FT.
MINIMUM LOT REAR YARD SETBACK	10 FT.

THE LOT TABLE

LINE #	BEARING	LENGTH
L1	N 77° 44' 18" E	9.25'
L2	S 82° 28' 04" E	11.89'
L3	S 82° 28' 04" E	11.85'
L4	N 67° 44' 08" W	47.23'
L5	S 72° 07' 32" W	9.25'
L6	S 82° 07' 32" E	23.59'

PARKING SUMMARY AND DISTRICT

REQUIRED	12 OFF-STREET PARKING SPACES AND ACCESS AREAS FOR
PROPOSED	1 SPACE PER 1,664 SF. PROPOSED 133
PROPOSED	1 SPACE PER 2,731 SF. PROPOSED 82
TRUCK	

- NOTES:**
1. THIS IS A ZONING PLAN NOT INTENDED TO BE USED FOR BUILDING PURPOSES.
 2. BOUNDARY, UTILITIES AND TOPOGRAPHY BASED ON GIS DATA AND A SURVEY PERFORMED BY WOODLANDS SURVEY + MAPPING DATED APRIL 20, 2020.
 3. WATER QUALITY/QUANTITY TREATMENT LOCATION AND SIZE SUBJECT TO ENGINEERING CALCULATIONS AND AGENCY REVIEW.
 4. SITE PLAN WILL REQUIRE TOWN OF WILSON MILLS, JOHNSTON COUNTY WATER & SEWER AND NCOT APPROVAL.

C-2

ZONE CHANGE PLAN

DATE 05-01-26

SCALE 1"=60'

PROJECT NO. 26-034

PROJECT NUMBER

SPM

SPM

MAT

DOWN BY

SEAL

PROJECT: FREE WILL BAPTIST SPECULATIVE INDUSTRIAL SITE

ZONE MAP AMENDMENT PLANS

4800 US 70 BUSINESS W,

WILSON'S MILLS, JOHNSTON COUNTY, NC 27520

MERUS

4509 CREEDMOOR ROAD, SUITE 500

RALEIGH, NORTH CAROLINA 27612

CLIENT:

REVISIONS

DATE #

ITEM

ENGINEERING

CARDINAL

121 N.W. 11th Street

RALEIGH, NC 27601

PHONE: 919.551.5000

FAX: 919.551.5000

WEBSITE: <http://www.cardinalengineering.net>

F-1511

NOTES:

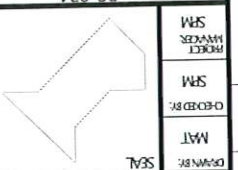
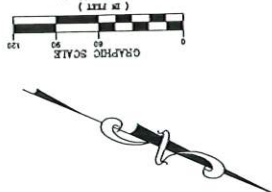
1. THIS IS A ZONING PLAN NOT INTENDED TO BE USED FOR BUILDING PURPOSES
2. BOUNDARY UTILITIES AND TOPOGRAPHY BASED ON GIS DATA AND SURVEY PERFORMED BY 2009
3. WATER QUALITY/QUANTITY TREATMENT CALCULATIONS AND SIZE SUBJECT TO ENGINEERING LOCAL ORDINANCES
4. AND AGENCY REVIEW
SITE PLAN WILL REQUIRE TOWN OF WILSON MILLS JOHNSON COUNTY WATER & SEWER AND MCDOT APPROVAL

FILE NO.	DATE	DESCRIPTION
133	1964 FEB 27/28	RECORDED AND INDEXED
132	1964 FEB 27/28	RECORDED AND INDEXED

JOHNSTON COUNTY ZONING INFORMATION	AGRICULTURAL (RESIDENTIAL DISTRICT)
	SEVERITY (DO NOT PROVIDE BASEL OR COLLECTION)
	IDENTITY (DO NOT)
	IDENTITY (DO NOT)
	REAR SETBACK:

PROPOSED ZONING	INDUSTRIAL DISTRICT
RECEIVED FROM	PLA
IMPERVIOUS SURF	10.00% (HOUSE AND DRIVE)
IMPERVIOUS SIZE	10.00% (HOUSE AND DRIVE)
IMPERVIOUS WIDTH	10.00% (HOUSE AND DRIVE)
FRONT YARD	10.00% (HOUSE)
REAR YARD	10.00% (HOUSE AND DRIVE)
ACCESSORY STRUCTURE & SHEDS	10.00% (HOUSE AND DRIVE)
PAVING BUILDING FOOT	10.00% (HOUSE AND DRIVE)

WILSON'S MILLS ZONING INFORMATION



PROJECT NO. 26-034
SCALE 1"=60'
DATE 05-01-26
CONCEPTUAL SITE PLAN
SHEET C-4

PROJECT: FREE WILL BAPTIST SPECULATIVE INDUSTRIAL SITE
ZONE MAP AMENDMENT PLANS
4800 US 70 BUSINESS W,
WILSON'S MILLS, JOHNSTON COUNTY, NC 27520

CLIENT: MERUS

4509 CREEDMOOR ROAD, SUITE 500
RALEIGH, NORTH CAROLINA 27612

WEBSITE: <http://www.cardinalengineering.net>

6-1531
 111 WALL STREET
 NEW HAVEN, CONNECTICUT 06511
 PHONE: (859) 581-5600

ENGINEERING
CARDINAL

[illegible]

Veterinary Service, Pet grooming w/o outdoor kennels or runs	P	-	-	-	P	-	P	P	P	P	P	-	P
Veterinary Service/pet grooming w/outdoor kennels or runs	S	-	-	-	-	-	-	-	-	S	-	-	S
D. COMMERCIAL AND ENTERTAINMENT													
Appliance Repair	-	-	-	-	-	-	-	-	-	P	-	-	P
Adult Establishments/Uses	-	-	-	-	-	-	-	-	-	-	-	-	S
Alcoholic Beverage Sales or Services	-	-	-	P	P	P	P	P	P	P	P	-	P
Automobile Rental or Leasing	-	-	-	-	-	-	-	-	-	P	P	-	P
Automobile/Vehicle Repair Services	-	-	-	-	-	-	-	-	-	PS	PS	-	PS
Automobile Salvs	-	-	-	-	-	-	-	-	-	P	P	-	P
Automobile Towing and Storage Services	-	-	-	-	-	-	-	-	-	-	PS	-	PS
Bar/Tavern/Microbrewery	-	-	-	-	P	P	P	P	P	P	P	-	P
Building Supply Sales (See Outdoor Storage)	-	-	-	-	P	-	-	-	-	PS	PS	-	PS
Bus Terminal	-	-	-	-	P	P	P	P	P	P	P	-	-
Car Wash (as primary use)	-	-	-	-	-	-	-	-	-	PS	PS	-	-
Convenience Store with Gasoline Sales	-	-	-	-	P	-	-	P	P	P	P	-	P
Drive-In Theater	-	-	-	-	-	-	-	-	-	S	-	-	-
Drive-Thru/Drive-In Facility (Principal or accessory)	-	-	-	-	PS	PS	PS	PS	PS	PS	PS	-	-
Electronic Gaming Operations	-	-	-	-	-	-	-	-	-	S	-	-	-
Event And Wedding Venue	P	-	-	-	P	P	P	P	P	P	P	-	-
Food Trucks	PS	PS	PS	PS	PS	PS	PS	PS	PS	PS	PS	PS	PS
Games Arcade Establishment	-	-	-	-	S	-	-	-	-	P	-	-	-
General Commercial/Retail	-	-	-	-	P	P	P	P	-	P	-	-	-
Golf Course	P	S	S	S	S	S	S	S	S	P	-	-	-
Golf Driving Range	-	-	-	-	-	-	-	-	-	PS	PS	-	-
Junked Motor Vehicle Storage as Accessory Use	S	-	-	-	-	-	-	-	-	S	-	PS	PS
Junk Yard, Salvage Yard, Used Auto Parts	-	-	-	-	-	-	-	-	-	-	-	-	S
Landscape services w/outdoor storage(see outdoor storage)	P	-	-	-	-	-	-	-	-	PS	-	-	-
Moving and Storage Service	-	-	-	-	-	-	-	-	-	P	-	-	P
Nightclub	-	-	-	S	S	S	S	S	-	S	-	-	-
Outdoor Amusement	-	-	-	-	-	-	-	-	-	S	S	-	-
Outdoor Storage	-	-	-	-	-	-	-	-	-	PS	PS	-	PS
Parking Lot/Structure (Principal Use)	-	-	-	P	P	P	P	-	-	P	P	-	P
Pawnshops	-	-	-	-	-	-	-	-	-	PS	-	-	-
Pest or Termite Control Services	-	-	-	-	-	-	-	-	-	-	P	-	P

Pharmaceutical Products	S	-	-	-	-	-	-	-	-
Rubber and Plastic Manufacturing	S	-	-	-	-	-	-	-	-
Recycling Collection Stations	S	-	-	-	-	-	-	-	-
Sanitary Landfill	-	-	-	-	-	-	-	-	-
Sawmill	S	-	-	-	-	-	-	-	-
Soaps and Cosmetic Manufacturing	S	-	-	-	-	-	-	-	-
Solid Waste Disposal (non-hazardous)	P	-	-	-	-	-	-	-	-
Storage, Self-Service	P	-	-	p	-	-	-	-	-
Textiles Manufacturing	S	-	-	-	-	-	-	-	-
Tire Recapping	S	-	-	-	-	-	-	-	-
Utility Equipment Storage Yard	S	-	-	-	-	-	-	-	-
Warehouse & Storage (outdoor)	P	-	-	S	-	-	-	-	-
Warehouse & Storage (indoor)	P	-	-	p	-	-	-	-	-
Wholesaling and Distribution Establishments (not specifically listed)	P	-	-	p	-	-	-	-	-
Wholesale of chemical & Allied products	S	-	-	-	-	-	-	-	-
Wholesale of Resins	S	-	-	-	-	-	-	-	-
Wholesale of Scrap & Waste Metals	S	-	-	-	-	-	-	-	-
FEDUCATION AND INSTTUTONS									
Business Associations, Non-profits, Civic Clubs, Lodges	PS	-	-	PS	PS	PS	PS	PS	-
Assisted Living Facility	S	-	-	S	S	S	S	S	-
Cemetery or Mausoleum	PS	-	-	-	PS	-	-	-	-
Child/Adult Day Care (6 or less)	PS	PS	-	PS	-	PS	PS	PS	-
Child/Adult Day Care (more than 6)	-	-	-	PS	PS	PS	PS	PS	-
College or University	-	-	-	-	P	-	-	-	-
Correctional Institution	-	-	-	-	-	-	-	-	-
Hospital	-	-	-	-	P	P	P	P	-
Library	-	-	-	-	P	P	P	P	-
Museum/Art Gallery	-	-	-	-	P	P	P	P	-
Public Administration/Civic Meeting Facilities	P	-	-	-	P	P	P	P	-
Public Safety Station	P	-	-	-	P	P	P	P	P
Parks, Sports, Recreation Facility (Indoor)	-	-	-	-	P	P	P	P	-
Parks, Sports, Recreation Facility (Outdoor)	PS	PS	-	PS	PS	PS	PS	PS	-
Religious Institutions	PS	-	-	-	-	-	-	-	-

Future Land Use Plan

Wilson's Mills, NC November 18, 2019

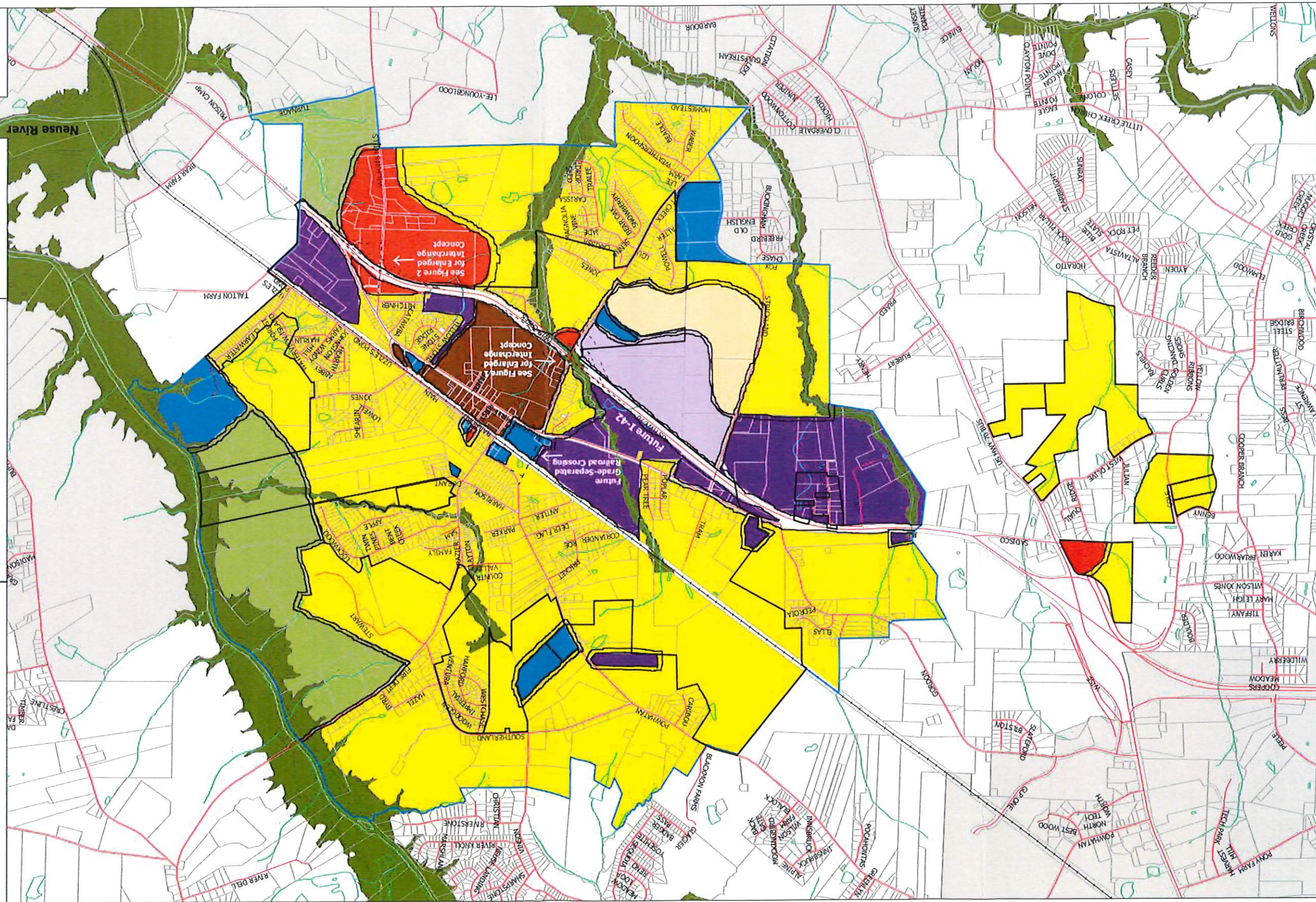


Figure 1: Enlarged Interchange Concept of US 70 / I-42 at Swift Creek Rd.

Source: NC-DOT, TIP W-5600, Interchange Option 2
Preliminary Design - Subject to Change

Figure 2: Enlarged Interchange Concept of US 70 / I-42 at Wilson's Mill Rd.

Source: NC-DOT, TIP W-5600, Interchange Option A
Preliminary Design - Subject to Change

Sources:
Source of Wetlands Data: U.S. Fish and Wildlife Service (USFWS) National Wetlands Inventory (NWI), May 5, 2019.
The source of the 2018 parcel data is Johnston County, NC GIS

Prepared by: N-Focus, Inc.



TOWN OF WILSON'S MILLS
SPECIAL USE PERMIT
APPLICATION

Planning Department
PO Box 448, Wilson's Mills, NC 27593
Phone: (919) 938-3885 Fax: (919) 938-1121

PROCESS INFORMATION:

Submission Requirement: An application for a Special Use Permit shall be filed with the Planning, Zoning & Subdivision Administrator. Such applications shall contain all the information required on this form and must be determined to be complete by the Planning, Zoning & Subdivision Administrator prior to advancing it through the approval process.

Public Notification: This is a quasi-judicial process that requires a public hearing.

Review Process: Special Use Permits are for certain land uses that, because of unique characteristic or potential impacts on adjacent land uses, are not permitted in zoning districts as a matter of right. These uses may be permitted through the issuance of a Special Use Permit (SUP) after ensuring that the use complies with the SUP approval criteria. No inherent right exists to receive a SUP. Such authorization must be approved under a specific set of circumstances and conditions. Each application and situation is unique and may be subject to specific requirements to mitigate the impacts of the proposed use. A Special Use Permit must be granted in accordance with the procedures set forth in Article 7 of the Wilson's Mills Development Ordinance (WMDO). For a detailed list of uses requiring a Special Use Permit, please refer to Article 10.2 of the WMDO.

FILING INSTRUCTIONS:

- ☒ Every applicant for a Special Use Permit is required to meet with the Planning, Zoning & Subdivision Administrator in a pre-application conference prior to the submission of a formal application. The purposes of this conference are to provide additional information regarding the review process and assistance in the preparation of the application.
- ☒ A petitioner must complete this application in full. This application will not be processed unless all information requested is provided.
- ☒ Submission of associated fees with completed SUP Application, in the amount of \$500.00.

GENERAL INFORMATION:

Project Address/Location: 214 Fire Department Rd Wilson's Mills NC 27527

Zoning District: SFR-2

Size of Property (acres): 1.25210

Proposed Building Square Footage: 1400sqft

Johnston Co. Tax PIN #: 169605-18-9309

Town Jurisdiction: ☒ Town Limits ☐ ETJ

Existing land use/zoning on adjoining properties:

North: SFR

South: SFR

East: SFR

West: SFR

APPLICANT INFORMATION:

Applicant: Don McCullers

Address: 1317 Wakefield Farm Rd

City: Zebulon

Phone: 919-609-2355

Email: gmbhome209@gmail.com

Property Owner (if different from applicant):

Name: Kenneth Jones

Address: P.O. Box 208

City: Wilson's Mills

State: NC

Zip: 27593

Phone: 919-201-2958

Email: _____

SPECIAL USE PERMIT REQUEST:

Special Use Request (Proposed Land Use and Description):

Multi-Unit Assisted Housing

Proposed Conditions Offered by Applicant:

Maintain home in a professional and clean appearance.
To not place a drain on local services with excessive calls
Use other services ie, Carolina Outreach or the ACT team to handle issues with residents

Findings of Fact:
Article 7.8 of the WMDO require the compliance of specific findings of fact in order to grant a Conditional Use Permit. The applicant shall submit the following statements of justification, presenting factual information supporting each and all the required findings as they relate to the proposed Conditional Use Permit:

1. That the use or development is located, designed, and proposed to be operated so as to maintain or promote the public health, safety, and general welfare.
The location at 214 Fire Department road will use the home as designed and operate it to promote public health, safety for the welfare of the residents within.

2. That the use or development complies with all required regulations and standards of the Wilson's Mills Development Ordinance and with all other applicable regulations.
Statement by applicant:
This location does and will comply with all regulations and standards of Wilson's Mills ordinance and with other regulations as directed

3. That the use or development is located, designed, and proposed to be operated so as not to substantially injure the value of adjoining or abutting property, or that the use or development is a public necessity.
Statement by applicant:
This location adds value to the neighborhood as it has been recently renovated and is maintain in a neat and working order. This home provides a safe space for residents that would otherwise be on the streets. It is a public necessity to house those that can't live alone and take care of themselves. This operation of this property does not injure the value of adjoining properties

4. That the use or development will be in harmony with the area in which it is to be located and conforms to the general plans for the land use and development of Town of Wilson's Mills and its environs.
Statement by applicant:
The use of this home is in harmony with the area and conforms to the land use and development the Town has set forth. The use of this residential land is within compliance and the home is quiet and shall remain that way.

FOR TOWN USE ONLY	
Date Received: 2-14-2025	Case #: SUP-01-2026
Payment Amount: 500.00	Date Paid: 6-2-2025
Application Received By: Cynthia Row	
PB Date: 8-3-2026	Recommended _____
TC Date: _____	Approved _____
	Denied _____

OWNERS SIGNATURE:

Printed Name of Owner: Kenneth R. Sears

Signature of Owner: [Signature]

Date: 6-2-25

I, Kenneth R. Sears, owner of subject property, do hereby give consent to (type, stamp or print clearly full name of agent) to act on my behalf, to submit or have submitted this application and all required material and documents, and to attend and represent me at all meetings and public hearings pertaining to the application indicated above. Furthermore, I hereby give consent to the party designated above to agree to all terms and conditions which may arise as part of the approval of this application.

I hereby certify that I have full knowledge that the property I have an ownership interest in is the subject of this application. I understand that any false, inaccurate, or incomplete information provided by me or my agent will result in the denial, revocation or administrative withdrawal of this application. I further consent to the Town of Wilson's Mills to publish, copy, or reproduce any copyrighted document submitted as a part of this application for any third party. I further agree to all terms and conditions, which may be imposed as part of the approval of this application. I hereby certify the statements or information made in any paper or plans submitted herewith are true and correct to the best of my knowledge. I understand this application, related material and all attachments become official records of the Town of Wilson's Mills and will not be returned.

APPLICANT SIGNATURE:

Applicant Printed Name: Don McCallister

Applicant Signature: [Signature]

Date: 6/2/25

I do hereby make application and petition to the Town of Wilson's Mills to approve the subject Special Use. I hereby certify that I have full legal right to request such action and that the statements or information made in any paper or plans submitted herewith are true and correct to the best of my knowledge. I understand this application, related material and all attachments become official records of the Town of Wilson's Mills and will not be returned. I understand that this application will not be processed unless it is complete, including required fees paid. I hereby certify the statements or information made in any paper or plans submitted herewith are true and correct to the best of my knowledge.



Resident Responsibilities

Residents are responsible for adhering to all rules and guidelines as recorded in our household rules, a copy which has been provided to each resident.

It is the responsibility of the residents to meet their own basic care needs. Residents should not expect GMB Independent Home, LLC to provide 24-hour supervision even though a staff member is on site. Care may be provided through contracting with any home care provider agency and should be arranged by the resident unless the resident wishes to use the home care agency affiliated with GMB Independent Home, LLC by signed agreement. Any resident in need of 24-hour care will not be eligible for admission to our home.

The residents are responsible for being able to use a phone, managing their expenses, and demonstrating an ability to manage and self-administer medication. No staff will identify, distribute, or administer medication to any resident at any time; however, if the house manager may assist residents with medication if he/she is trained by the licensed nurse from the Home Care Agency who has established a plan of care indicating services are needed as delegated to the house manager with proper training by the registered nurse.

Residents are responsible for doing their own shopping; however, GMB Independent Home, LLC is responsible for preparing three meals per day, including snacks.

Residents are responsible for keeping up with their own clothing items as well as storing them. GMB Independent Home, LLC will be responsible for housekeeping, laundry and may (*with discretion*) provide transportation to local appointments and/or errands if other transportation is not arranged.

Residents are responsible for cleaning up behind themselves and keeping their rooms clean (per house manager standards and compliance with cleaning standards).

The residents are responsible for their own personal care unless services are provided through a licensed home care agency of the resident's choice.

All personal belongings should be removed from the facility on the day of discharge. Items left without proper arrangements with house managers are subject to storage fees. If arrangements for items left are not made, GMB Independent Home, LLC may remove items left more than five day. Additionally, it is not the responsibility of GMB Independent Home, LLC to gather and transport the resident's personal belongings to residents at the hospital or new facility.



Limitation of Services

GMB Independent Home, LLC is not a healthcare center and is therefore essential that the resident must not need 24-hour supervision. The residents at GMB Independent Home, LLC may obtain services at any time through any local service provider of their choice. Assistance with self-administered medication may be provided by appropriately trained staff as delegated by the home health nurse according to the resident's care plan. No staff will identify, distribute, or administer medication to any resident at any time.



Initial and Annual Resident Screening /Referrals for Services Administrator Responsibilities

The house manager of GMB Independent Home, LLC, is responsible for the oversight of the admission/referral screening process. Any prospective resident is interviewed by our house manager and must complete an application form that includes demographic information, physical functionality screening, a personal mobility screening section, and a personal health history including a doctor's signature and a list of medications.

Information gathered from the screening will be kept confidential at all times. A screening review will be completed annually to determine qualification of residency as well as an update to any emergency or medical information or as needed throughout the year. The emergency contact on file will be notified if a resident is having extraordinary health problems to see if a home care provider is needed. The house manager will also assess the needs of residents when returning from a nursing home or hospital stay. If a resident requests home care services, the house manager will provide a list of local providers for the resident to choose from to receive appropriate services, or the resident may request assistance from management and arrange for services from its affiliated home care agency.

GMB Independent Home, LLC house manager will contact the prospective resident verbally, either in person or via telephone if they qualify for residency in accordance with G.S. 131 D-2.1. Criteria to be used by housing management in evaluating the need for referral for an in-depth assessment by a licensed home care agency includes request by family member, or healthcare professional, or any notice by housing staff of a change in functional status of a resident. The agency professional conducting the in-depth assessment of the resident will consult with the house manager to determine the facility capacity and legal authority as stipulated in G.S. 131 D to meet the needs of the prospective resident based on the screening or in-depth assessment conducted.



Charges For Services Offered

GMB Independent Home, LLC provides the following services :

Prices may vary and will depend on the resident's needs and services.

- 1. Semi-private room furnished
Television in each room..... Based on income up to \$1650.00
- 2. Semi-private room furnished with bathroom
Television in each room..... Based on income up to \$1700.00

- Three meals each day
- Daily snacks
- Transportation to local appointments and errands
- **per house manager discretion and/or driver availability****
- Housekeeping daily
- Laundry daily
- Trash pick-up (according to the schedule in the area of facility)
- Basic cable television
- Telephone usage

Additional charges:

- Extra transportation..... varies
- Barbershop..... varies
- Hair Salon..... varies
- Long Distance phone calls..... varies
- Extra laundry and Housekeeping..... varies

****Resident will pay extra for dining out and social activities****



Appeals Process

GMB Independent Home, LLC house manager will address all issues pertaining to residents who are filing appeals. Any information obtained must be in writing within thirty (30) days outlining the reason for the appeal. All parties will have an opportunity to provide information regarding their issues and/or concerns. The house manager will listen and, if necessary, mediator will be present to assist in assuring the issue is resolved. All parties will receive a written copy and a signed document of the appeal before and after the matter is resolved.



GMB INDEPENDENT
HOME, LLC

Denial and Termination of Services

Services will be denied to individuals who pose a physical threat to themselves or others.

GMB Independent Home, LLC may terminate your services and contract at once for non-payment. Your payment is due on the 5th of every month. If payment is not received by the 5th of the month, residency will be terminated due to nonpayment.

Residency will be terminated for verbal and physical aggression towards staff or other residents.

Residency will be terminated for having drugs (legal or illegal) or alcohol on the premises.

There will be no smoking inside the facility at any time. GMB Independent Home, LLC is a smoke free environment. GMB Independent Home, LLC reserves the right to confiscate all smoking material if the resident fails to abide by the smoking policies to ensure fire safety of the residents.

- o 1st Offense: Residents will be counseled on the seriousness of such offenses; smoking privileges will be removed.
- o 2nd Offense: Resident's cigarettes/cigars will be confiscated. Residents will only be allowed to smoke with supervision.
- o 3rd Offense: Residents will lose smoking privileges and another placement will be sought for the resident. Services will be terminated.

GMB Independent Home, LLC is a weapon free environment. This includes, but not limited to guns, razors, pepper spray, etc. Possession of any weapon is grounds for termination.

The resident can terminate their rental agreement with a 30-day notice of moving out. Once the notice is given the resident's reimbursement will be prorated for the services provided while residing at the facility; however, if the resident fails to give a 30-day notice, they are responsible for the next month's room and board.

GMB INDEPENDENT HOME, LLC



Rental Contract

This is a rental contract to acknowledge that _____ has been admitted to GMB Independent Home, LLC. The monthly room and board fee is _____.

This is a lease contract for one year. At the end of your year you will sign a new lease.

A copy of this contract will be given to the resident and his/her legal guardian and a copy will be kept in the resident's lock file.

Your payment is due on the 1st of each month. If we DON'T have your payment in the office by the 5th day of each month your services will be terminated and you will be given a thirty (30) day notice to move out. You will pay the first month's rent on the day you move in. If you vacate in the middle of the month and you have given your 30-day notice, you will be refunded half of your rent payment within 10 business days. A forwarding address will need to be provided for the mailing of the refund. If you do not give a 30-day notice, then you will be responsible for rent for 30 days. If you break or damage any property of GMB Independent Home, LLC or any of the other residents you must pay for it.

My (and/or my guardian's) signature below indicates that I have been made aware of the information included in this document, I have had all of my questions answered to my satisfaction, and I have received a copy of this information to keep for my record. I understand that I will receive this information on an annual basis at the time of renewal of my rental contract with GMB Independent Home, LLC.

Resident signature: _____

Date: _____

Legal Guardian signature: _____

Date: _____

Housing Staff signature: _____

- 27577-(919) 934-1408
- Mini Well Parks: 235 House Street, Goldsboro, NC 27530

Churches

- Life Spring Church NC: 1250 N Brightleaf Blvd, Smithfield, NC 27577-(984) 201-2120
- One Church: 118 S Berkeley Blvd, Goldsboro, NC

Barbershops

- Kuttin Up: 116 East Anderson St, Selma NC 27576 (919) 965-2223
- All American Barbershop 207a S. Berkeley Blvd, Goldsboro, NC 919-988-8028
- Cali Cuts Barbershop: 511 Outlet Center Dr, Smithfield, NC 27577-(919) 205-1792

Hair Salons

- Great Clips: 2108 Wayne Memorial Dr. Goldsboro, NC 919-947-0158
- Roberta's Hair Salon: 802 S 3rd St, Smithfield, NC 27577-(919) 989-9208

This concludes the disclosure statement for GMB Independent Home, LLC 16

Re: Info Requested - Special Use Permit Findings of Fact

From Don McCullers <gmbhome209@gmail.com>
Date Wed 7/29/2026 9:01 AM
To Cynthia Paul <cpaul@WILSONSMILLSNC.ORG>

Be Advised: This email originated from outside of the Town of Wilson's Mills, NC

The MUAH (GMB Independent Home) located at 214 Fire Department Rd. Wilson's Mills, NC is a coed home. We have available space for (4) males and (2) females.

On Thu, Jul 23, 2026, 12:52 AM Don McCullers <gmbhome209@gmail.com> wrote:
Your office already has the special use permit that I submitted last year on June 2, 2025 at 3:53pm. Please see the attached document along with the receipt that was provided.

On Wed, Jul 22, 2026 at 10:00 AM Cynthia Paul <cpaul@wilsonsmillsnc.org> wrote:
Good morning,

I am still waiting to receive the updated Findings of Fact for your Special Use Permit application. Although the submission deadline has passed, I have not yet finalized the Planning Board packet because I was hoping to receive your response first.

I will be completing the Request for Action documents and the Planning Board packet by the end of the day today. Please submit the required information needed to complete your Special Use Permit application by the end of the day. If the requested information is not received, we will have to remove your application from the Planning Board agenda until the application is complete.

Thank you for your understanding, and I look forward to your prompt response.

Cynthia Paul
Planning Technician
4083 Wilson's Mills Rd
919-938-3885 Ext. 250



Our Mission:
Working together to promote and protect quality of life!

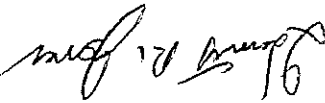
February 14, 2025

To: Wendy Oldham

Development Compliance Officer – Town of Wilson's Mills, NC

I Kenneth Jones give permission to Keandre Raiford to use the home at 214 Fire Department Road as a Multi-use home.

Land Lord



Kenneth Jones



*** DISCLAIMER ***

Johnston County assumes no legal responsibility for the information represented here.



Scale: 1:1601 - 1 in. = 133.45 feet

(The scale is only accurate when printed landscape on a 8 1/2 x 11 size sheet with no page margins)
US Congressional District: 13
NC House District: 28
NC Senate District: 10
Johnston County GIS
July 17, 2026

Result 1

id: 17K07020K
Tag: 17K07020K
NCPin: 169605-18-9309
Mapsheet No: 169605
Owner Name 1: JONES, KENNETH R
Owner Name 2: JONES, RAYB E
Mail Address 1: PO BOX 208
Mail Address 2: WILSONS MILLS, NC 27593-0208
Site Address 1: 214 FIRE DEPT RD
Site Address 2: WILSONS MILLS, NC 27527-02230
Book: 0052
Page: 188170
Market Value: 1.250
Assessed Acreage: 1.247
Sales Price: 0
Sale Date: 2001-03-01
Township: Wilson's Mills
Flood Panel: 3720169600 K | 2014-04-30
Water District: Wilson's Mills Water District
ETJ: Wilson's Mills
City Limits: Wilson's Mills
Town Zoning: SFR-2
County Zoning: Not Applicable
Overlay Zoning: Not Applicable
EMS District: NVS
Fire District: Wilson's Mills
Law District: WMPD
Census Tract: 409
Special Tax: Not Applicable
Voting District: Wilson's Mills

Commissioner 6
Ransom, David
Not Applicable



NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

JOSH STEIN • Governor
DEVUTTA SANGVAI • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

February 3, 2026

Memo# P0053

To: N.C. Registered Multitunit Assisted Housing with Services

From: Megan Lamphere, Section Chief
Division of Health Service Regulation (DHSR), Adult Care Licensure Section

Re: Requirements for Registered Multitunit Housing with Services (MAHS) Facilities

The Division of Health Service Regulation Adult Care Licensure Section (ACLS) has seen an increase in the number of complaints related to unlicensed services being provided in registered Multitunit Assisted Housing with Services (MAHS) facilities. This memorandum serves as a reminder of the scope and limitations on services and resident care allowed to be provided or offered in a MAHS facility, as well as requirements related to the operation of a MAHS facility as set forth in G.S. 131D-2.1(10).

The following applies to registered MAHS facilities in North Carolina:

Persons not to be cared for in a Multitunit Assisted Housing with Services Facility

In accordance with G.S. 131D-2.1, individuals with certain needs and conditions may not be cared for in a MAHS facility. Specifically, individuals whose medical or functional needs cannot be safely and appropriately met in this setting should not be admitted (or allowed to remain in a MAHS facility if a current resident's condition changes). These needs include:

- Individuals who require 24-hour supervision. Residents who have cognitive impairment or a physical condition that necessitates oversight, monitoring, and interventions at any time of the day to mitigate the risk of accidents, incidents, illness, or injury cannot reside in a MAHS facility. Residents who live in a MAHS facility should be capable of evacuating the building independently (i.e. without the help of staff or others) in an emergency.
- Individuals who need their medications administered by another person. A resident must be capable of managing their own medications. This includes ordering their medications, knowing what medications they are taking and the reason for taking them, and being able to physically and correctly administer their own medications.
- Individuals who require care and services that are **unscheduled**. An example is an individual who requires assistance with toileting or incontinence care or assistance with self-administration of "as needed" medications as these services are needed at various times of the day and night and are not "scheduled."

Additionally, in accordance with G.S. 131D-2.2, a MAHS facility **shall not** care for individuals with any of the following conditions or care needs, except when the resident's physician certifies that appropriate care can be provided on a **temporary basis** to meet the resident's needs and prevent unnecessary relocation:

- (1) Ventilator dependency;
- (2) Dermal ulcers III and IV, except those stage III ulcers which are determined by an independent physician to be healing;

(3) Intravenous therapy or injections directly into the vein, except for intermittent intravenous therapy managed

by a home care or hospice agency licensed in this State;

(4) Airborne infectious disease in a communicable state that requires isolation of the individual or requires special

precautions by the caretaker to prevent transmission of the disease, including diseases such as tuberculosis and

excluding infections such as the common cold;

(5) Psychotropic medications without appropriate diagnosis and treatment plans;

(6) Nasogastric tubes;

(7) Gastric tubes, except when the individual is capable of independently feeding himself or herself and caring for

the tube, or as managed by a home care or hospice agency licensed in this State;

(8) Individuals requiring continuous licensed nursing care;

(9) Individuals whose physician certifies that placement is no longer appropriate;

(10) Unless the individual's independent physician determines otherwise, individuals who require maximum

physical assistance as documented by a uniform assessment instrument and who meet Medicaid nursing

facility level-of-care criteria as defined in the State Plan for Medical Assistance. Maximum physical

assistance means that an individual has a rating of total dependence in four or more of the seven activities of

daily living as documented on a uniform assessment instrument;

(11) Individuals whose health needs cannot be met in the specific multunit assisted housing with services as

determined by the residence; and

(12) Such other medical and functional care needs as the Medical Care Commission determines cannot be

properly met in multunit assisted housing with services.

It is critical to note that a resident with one of the above conditions or needs can only live in a MAHS facility if their physician certifies that they can receive appropriate care in the MAHS through the licensed home care or hospice agency on a temporary basis. "Temporary" means that the resident's condition that is creating the service need is not lasting, permanent, or needed for a long time. Temporary can mean a few weeks to a few months (less than six). Conditions that are not expected to improve (such as dementia) are not temporary. Additionally, the MAHS should provide the physician with information about the capabilities and limitations of the MAHS facility, as well as the availability and type of home care staff that would be used to meet the resident's needs so that the physician can make an informed decision when providing the certification. The MAHS should also inform the physician that it is not a licensed adult care home. Documentation of a physician's certification that a resident can receive appropriate care in the MAHS for any of the above conditions on a temporary basis should be kept in the resident's file at the MAHS.

Assistance with Personal Care (Activities of Daily Living) and Nursing Services

In accordance with G.S. 131D-2.1, any hands-on personal care or nursing services must be provided by a licensed home care or hospice agency. While the MAHS housing management may assist the resident in finding a licensed home care or hospice agency, the resident must contract directly with the home care or hospice agency for services. Housing in the MAHS facility cannot be billed together with the charges for personal care and nursing services provided by the licensed home care or hospice agency, even if the MAHS and home care or hospice agency are owned by the same company. Residents should receive separate bills for housing-related charges and care services.

Employees of the MAHS facility are prohibited from providing any personal care or nursing services, including assisting residents with self-administration of medications.

Assistance with Self-Administration of Medications

Employees of the MAHS facility are **prohibited** from providing assistance with personal care and self-administration of medications to residents. These services may only be provided by a licensed home care agency.

Staff of the licensed home care agency may only assist with self-administration of medications when delegated and trained by a licensed nurse who is employed by a licensed home care agency, in accordance with the home care agency's established plan of care.

To be eligible to receive assistance with self-administration of medications in a MAHS facility, the resident must be alert, oriented, and able to direct the provision of this service. The resident must be able to summon assistance, express need, make basic care decisions, and recognize danger. The resident's medications should be in their possession, in their room, and accessible to the resident at all times. If the resident does not meet these criteria, the resident is not permitted to reside in a MAHS facility.

MAHS facilities, including contracted home care staff, should **not** store resident medications on a medication cart or in a locked storage area (i.e., med room).

Scheduled vs. Unscheduled Personal Care Services

In accordance with N.C.G.S. 131D-2.1, licensed adult care homes provide 24-hour assistance with scheduled and unscheduled personal care needs. Registered MAHS facilities, however, may arrange for the provision of personal care services which are planned and scheduled by a licensed home care or hospice agency in accordance with the established plan of care for that resident. MAHS facilities are prohibited from providing or arranging for the provision of unscheduled care and services. Unscheduled services include any care or service that is not planned, is unpredictable or needed on a continuous or "as needed" basis. Examples of unscheduled services include supervision, turning and repositioning a resident, handling urgent illness episodes, transferring a resident from bed to chair and back, toileting and incontinence care, blood sugar monitoring, assisting with self-administration of "as needed" medications, and other situations that require immediate attention and intervention.

A MAHS facility, including the licensed home care or hospice agency or other service, is also prohibited from providing continuous 24-hour around the clock (day and night) staffing to meet residents' needs – scheduled or unscheduled. This is often called "staffing the facility." While this service (around-the-clock care) may be provided by a licensed home care agency in an individual's private residence, it is not permitted in a MAHS facility. If a MAHS or a licensed home care or hospice agency are staffing the MAHS facility and providing staff around the clock, this is operating an illegal unlicensed staffing agency.

Services Provided by MAHS Employees

Employees of the MAHS facility may not provide services for which a license is required, such as any services that must be provided by a licensed home care agency. MAHS employees can provide services such as housekeeping, maintenance, laundry, meal preparation and dining services, social and recreational activities, transportation to appointments or activities, and can make referrals for health care services as determined by the resident screening. There may also be staff on-site to manage administrative business functions of the MAHS, such as a manager, a business office manager, and clerical staff.

Resident Screening and Changes in Condition

In accordance with N.C.G.S. 131D-2.1(10), a registered MAHS facility is required to conduct an initial resident screening upon admission and annually thereafter to determine the need for referrals for services, such as home care services. The screening is not an "assessment" and is not completed by a health care provider. The screening is completed by a MAHS

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

ADULT CARE LICENSURE SECTION

LOCATION: 1915 Health Services Way, Raleigh, NC 27607
MAILING ADDRESS: 2708 Mail Service Center, Raleigh, NC 27699-2708
https://info.ncdhhs.gov/dhsr/ • TEL: 919-855-3765 • FAX: 919-733-9379
AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

owner or manager (or their designee). This screening is a separate requirement from the assessment required by licensing regulations to be conducted by a health care practitioner through a home care agency. The initial resident screening should be completed prior to admission so the MAHS can make a determination as to whether or not the individual meets the qualifications to reside in a MAHS.

MAHS facilities should also monitor residents for a change in condition that may make them ineligible to continue residing in the MAHS facility. If any resident has a change in condition that requires them to need services outside the scope of what a MAHS is allowed to provide (as noted above), the MAHS should initiate the discharge of that resident to a safe and appropriate placement. The MAHS facility must ensure the resident is relocated to a setting capable of meeting the individual's health and personal care needs.

Regular screening is especially important for any resident who has a diagnosis of Alzheimer's disease or other type of cognitive impairment as these conditions typically worsen over time. A resident might be admitted with mild cognitive impairment which worsens over time, or they may develop this condition after admission. The MAHS should monitor these residents closely to ensure their safety and that the resident's needs do not exceed the scope of services allowed to be provided in the facility (such as supervision or medication administration). MAHS facilities are not licensed to provide "memory care" services and should not advertise as such.

Reporting Allegations to the N.C. Health Care Personnel Registry (NCHCPR)

This is a reminder that N.C.G.S. 131E-256 requires health care facilities, including Multitunit Assisted Housing with Services facilities, to report allegations involving any unlicensed staff that has direct access to residents, clients, or their property to the Health Care Personnel Investigations unit. Direct access includes any unlicensed MAHS employees (including contracted staff) that during the course of employment has the opportunity for direct contact with an individual or an individual's property, when that individual is a resident or person to whom services are provided.

Allegations that must be reported include:

- allegations of resident abuse and neglect;
- misappropriation of the property of a resident;
- misappropriation of the property of a health care facility;
- diversion of drugs belonging to a health care facility;
- diversion of drugs belonging to a patient or client of the health care facility;
- fraud against a health care facility;
- and fraud against a patient or client for whom the employee is providing services.

MAHS registrants should be knowledgeable of the requirements and procedures for reporting these allegations. Initial reports are to be made within 24 hours and the facility's investigation report shall be submitted within the following five (5) days. Information on how to make a report to the NCHCPR can be found on the agency's website at <https://info.ncdhhs.gov/dhsr/civ/provider.html#reporting>.

Additionally, allegations of abuse, neglect (including self-neglect) and exploitation of a disabled adult must be reported to the Adult Protective Services (APS) agency within the county department of social services.

Inspections, Investigations and Legal Actions

Complaints regarding MAHS facilities operating as an unlicensed adult care home (i.e. providing services for which a license is required by law) will be investigated by the Division of Health Service Regulation and/or county department of social services (DSS). Pursuant to G.S. 131D-2.6, the Department and DSS may inspect any of the following:

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION
ADULT CARE LICENSURE SECTION

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MAILING ADDRESS: 2708 Mail Service Center, Raleigh, NC 27699-2708
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- (1) A residence or facility the Department believes to be operating as an assisted living residence without an appropriate license or registration.
- (2) A registered multitunit assisted housing with services facility to determine if it is operating as a licensable adult care home facility without a license.

Additionally, any individual or corporation that establishes, conducts, manages, or operates an assisted living facility without a license or registration is guilty of a **Class H felony**, including a **fine of one thousand dollars (\$1,000) per day** for each day the facility is in operation in violation of the law. The Department may also maintain an action in the name of the State for injunction or other process against any person to restrain or prevent the establishment, conduct, management, or operation of an adult care home without a license. Such action will be instituted in the superior court of the county in which any unlicensed activity has occurred or is occurring.

Referrals to other agencies such as the DHSR Acute & Home Care Licensure & Certification Section, DHSR Health Care Personnel Registry, county Department of Social Services, local building and fire officials, N.C. Attorney General's Office, the N.C. Board of Nursing, local law enforcement, and the local District Attorney may also be made in the course of the Department's investigation of an unlicensed adult care home or entity providing other licensable services without a license.

Please direct any questions you may have about this memorandum to DHSR.AdultCare.Questions@dhhs.nc.gov.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION
ADULT CARE LICENSURE SECTION

LOCATION: 1915 Health Services Way, Raleigh, NC 27607
MAILING ADDRESS: 2708 Mail Service Center, Raleigh, NC 27699-2708
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NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

JOSH STEIN • Governor
DEVUTTA SANGVAI • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

REGULAR MAIL and ELECTRONIC MAIL

February 10th, 2026

Don McCullers, Operator
GMB Independent Home, LLC, Registrant
1317 Wakefield Farm Rd.
Zebulon, NC 27597

Re: 2026 Renewal Registration of Multunit Assisted Housing with Services (MAHS) Programs
MAHS Program: GMB Independent Home
Registration Number: 429
Approval Expires: December 31, 2026
County: Johnston County

Dear Mr. McCullers:

This letter is confirmation of the approval of the Multunit Assisted Housing with Services renewal application and disclosure statement for **GMB Independent Home** located in **Johnston County**. This registration renewal covers the 2026 calendar year.

The registration and disclosure information are on file with the Adult Care Licensure Section of the Division of Health Service Regulation. Please inform this office of any changes in the disclosure information and provide a copy of the revised disclosure statement to residents as well as this office. As required by General Statute 131D-2.1 all residents must be given a copy of the disclosure statement prior to or upon admission and as a part of the annual rental agreement and registration. Registration must be renewed on an annual basis according to General Statute 131D-2.5 with submission of renewal application, renewal fee and current disclosure statement upon notification by this office. The Legal Requirements for Registration and Disclosure are found on our website at <https://info.ncdhhs.gov/dhsr/acs/licenseinfo.html#nuuah>.

Please let me know if you have any questions.

Sincerely,
Robin McConnell, ACBSW

Robin McConnell, ACBSW
Certification Administrator, Adult Care Licensure Section

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION
ADULT CARE LICENSURE SECTION

LOCATION: 815 Palmer Drive, Dobbin Building, Raleigh, NC 27603
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cc:

Tameka Riggsbee, Director of Programs, Adult Care Licensure Section
Autumn Reed, Program Manager, Adult Care Licensure Section
Kirsten Poythress, Adult Services Supervisor, Johnston County
Heather Bingham, Eastern Branch Manager, Adult Care Licensure Section
Jill Lovin, Team 6 Supervisor, Eastern Region, Adult Care Licensure Section
Robin McConnell, Certification Administrator, Adult Care Licensure Section
Travis Seymour, Administrative Specialist I, Adult Care Licensure Section
Raleigh Facility File

FIRE INSPECTION SAFETY REPORT

(Group R-3 - Single Family Residential Care Homes & Facilities)

NAME OF FACILITY GMB Independent Homecare
STREET ADDRESS 214 Fire Department Rd, Clayton, NC 27927
PHONE # 919-609-2355

CHECK YES or NO AS TO THE CONDITIONS IN THE HOME RELATING TO THE INSPECTION

1. Does the occupant utilize *listed* extension cords? These cords shall not be substituted for permanent wiring and must be used only for portable appliances.
YES ☒ NO ☐ N/A ☒

2. Is a working, mounted fire extinguisher(s), rated 2-A: 10-B: C or larger, readily available in the residence?
YES ☒ NO ☐ N/A ☒

3. Does a fire evacuation plan remain posted continually in a prominent location, and is visible to all residents and guests?
YES ☒ NO ☐ N/A ☒

4. Does the home have a working telephone which functions without use of electrical power and are emergency numbers posted within sight of the telephone?
YES ☒ NO ☐ N/A ☒

5. Is there a working smoke alarm in the residence complying with the following?
(CHECK ONLY ONE)

• Houses licensed prior to 1976 must have a battery or electric smoke alarm installed outside every sleeping area.

• Houses licensed 1976 - June 30, 1999, electric smoke alarms shall be placed outside sleeping areas as required by the code in effect at construction time.

• Houses licensed after June 30, 1999 must have smoke alarms in every sleeping room, outside bedrooms and other areas, interconnected as required in the N.C. Building Code.

6. Are double key dead bolts installed on any required egress doors? (If YES, these must be removed or changed out to a thumb latch.)
YES ☒ NO ☐ N/A ☒

7. Do doors and windows in rooms used for sleeping open properly with little effort?
YES ☒ NO ☐ N/A ☒

8. Are all hallways, doorways, entrances, ramps, steps, and corridors unobstructed, free of storage and readily accessible?
YES ☒ NO ☐ N/A ☒

9. Are address numbers posted in a prominent exterior location and are they visible and legible?
YES ☒ NO ☐ N/A ☒

10. If provided, the Fire Alarm System and/or Sprinkler System must be maintained, tested and inspected on annual basis by qualified and approved service personnel. Provide documentation.
YES ☒ NO ☐ N/A ☒

11. Designate Primary Heat Source Electric Secondary Heat Source (if applicable) N/A

12. List any substandard components or hazards found which were not addressed above or which would require additional inspections:
None

DATE OF INSPECTION 1-3-05 STATUS: Approved ☒ Not Approved ☐

FIRE INSPECTOR: (Signature) [Signature] (Printed Name) Jackson Neal

PHONE NUMBER 984-249-9962 INSPECTION DEPT. Local Fire Marshal Office

LICENSEE'S (Signature) [Signature] (Printed Name & Title) Don McCallister Operator

If Initial License application must include the following information:

NC State Building Code (Code Section) _____ (Code Classification) _____
DHSR Inspector Name and Title _____ Phone No. _____

Wendy Oldham

From: Don McCullers <gmbhome209@gmail.com>
Sent: Tuesday, June 3, 2025 3:24 PM
To: Wendy Oldham
Subject: Fwd: Receipt of MUAHS Initial Application for GMB Independent Home (Documents needed)

Be Advised: This email originated from outside of the Town of Wilson's Mills, NC

Wendy,

See the attached thread for the submission of our paperwork to DHHS for the home at 214 Fire Department Rd.

----- Forwarded message -----

From: Seymour, Travis V <travis.seymour@dhhs.nc.gov>
Date: Thu, Feb 6, 2025 at 11:40 AM
Subject: Receipt of MUAHS Initial Application for GMB Independent Home (Documents needed)
To: gmbhome209@gmail.com <gmbhome209@gmail.com>
Cc: McConnell, Robin G <robin.mcconnell@dhhs.nc.gov>, Riggsbee, Tameka N <Tameka.Riggsbee@dhhs.nc.gov>, Zatar, Ibtisam <ibtisam.zatar@dhhs.nc.gov>, Bingham, Heather D <Heather.Bingham@dhhs.nc.gov>, Poythress, Kirsten <kirsten.poythress@johnstonnc.com>

Mr. McCullers:

This email is to acknowledge our receipt of an initial application for Multiunit Assisted Housing with Services (MAHS) registration for GMB Independent Home in Johnston County. The Adult Care Licensure Section (ACLS) staff reviewed your application. The following items are missing:

-Zoning permit. If a zoning permit is not required or is denied by the local zoning ordinance, please provide documentation from the zoning authority indicating such.

Your application will not be processed until we receive the missing documents listed above. Please send those documents to this email address or mail them to:

Division of Health Service Regulation

Wendy Oldham

From: Don McCullers <gmbhome209@gmail.com>
Sent: Tuesday, June 3, 2025 3:42 PM
To: Wendy Oldham
Subject: Fwd: [External] Re: Receipt of MUAHS Initial Application for GMB Independent Home (Documents needed)

Be Advised: This email originated from outside of the Town of Wilson's Mills, NC

This is the latest email from Travis.

Don McCullers

----- Forwarded message -----
From: Seymour, Travis V <travis.seymour@dhhs.nc.gov>
Date: Tue, Jun 3, 2025, 3:33 PM
Subject: RE: [External] Re: Receipt of MUAHS Initial Application for GMB Independent Home (Documents needed)
To: Don McCullers <gmbhome209@gmail.com>

We currently have a large backlog of applications, so the review process is taking significantly longer than normal. Unfortunately, I cannot give you a timeframe of when the application will be reviewed. You will be contacted by the reviewer if any changes need to be made to the disclosure statement or when the application has been approved.

Thank you,

Travis Seymour

Administrative Specialist I

Division of Health Service Regulation

Adult Care Licensure Section

Star Rating Program

travis.seymour@dhhs.nc.gov

919-855-3771

-Zoning permit. If a zoning permit is not required or is denied by the local zoning ordinance, please provide documentation from the zoning authority indicating such.

Your application will not be processed until we receive the missing documents listed above. Please send those documents to this email address or mail them to:

Division of Health Service Regulation

Attn MAHS Initial Application

Adult Care Licensure Section
2708 Mail Service Center
Raleigh, NC 27699-2708

Thank you,

Travis Seymour

Administrative Specialist I

Division of Health Service Regulation

Adult Care Licensure Section

Star Rating Program

travis.seymour@dhhs.nc.gov

919-855-3771

Email correspondence to and from this address is subject to the North Carolina Public Records Law and may be disclosed to third parties by an authorized State official. Unauthorized disclosure of juvenile, health, legally privileged, or otherwise confidential information, including confidential information relating to an ongoing State procurement effort, is prohibited by law. If you have received this email in error, please notify the sender immediately and delete all records of this email.



TOWN OF WILSON'S MILLS
SPECIAL USE PERMIT APPLICATION
Planning Department
PO Box 448, Wilson's Mills, NC 27593
Phone: (919) 938-3885 Fax: (919) 938-1121

PROCESS INFORMATION:

Submission Requirement: An application for a Special Use Permit shall be filed with the Planning, Zoning & Subdivision Administrator. Such applications shall contain all the information required on this form and must be determined to be complete by the Planning, Zoning & Subdivision Administrator prior to advancing it through the approval process.

Public Notification: This is a quasi-judicial process that requires a public hearing.

Review Process: Special Use Permits are for certain land uses that, because of unique characteristic or potential impacts on adjacent land uses, are not permitted in zoning districts as a matter of right. These uses may be permitted through the issuance of a Special Use Permit (SUP) after ensuring that the use complies with the SUP approval criteria. No inherent right exists to receive a SUP. Such authorization must be approved under a specific set of circumstances and conditions. Each application and situation is unique and may be subject to specific requirements to mitigate the impacts of the proposed use. A Special Use Permit must be granted in accordance with the procedures set forth in Article 7 of the Wilson's Mills Development Ordinance (WMDO). For a detailed list of uses requiring a Special Use Permit, please refer to Article 10.2 of the WMDO.

FILING INSTRUCTIONS:

- ☒ Every applicant for a Special Use Permit is required to meet with the Planning, Zoning & Subdivision Administrator in a pre-application conference prior to the submital of a formal application. The purposes of this conference are to provide additional information regarding the review process and assistance in the preparation of the application.
- ☒ A petitioner must complete this application in full. This application will not be processed unless all information requested is provided.
- ☒ Submission of associated fees with completed SUP Application, in the amount of \$500.00.

GENERAL INFORMATION:

Project Address/Location: 107 Endridge Lane Wilson's Mills NC 27527
Zoning District: SFR-3
Johnston Co. Tax PIN #: 17K070481
Proposed Building Square Footage: _____
Town Jurisdiction: ☒ Town Limits ETJ

Existing land use/zoning on adjoining properties:

North:
South:
East:
West:

APPLICANT INFORMATION:

Applicant: Beverly Rowland (Facility operator)

Address: PO Box 268

City: Wilson's Mills

Phone: 919-464-7161

Property Owner (if different from applicant):

Name: William Frazier JR. (Home owner)

Address: PO Box 6

City: Wilson's Mills

Phone: 919-464-0971

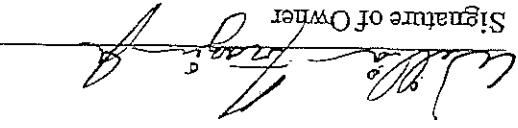
Special Use Permit Request:

Special Use Request (Proposed Land Use and Description):

[Signature]

Proposed Conditions Offered by Applicant:

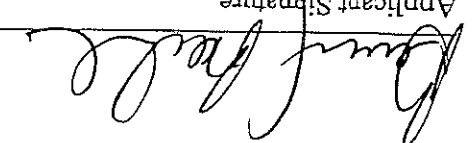
FOR TOWN USE ONLY	
Date Received: 7-7-2026	Case #: 548-02-2026
Payment Amount: 500.00	Date Paid:
Application Received By: Cynthia Paul	
PB Date: 8-3-2026	Recommended
TC Date:	Approved
	Denied
	Denied

Printed Name of Owner: William Fraser Jr.
Signature of Owner: 
Date: 7-7-2026

I hereby certify that I have full knowledge that the property I have an ownership interest in is the subject of this application. I understand that any false, inaccurate, or incomplete information provided by me or my agent will result in the denial, revocation or administrative withdrawal of this application, request, approval or permits. I acknowledge that additional information may be required to process this application. I further consent to the Town of Wilson's Mills to publish, copy, or reproduce any copyrighted document submitted as a part of this application for any third party. I further agree to all terms and conditions, which may be imposed as part of the approval of this application. I hereby certify the statements or information made in any paper or plans submitted herewith are true and correct to the best of my knowledge. I understand this application, related material and all attachments become official records of the Town of Wilson's Mills and will not be returned.

I, William Fraser Jr., owner of subject property, do hereby give consent to (type, stamp or print clearly full name of agent) to act on my behalf, to submit or have submitted this application and all required material and documents, and to attend and represent me at all meetings and public hearings pertaining to the application indicated above. Furthermore, I hereby give consent to the party designated above to agree to all terms and conditions which may arise as part of the approval of this application.

OWNER'S SIGNATURE:

Applicant Printed Name: Beverly Rowland
Applicant Signature: 
Date: 7/7/2026

I do hereby make application and petition to the Town of Wilson's Mills to approve the subject Special Use. I hereby certify that I have full legal right to request such action and that the statements or information made in any paper or plans submitted herewith are true and correct to the best of my knowledge. I understand this application, related material and all attachments become official records of the Town of Wilson's Mills and will not be returned. I understand that this application will not be processed unless it is complete, including required fees paid. I hereby certify the statements or information made in any paper or plans submitted herewith are true and correct to the best of my knowledge.

APPLICANT SIGNATURE:

Findings of Fact:
Article 7.8 of the WMDO require the compliance of specific findings of fact in order to grant a Special Use Permit. The applicant shall submit the following statements of justification, presenting factual information, supporting each and all the required findings as they relate to the proposed Special Use Permit:

1. That the use or development is located, designed, and proposed to be operated so as to maintain or promote the public health, safety, and general welfare.

Statement by applicant:

The proposed Multi-Unit Assisted Housing with Services will serve adults (ages 25 and older) with mental health needs in a structured, supportive, and supervised environment. The home will house no more than 4 residents and will be periodically staffed with personnel including a cook, driver, and administrative support to ensure daily operations run safely and efficiently. The residence will provide stability, routine, and access to necessary services, promoting the overall health, safety, and well-being of both residents and the surrounding community. Appropriate safety procedures and emergency protocols will be in place at all times.

2. That the use or development complies with all required regulations and standards of the Wilson's Mills Development Ordinance and with all other applicable regulations.

Statement by applicant:

The proposed Multi-Unit Assisted Housing with Services will comply with all applicable local, state, and federal regulations, including the Town of Wilson's Mills Development Ordinance and any licensing requirements related to mental health residential care. All necessary permits, inspections, and approvals will be obtained prior to operation, and the facility will remain in full compliance with all governing standards to ensure a safe and properly managed environment.

3. That the use or development is located, designed, and proposed to be operated so as not to substantially injure the value of adjoining or abutting property, or that the use or development is a public necessity.

Statement by applicant:

The multi-Unit will be maintained in a clean, orderly, and well-kept condition consistent with the surrounding residential properties. With a maximum of 4 adult residents and designated staff support, the home will operate in a controlled and structured manner that minimizes noise, traffic, and disruption. The property will be professionally managed to ensure it blends seamlessly into the neighborhood and does not negatively impact the value of adjacent properties.

4. That the use or development will be in harmony with the area in which it is to be located and conforms to the general plans for the land use and development of Town of Wilson's Mills and its environs.

Statement by applicant:

The proposed use is consistent with the residential character of the area and aligns with the Town of Wilson's Mills' goals for responsible and community-focused development. The Multi-unit will function similarly to a traditional household while providing essential housing and support services for adults with mental health needs. This use promotes community stability, inclusion, and access to care, contributing positively to the overall well-being of the town.

Mission
The mission of Harper House of Hope is to deliver services to those that need housing and or room and board through contracted services, and referrals. Our mission is to work in collaboration with other community organizations to assure adequate room and board, and a safe environment for each person with compassion and dignity to assist with efforts of decreasing homelessness.

Vision
The vision of Harper House of Hope is to assist with preventing homelessness one person at a time by providing resources for services that can assist you. Our goal is to assist with homelessness while working in collaboration with other community agencies in the surrounding areas.

Welcome
Welcome to Harper House of Hope, a Multi-Unit Housing organization that is located at 107 Endridge Lane, Wilson Mills, NC 27527. We welcome you to a life filled with love, peace, and hope. It is our pleasure to open our doors and heart, during challenging times, and difficulties you may have faced. We hope that your experience here at Harper House of Hope will allow you to feel that you can call this home and prepare yourself for life's many rewards.

A. Disclosure Statement G. S131D-2(b) b

Harper House of Hope #3
107 Endridge Lane
Wilson Mills, NC 27527
Telephone: (919) 464-7161
Bevshwbear@aol.com
Organization/Facility Introduction and Information

North Carolina Department of Health and Human Services
Division of Health Service Regulation
Adult Care Licensure Section
2708 Mail Service Center
Raleigh, North Carolina 27699-2708
(919) 855-3765



- Residents who are Ventilator dependent
- Residents who have a Dermal ulcer that will not heal or not healing.
- Residents who have a Nasogastric tube
- Residents who need Injections directly into the vein, except for intermittent intravenous therapy managed by home health care or hospice agency
- Residents who have Airborne infectious disease that will require isolation of individuals or require special precautions by the staff to prevent transmission of the disease.
- Residents who have combative or abusive behaviors. Residents with any mental health condition that are not currently being treated. Residents who are going through detox or withdrawals.
- Residents who have a Gastric tube except when the individual is capable of independently feeding himself and caring for the tube.
- Individuals that require continuous licensed nursing care 24-hour (etc. homecare services) or any resident that will need 24-hour supervision.
- Individuals whose physician states that placement is no longer appropriate, individuals that require maximum physical assistance, meaning total of four or more activities of daily living documented in their assessment.
- Those whose health needs cannot be met in our specific multi-unit housing.

The following are residents that Harper House of Hope will NOT accept.

C. Limitations of tenancy:

- Medication Reminders (Daily, throughout the day based on everyone's medication schedule) Assistance with self-administration of medications may be provided by appropriately trained staff when delegated by a licensed nurse per the home care agency's established plan of care.
- Scheduling appointments (if resident desires for Harper House of Hope staff to schedule appointments, we will do so).
- Transportation to appointments (any resident that needs transportation to appointments by staff will have that option available when needed. Fee is listed under charges for services offered).
- Involvement in Community activities, resources, and programs (residents will have the options to be involved in community programs and activities Monday through Friday. Resources will be available to residents daily).
- In-Home activities (games and activities such as card games, bingo, and exercise will be offered to residents daily).
- Meal Preparation (Harper House of Hope will provide 1 meal a day. Residents will have access to three meals/days & snacks. Additional meals have a Fee, the fee for additional meals can be found under charges for services offered).
- Grocery Shopping (staff will take residents shopping for groceries and necessities as a group once a week).
- Light Housekeeping (Staff will perform light housekeeping daily, deep clean monthly).
- Access to Laundry (Residents will have access to a washer and dryer 7 days a week. If residents desire that staff do their laundry there will be an additional fee, that will be a weekly service).
- Information for Home Health services (upon admission and anytime the resident request Harper House of Hope will provide the residents with information to Home Healthcare Agencies.)

B. Limitations of services:

- Residents will be given a handbook with information pertaining to resources and additional services that may be obtained outside of Harper House of Hope, LLC.
- A contract / rental agreement will be given at the time of intake.
- A financial breakdown of services, and amenities available in handbook.
- Staff do not provide Personal Care (PC) or Nursing Services (NS) for residents.
- No overnight guests or visitors; visiting hours will be posted.
- Must follow rules as stated in your handbook.
- Must ensure that all individuals are treated with respect.
- No destroying of Harper House of Hope property; in and outside the home.
- Must maintain good personal hygiene.
- No cooking is allowed due to health and safety; meal plans are available.
- Hot meals are provided, which is included in the monthly rate. However, the additional meals of the residents chosen are at the residents' expense.
- No smoking in rooms or anywhere in the home; an area has been designated for smoking.

HOUSE RULES

- The residents have responsibility to the home, keeping their area and living environment clean, residents are responsible for their self-care. And the upkeep of the grounds as well.
 - Make all medical appointments, unless requesting that staff assist in scheduling appointments.
- Effective July 1, 1996, "multi-unit assisted housing with services" means an assisted living residence in which direct personal care services and nursing services which are arranged by housing management are provided by a licensed home care or hospice agency, through an individualized written care plan. The residents have a choice of any provider, and the housing management may not combine charges for housing and personal care services.

D. Resident Responsibilities G.S131D-2.5

- Residents must pay for services provided by the fifth (5) of each month. After 4 continued failures to pay by this date will or could result in termination of service depending on the situation.
- Residents must give a (30) day notice if they are anticipated leaving. If it is past the 15th of the month and no notice was given in advance of leaving the lease will automatically terminate and no refund will be given. If funds are not paid by the 5th of month late a fee of \$25 .00 will apply.
- If the resident needs a higher level of care in a medical facility. Which may prevent them from maintaining their financial responsibilities; they will be encouraged to find storage for their possessions. After 30 days of failure to pick up their belongings, it will become the property of Harper House of Hope. Upon release from the hospital reconsideration will be given to the renewal of the lease, depending upon the level of services the residents will need.
- Any residents not in compliance with house rules after being warned two times (2) will be given written warning and (3rd) time will be termination to vacate the premises.
- Drinking, fighting, the use of drugs, destruction of property and causing conflict between others in the home are grounds for termination of residential contracts.

Termination of Services Policy

- a. Johnson County Emergency Medical Services: 2875 US-70 BUS E, Smithfield, NC 27577
 - b. Johnston UNC Health: 628 N 8th St, Smithfield, NC 27577
 - c. Med First Primary & Urgent Care: 388-1 Venture Dr, Smithfield, NC 27577
- In the event of an emergency, the resident will utilize local emergency responders. The residents will use the facility phone or personal phone to request assistance from emergency personnel. If the resident has the ability to call 911 on their own, then they will do so; however, if the resident is unable to contact emergency responders, either another resident or house manager will call 911, followed by a phone call to Beverly Rowland (919) 464-7161.

G. Emergency Response System:

Harper House of Hope has an Agreement with Primary Choice Home Care to provide personal care services to residents; However, all residents have the right to choose any State approved Home Care Agency.

F. Financial/legal relationship between Housing Management and Home Care or Hospice Agencies:

- 1. Intake consultation with house manager(s) or Program Coordinator of Services and Home Care Agency
- 2. Assessment of services needed, room size needed, dr. appointments, personal care services (etc.)
- 3. Rule and Handbook Review, Review of medications

Screening Intake Admissions
Screening Application

- If it is determined after screening potential residents that they are not approved we will discuss why, and if there are any factors that can change that may make them eligible in the future. (etc. wounds began to heal, health condition improve that cause them to be able to function and live in our MUHS ...). We will reach out to social workers, case management, or the responsible party also and inform them of our decision and the factors and reasons that lead to that determination. Screening information is used for appropriate placement by determining if the potential residents meet requirements to safely stay in our MUHS. When screening we go by the states guidelines of people that are not deemed eligible and what Harper House of Hope will accept (refer to limitations of tenancy).
- Harper House of Hope management and staff will be responsible for (a) The screening process to address questions and concerns. Residents or their responsible party will receive a copy of the assessment screening package during the initial interview. If the resident decides to become a resident during the screening, screening will take place annually on or before the initial application processing date. An initial application will be taken of residents' demographic information, medical history, family history, and other areas of interest that residents wish to discuss during the screening and application intake process. All medical records are kept by the agencies providing the service.

F. Assessments:
Screening Procedures/Appeal(s) and Process

- I. Charges for Services Offered:**
- a. Private room beautifully furnished
 - Meal Plan (Breakfast, snacks)
 - Transportation (4) trips weekly
 - Wireless - Internet, Cable available
- \$2,500.00

- a. Weapons of any kind Are Not permitted on the property of Harper House of Hope, housing manager(s) will terminate the contract immediately and police will be called to evaluate the situation.
- b. Verbal Threats will not be tolerated house manager(s) will decide as to whether the threat constitutes termination of contract or a written warning depending on the urgency of the situation whether it is to staff or residents.
- c. No profanity or disrespect for others is allowed on the premises, a resident who causes harm to themselves or others will be terminated (after medical treatment has been provided.)
- d. Disrespect of Harper House of Hope, property or other residents' property will not be tolerated, it will require a restitution fee and could result in termination of contract.

Weapons & Verbal Threats Policy:

Residents may make complaints or file grievances if they have concern with services. A grievance box will be displayed in the resource Room. Residents' complaints will be treated with respect and confidentiality. All complaints will be addressed and documented. The residents must present the complaint(s) in writing to the house manager. House manager once notified will follow-up on any grievance filed within 48 hours. The parties involved will all meet to discuss the problem/concerns and come to resolutions to resolve the issue (s). Each party that is involved will receive signed copy documentation pertaining to this matter.

Grievance Policy:

Harper House of Hope management and staff will address issues pertaining to resident(s) filing an appeal with house management. Information must be written and detailed within thirty (30) days as of the reason an appeal is being filed. All parties will have an opportunity to provide information, voice their issues and concerns. The house manager will investigate and listen to both parties, and if necessary, a mediator will be present to assist with the matter and resolve it. All parties will be made aware of the appeal in person, after the investigation each will receive a written copy and signed document pertaining to the appeal and the resolution.

Appeals Process Policy:

H. Appeal Process:

- Healthcare providers of choice in the area
- Personal Care Services will be provided by licensed home care agencies of the resident choice.

Residents Chosen

- d. Johnston County Public Library: 305 E Market St, Smithfield, NC 27577
- e. Johnston County Health Department: 517 N Brighthear Blvd, Smithfield, NC 27577
- f. Wilson's Mills Police department: 100 Railroad St, Smithfield, NC 27577
- g. Johnston County Council on Aging: 1363 W. Market Street, Smithfield, NC 27577

- g. Johnston County Behavioral Health: 521 N. Brighthouse Blvd, Smithfield, NC 27577 (919) 938-6400
- f. Wilson's Mills Fire Department Station #2: 2550 Cleveland Rd, Smithfield, NC 27577 (919) 938-3473
- e. Wilson's Mills Police department: 100 Railroad St, Smithfield, NC 27577 (919) 938-3885
- d. Johnston County Public Library: 305 E Market St, Smithfield, NC 27577 (984) 985-2665
- c. Johnston County Area transit System (JCATS): 1050 W Noble St, Selma, NC 27576 (919) 202-5300
- b. Johnston County Health Department: 517 N Brighthouse Blvd, Smithfield, NC 27577. (919) 989-5200
- a. Johnston County Department of Social Services: 714 North St, Smithfield, NC 27577. (919) 989-5300

Resources:

- a. Home Life Care: 101 S Webb St, Selma, NC 27576
- b. Home Instead: 1327 N Brighthouse Blvd Suite F, Smithfield, NC 27577
- c. 1st Choice Home Care: 502 A E Market St, Smithfield, NC 27577
- d. Autumn Home Care: 474 Jerry Rd, Selma, NC 27576

Home Care Agencies:

Information for Resources, and Services, will be posted weekly or monthly some amenities & services have a fee charge; Residents have the right to choose service provider(s) of their choice.

J. Available Resources:

- IN-HOME MEDICAL ALERT: \$20.00/MONTH
- ON THE GO MEDICAL ALERT: \$25.00/MONTH

*Residents will pay for extra dining out, activities, any outside memberships. *
MEDICAL ALERT DEVICES AND SERVICE FEE WILL NOT BE INCLUDED IN THE COST;
HOWEVER, IF THE RESIDENT WOULD LIKE TO ADD A FALL ALERT DETECTION
(RECOMMENDED) HARPER HOUSE OF HOPE WILL NOT BE RESPONSIBLE FOR THE
ADDITIONAL FEE. AS OF 12/11/2024 THE ADDITIONAL FALL ALERT/DETECTION FEE IS AN
ADDITIONAL \$10/MONTH. SUBJECT TO CHANGE.

- b. Extra Amenities
 - Extra transportation tips: \$10.00 Per tip (local)
 - Extra Meals: \$10.00 Per Meal
 - Extra Laundry: \$50.00

- a. shared room beautifully furnished
 - Meal Plan (Breakfast, snacks)
 - Transportation (2) tips weekly
 - Wireless - Internet, Cable available
- b. Semiprivate room beautifully furnished
 - Meal Plan (Breakfast, snacks)
 - Transportation (2) weekly
 - Wireless - Internet, Cable available

\$1,200.00

\$1,500.00

- b. Mental Health Association in Johnston County: 24 Noble Street, Smithfield, NC 27577 (919) 934-0311
- i. Local information/Referral Line: 211 (call 211 to speak to someone or search for online resources and contact information).

Public Recreation Department: Park & Recreation (Resource Guides in-house) Local colleges and universities:

- a. Phillip R. Wright Community Park: 988 Powhatan Rd, Clayton, NC 27527 (919) 938-3885
- b. Johnston Community College: 245 College Rd, Smithfield, NC 27577 (919) 934-3051
- c. East Triangle YMCA: 120 NW Flowers Pkwy, Clayton, NC 27527 (919) 262-0440
- d. Community & Senior Services of Johnston County: 1363 W. Market Street, Smithfield, NC 27577
- e. Available resources in - house (Cable, Wireless and Internet Services)
- f. Meaningful stimulating individualized and group activities to include social and recreational environment.
- g. A volunteer, community services and employment program
- h. Walking distance community stores, and grill
- i. Johnston County Council on Aging: 1363 W. Market Street, Smithfield, NC 27577 (919) 934-6066
- j. Johnston County Workforce Development Center: 135 Best Wood Dr, Clayton, NC 27520

(919) 209-2591

Signature Dr. Beverly Ruckel Manager Dr. Beverly Ruckel Date 4/2/26

FIRE INSPECTION SAFETY REPORT
(Group R-3 - Single Family Residential Care Homes & Facilities)

NAME OF FACILITY Harper House of Hope 3
PERSON IN CHARGE William Frazier
STREET ADDRESS 107 Endridge
Wilson Mills NC
PHONE # 919-464-0971

CHECK YES or NO AS TO THE CONDITIONS IN THE HOME RELATING TO THE INSPECTION

1. Does the occupant utilize listed extension cords? These cords shall not be substituted for permanent wiring and must be used only for portable appliances.
YES NO N/A X

2. Is a working, mounted fire extinguisher(s), rated 2-A: 10-B: C or larger, readily available in the residence?
X

3. Does a fire evacuation plan remain posted continually in a prominent location, and is visible to all residents and guests?
X

4. Does the home have a working telephone which functions without use of electrical power and are emergency numbers posted within sight of the telephone?
X

5. Is there a working smoke alarm in the residence complying with the following?
(CHECK ONLY ONE) X

- Houses licensed prior to 1976 must have a battery or electric smoke alarm installed outside every sleeping area.
- Houses licensed 1976 - June 30, 1999, electric smoke alarms shall be placed outside sleeping areas as required by the code in effect at construction time.
- Houses licensed after June 30, 1999 must have smoke alarms in every sleeping room, outside bedrooms and other areas, interconnected as required in the N.C. Building Code.

6. Are double key dead bolts installed on any required egress doors? (If YBS, these must be removed or changed out to a thumb latch.)
X

7. Do doors and windows in rooms used for sleeping open properly with little effort?
X

8. Are all hallways, doorways, entrances, ramps, steps, and corridors unobstructed, free of storage and readily accessible?
X

9. Are address numbers posted in a prominent exterior location and are they visible and legible?
X

10. If provided, the fire alarm system and/or sprinkler system must be maintained, tested and inspected on annual basis by qualified and approved service personnel. Provide documentation.
N/A

11. Designate Primary Heat Source Electric Secondary Heat Source (if applicable)
12. List any substandard components or hazards found which were not addressed above or which would require additional inspections:

DATE OF INSPECTION 04/29/2006 STATUS: Approved X Not Approved

FIRE INSPECTOR: (Signature) ABR (Printed Name) Abendley Bowe II

PHONE NUMBER 919-989-5050 INSPECTION DEPT. IT Fire Marshal

LICENSEE'S (Signature) W. Frazier (Printed Name & Title) William Frazier Sr.

If Initial License application must include the following information:

NC State Building Code (Code Section) _____ (Code Classification) _____

DHSR Inspector Name and Title _____ Phone No. _____

North Carolina Department of Health and Human Services
Division of Health Service Regulation
Adult Care Licensure Section
2708 Mail Service Center
Raleigh, North Carolina 27699-2708
(919) 855-3765
<https://info.ncdhhs.gov/dhsr/acts>



Initial Registration Application for Multi-Unit Assisted Housing with Services

This MAHS registration application must be completed and submitted with the facility's disclosure statement (per Legal Requirements for Registration and Disclosure on website) to the Division of Health Service Regulation along with a nonrefundable registration fee of \$350 as required by G.S. 131D-2.5(b). It must be signed by the individual owner, administrative officer, member of the governing board, or other designated individual on whom rests the responsibility for the operation of the residence. Please check appropriate boxes below and/or fill in the blanks. Complete all parts of the form. Put N/A if not applicable. If additional space is required, please attach to this form.

1. Legal Identity of Registrant:

Community Based Solutions/Harper House of Hope #3

[Full legal name of corporation, partnership, individual, or other legal entity owning the enterprise for which this form is submitted]

Doing Business As (d/b/a) - names(s) under which the facility is advertised or presented to the public:

Primary d/b/a name: Harper House of Hope

Other:

Facility Site Address: 107 Endridge Lane

City/State/Zip Code: Wilson Mills, NC 27577

County: Johnston

Business Telephone Number: 919-464-7161

Fax Number: 919-464-7161

Building Owner (if different from Registrant) William Harris Jr.

Business Mailing Address: 300 South Sharpe Street, Selma, NC 27576 (Office)

E-mail Address: bevshwbear@aol.com

For-Profit	Not For-Profit
	Corporation: Chartered by the State of North Carolina
	Corporation: Chartered by another State
	Partnership
X	Individual
	Church Affiliation:
	Other Affiliation:

1.

2. Parent Corporation (Name/Mailing Address): Base Solutions/Harper House of Hope
107 Endridge Lane, Wilson Mills, NC 27577

For office Use Only

Fee Received

Date Received

Disclosure Received

Accept

Denied

Name: Dr. Beverly Rowland
Telephone Number: 919-464-7164
E-mail: bevshwbear@aol.com

Name, telephone number and email address of contact person concerning this registration form:

Title: Owner/Manager
Signature
Date:

Name of Operator of the MAHS (Please print or type)
Beverly Rowland

5. The undersigned submits this registration in accordance with North Carolina General Statute 131D-2.1(10). To the best of my knowledge the information provided in this registration is true and correct.

4. The licensed home care or hospice agency with which applicant facility has a financial interest, affiliation or formal written agreement to make personal care services accessible to residents who need them:
Name: Primary Choice Care
License Number: HC#6382
County

Total # of beds in all of the units listed above: 4

Number of Units	Type of Units
	Studio or Efficiency Units (1-2 beds with kitchen area)
	One Bedroom Units (up to 2 beds in a single bedroom arrangement)
1	Two-Bedroom Units (apartment-style arrangement)
	More Than Two-Bedroom Units (apartment-style arrangement)

3. Number and Types of units in the Multi-Unit Assisted Housing with Services:

Name of the legal entity responsible for the financial and contractual obligations of the facility:
☐ Publicly Traded ☒ Privately owned ☐ Other:



TOWN OF WILSON'S MILLS
SPECIAL USE PERMIT
APPLICATION

Planning Department
PO Box 448, Wilson's Mills, NC 27593
Phone: (919) 938-3885 Fax: (919) 938-1121

PROCESS INFORMATION:

Submission Requirement: An application for a Special Use Permit shall be filed with the Planning, Zoning & Subdivision Administrator. Such applications shall contain all the information required on this form and must be determined to be complete by the Planning, Zoning & Subdivision Administrator prior to advancing it through the approval process.

Public Notification: This is a quasi-judicial process that requires a public hearing.

Review Process: Special Use Permits are for certain land uses that, because of unique characteristic or potential impacts on adjacent land uses, are not permitted in zoning districts as a matter of right. These uses may be permitted through the issuance of a Special Use Permit (SUP) after ensuring that the use complies with the SUP approval criteria. No inherent right exists to receive a SUP. Such authorization must be approved under a specific set of circumstances and conditions. Each application and situation is unique and may be subject to specific requirements to mitigate the impacts of the proposed use. A Special Use Permit must be granted in accordance with the procedures set forth in Article 7 of the Wilson's Mills Development Ordinance (WMDO). For a detailed list of uses requiring a Special Use Permit, please refer to Article 10.2 of the WMDO.

FILING INSTRUCTIONS:

- ✓ Every applicant for a Special Use Permit is required to meet with the Planning, Zoning & Subdivision Administrator in a pre-application conference prior to the submittal of a formal application. The purposes of this conference are to provide additional information regarding the review process and assistance in the preparation of the application.
- ✓ A petitioner must complete this application in full. This application will not be processed unless all information requested is provided.
- ✓ Submission of associated fees with completed SUP Application, in the amount of \$500.00.

GENERAL INFORMATION:

Project Address/Location: 177 Frazier Drive Wilson's Mills NC 27527
Zoning District: SFR-3
Johnston Co. Tax PIN #: 17K67007E
Proposed Building Square Footage: _____
Town Jurisdiction: ✓ Town Limits ETJ
Size of Property (acres): 0.440

Existing land use/zoning on adjoining properties:

North:

South:

East:

West:

APPLICANT INFORMATION:

Applicant:

Beverly Rowland (Facility operator)

Address:

PO Box 268

City:

Wilson's Mills

Phone:

919-464-7161

Email:

Bevshwbear@aol.com

Property Owner (if different from applicant):

Name:

William Frazier Jr. (Home owner)

Address:

PO Box 60

City:

Wilson's Mills

Phone:

919-464-0971

Email:

NA

State:

NC

Zip:

27593

SPECIAL USE PERMIT REQUEST:

Special Use Request (Proposed Land Use and Description):

Proposed Conditions Offered by Applicant:

FOR TOWN USE ONLY	
Date Received: 7-7-2026	Case #: SUP-03-2026
Payment Amount: 500.00	Date Paid: 5-4-2026
Application Received By: Cynthia Rau	
PB Date: 8-3-2026	Recommended Denied
TC Date:	Approved Denied

Printed Name of Owner William Haver Jr.
Signature of Owner [Signature]
Date 7-7-2026

I hereby certify that I have full knowledge that the property I have an ownership interest in is the subject of this application. I understand that any false, inaccurate, or incomplete information provided by me or my agent will result in the denial, revocation or administrative withdrawal of this application, request, approval or permits. I acknowledge that additional information may be required to process this application. I further consent to the Town of Wilson's Mills to publish, copy, or reproduce any copyrighted document submitted as a part of this application for any third party. I further agree to all terms and conditions, which may be imposed as part of the approval of this application. I hereby certify the statements or information made in any paper or plans submitted herewith are true and correct to the best of my knowledge. I understand this application, related material and all attachments become official records of the Town of Wilson's Mills and will not be returned.

OWNER'S SIGNATURE:
William Haver Jr.
owner of subject property, do hereby give consent to (type, stamp or print clearly full name of agent) to act on my behalf, to submit or have submitted this application and all required material and documents, and to attend and represent me at all meetings and public hearings pertaining to the application indicated above. Furthermore, I hereby give consent to the party designated above to agree to all terms and conditions which may arise as part of the approval of this application.

APPLICANT SIGNATURE:
I do hereby make application and petition to the Town of Wilson's Mills to approve the subject Special Use. I hereby certify that I have full legal right to request such action and that the statements or information made in any paper or plans submitted herewith are true and correct to the best of my knowledge. I understand this application, related material and all attachments become official records of the Town of Wilson's Mills and will not be returned. I understand that this application will not be processed unless it is complete, including required fees paid. I hereby certify the statements or information made in any paper or plans submitted herewith are true and correct to the best of my knowledge.

Applicant Printed Name Beverly Rowland
Applicant Signature [Signature]
Date 7/7/2026

Findings of Fact:

Article 7.8 of the WMDO require the compliance of specific findings of fact in order to grant a Special Use Permit. The applicant shall submit the following statements of justification, presenting factual information, supporting each and all the required findings as they relate to the proposed Special Use Permit:

1. That the use or development is located, designed, and proposed to be operated so as to maintain or promote the public health, safety, and general welfare.

Statement by applicant:

The proposed Multi-Unit Assisted Housing with Services will serve adults (ages 25 and older) with mental health needs in a structured, supportive, and supervised environment. The home will house no more than 4 residents and will be periodically staffed with personnel including a cook, driver, and administrative support to ensure daily operations run safely and efficiently. The residence will provide stability, routine, and access to necessary services promoting the overall health, safety, and well-being of both residents and the surrounding community. Appropriate safety procedures and emergency protocols will be in place at all times.

2. That the use or development complies with all required regulations and standards of the Wilson's Mills Development Ordinance and with all other applicable regulations.

Statement by applicant:

The proposed Multi-Unit Assisted Housing with Services will comply with all applicable local, state, and federal regulations, including the Town of Wilson's Mills Development Ordinance and any licensing requirements related to mental health residential care. All necessary permits, inspections, and approvals will be obtained prior to operation, and the facility will remain in full compliance with all governing standards to ensure a safe and properly managed environment.

3. That the use or development is located, designed, and proposed to be operated so as not to substantially injure the value of adjoining or abutting property, or that the use or development is a public necessity.

Statement by applicant:

The multi-unit will be maintained in a clean, orderly, and well-kept condition consistent with the surrounding residential properties. With a maximum of 4 adult residents and designated staff support, the home will operate in a controlled and structured manner that minimizes noise, traffic, and disruption. The property will be professionally managed to ensure it blends seamlessly into the neighborhood and does not negatively impact the value of adjacent properties.

4. That the use or development will be in harmony with the area in which it is to be located and conforms to the general plans for the land use and development of Town of Wilson's Mills and its environs.

Statement by applicant:

The proposed use is consistent with the residential character of the area and aligns with the Town of Wilson's Mills' goals for responsible and community-focused development. The Multi-unit will function similarly to a traditional household while providing essential housing and support services for adults with mental health needs. This use promotes community stability, inclusion, and access to care, contributing positively to the overall well-being of the town.

DATE OF INSPECTION 04/29/2010 STATUS: Approved ☒ Not Approved ☐

FIRE INSPECTOR: (Signature) ABP (Printed Name) Abdullah Bouel

PHONE NUMBER 919-989-5050

LICENSEE'S (Signature) William Frasier (Printed Name & Title) William Frasier Jr

INSPECTION DEPT. Fire Marshal

DHSR Inspector Name and Title _____ Phone No. _____

NC State Building Code (Code Section) _____ (Code Classification) _____

If Initial Licensee application must include the following information:

1. Does the occupant utilize listed extension cords? These cords shall not be substituted for permanent wiring and must be used only for portable appliances. YES ☒ NO ☐ N/A ☐

2. Is a working, mounted fire extinguisher(s), rated 2-A: 10-B: C or larger, readily available in the residence? YES ☒ NO ☐ N/A ☐

3. Does a fire evacuation plan remain posted continually in a prominent location, and is visible to all residents and guests? YES ☒ NO ☐ N/A ☐

4. Does the home have a working telephone which functions without use of electrical power and are emergency numbers posted within sight of the telephone? YES ☒ NO ☐ N/A ☐

5. Is there a working smoke alarm in the residence complying with the following? (CHECK ONLY ONE)

- Houses licensed prior to 1976 must have a battery or electric smoke alarm
- Houses licensed 1976 - June 30, 1999, electric smoke alarms shall be placed outside sleeping areas as required by the code in effect at construction time.
- Houses licensed after June 30, 1999 must have smoke alarms in every sleeping room, outside bedrooms and other areas, interconnected as required in the N.C. Building Code.

6. Are double key dead bolts installed on any required egress doors? (If YES, these must be removed or changed out to a thumb latch.) YES ☒ NO ☐ N/A ☐

7. Do doors and windows in rooms used for sleeping open properly with little effort? YES ☒ NO ☐ N/A ☐

8. Are all hallways, doorways, entrances, ramps, steps, and corridors unobstructed, free of storage and readily accessible? YES ☒ NO ☐ N/A ☐

9. Are address numbers posted in a prominent exterior location and are they visible and legible? YES ☒ NO ☐ N/A ☐

10. If provided, the Fire Alarm System and/or Sprinkler System must be maintained, tested and inspected on annual basis by qualified and approved service personnel. Provide documentation. YES ☒ NO ☐ N/A ☐

11. Designate Primary Heat Source Electric Secondary Heat Source (if applicable) _____

12. List any substandard components or hazards found which were not addressed above or which would require additional inspections: _____

FIRE INSPECTION SAFETY REPORT

(Group R-3 - Single Family Residential Care Homes & Facilities)

NAME OF FACILITY Harper House of Hope

PERSON IN CHARGE William Frasier

STREET ADDRESS 177 Frasier Dr Wilsons Mills

PHONE # 919-464-0971

CHECK YES or NO AS TO THE CONDITIONS IN THE HOME RELATING TO THE INSPECTION

North Carolina Department of Health and Human Services
Division of Health Service Regulation
Adult Care Licensure Section
2708 Mail Service Center
Raleigh, North Carolina 27699-2708
(919) 855-3765
<https://info.ncdhhs.gov/dhsr/acts>



Initial Registration Application for Multi-Unit Assisted Housing with Services

This MAHS registration application must be completed and submitted with the facility's disclosure statement (per Legal Requirements for Registration and Disclosure on website) to the Division of Health Service Regulation along with a nonrefundable registration fee of \$350 as required by G.S. 131D-2.5(b). It must be signed by the individual owner, administrative officer, member of the governing board, or other designated individual on whom rests the responsibility for the operation of the residence. Please check appropriate boxes below and/or fill in the blanks. Complete all parts of the form. Put N/A if not applicable. If additional space is required, please attach to this form.

1. Legal Identity of Registrant:

Community Based Solutions / Harper House & Hope #2
[Full legal name of corporation, partnership, individual, or other legal entity owning the enterprise for which this form is submitted]
Doing Business As (d/b/a) - names(s) under which the facility is advertised or presented to the public:

Primary d/b/a name: Harper House & Hope

Other:
Facility Site Address: 177 Traver Lane
City/State/Zip Code: Wilson's Mills NC 27593
County: Johnston

Business Telephone Number: (919) 464-7144 Fax Number:
Building Owner (if different from Registrant) William Traver Jr.
Business Mailing Address 300 S. Sharpe St. Selma NC 27576 (Office)

E-mail Address BobShawbear@aol.com

For-Profit	Not For-Profit
Corporation: Chartered by the State of North Carolina	
Corporation: Chartered by another State	
Partnership	
Individual	☒
Church Affiliation:	
Other Affiliation:	

3. Parent Corporation (Name/Mailing Address): Community Based Solutions / Harper House & Hope
177 Traver Lane, Wilson's Mills, NC 27593

For office Use Only

Fee Received

Date Received

Disclosure Received

Accepted

Denied

Name: Dr. Beverly Rowland Telephone Number: 919, 464-7161 E-mail: BeverlyRowland@aol.com

Name, telephone number and email address of contact person concerning this registration form:

Title: Owner/Manager Signature: [Signature] Date: _____

Name of Operator of the MAHS (Please print or type) Beverly Rowland

6. The undersigned submits this registration in accordance with North Carolina General Statute 131D-2.1(10). To the best of my knowledge the information provided in this registration is true and correct.

5. The licensed home care or hospice agency with which applicant facility has a financial interest, affiliation or formal written agreement to make personal care services accessible to residents who need them:
Name: Primary Choice Care License Number: HG#6382 County: Johnston

Total # of beds in all of the units listed above: 4

Number of Units	Type of Units
	Studio or Efficiency Units (1-2 beds with kitchen area)
	One Bedroom Units (up to 2 beds in a single bedroom arrangement)
<u>1</u>	Two-Bedroom Units (apartment-style arrangement)
	More Than Two-Bedroom Units (apartment-style arrangement)

4. Number and Types of units in the Multi-Unit Assisted Housing with Services:

Name of the legal entity responsible for the financial and contractual obligations of the facility: _____
☐ Publicly Traded ☐ Privately owned ☐ Other: _____

The mission of Harper House of Hope is to deliver services to those that need housing and or room and board through contracted services, and referrals. Our mission is to work in collaborations with other community organizations to assure adequate room and board, and a safe environment for each person with compassion and dignity to assist with efforts of decreasing homelessness.

Mission

The vision of Harper House of Hope is to assist with preventing homelessness one person at a time by providing resources for services that can assist you. Our goal is to assist with homelessness while working in collaboration with other community agencies in the surrounding areas.

Vision

Welcome to Harper House of Hope, a Multi-Unit Housing organization that is located at 177 Frazier Dr, Wilson Mills, NC 27527. We welcome you to a life filled with love, peace, and hope. It is our pleasure to open our doors and heart, during challenging times, and difficulties you may have faced. We hope that your experience here at Harper House of Hope will allow you to feel that you can call this home and prepare yourself for life's many rewards.

Welcome

A. Disclosure Statement G. SI31D-2(b) b

Harper House of Hope #2
177 Frazier Drive
Wilson Mills, NC 27527
Telephone: (919) 464-7161
Bevshwbear@aol.com

Organization/Facility Introduction and Information

North Carolina Department of Health and Human Services
Division of Health Service Regulation
Adult Care Licensure Section
2708 Mail Service Center
Raleigh, North Carolina 27699-2708
(919) 855-3765



- Residents who are Ventilator dependent
- Residents who have a Dermal ulcer that will not heal or not healing.
- Residents who have a Nasogastric tube
- Residents who need Injections directly into the vein, except for intermittent intravenous therapy
- managed by home health care or hospice agency
- Residents who have Airborne infectious disease that will require isolation of individuals or require special precautions by the staff to prevent transmission of the disease.
- Residents who have combative or abusive behaviors. Residents with any mental health condition that are not currently being treated. Residents who are going through detox or withdrawals.
- Residents who have a Gastric tube except when the individual is capable of independently feeding himself and caring for the tube.
- Individuals that require continuous Licensed nursing care 24-hour (etc. homecare services) or any resident that will need 24-hour supervision.
- Individuals whose physician states that placement is no longer appropriate, individuals that require maximum physical assistance, meaning total of four or more activities of daily living documented in their assessment
- Those whose health needs cannot be met in our specific multi-unit housing.

C. Limitations of tenancy:
The following are residents that Harper House of Hope will NOT accept.

- Medication Reminders (Daily, throughout the day based on everyone's medication schedule) Assistance with self-administration of medications may be provided by appropriately trained staff when delegated by a licensed nurse per the home care agency's established plan of care.
- Scheduling appointments (if resident desires for Harper House of Hope staff to schedule appointments, we will do so).
- Transportation to appointments (any resident that needs transportation to appointments by staff will have that option available when needed. Fee is listed under charges for services offered).
- Involvement in Community activities, resources, and programs (residents will have the options to be involved in community programs and activities Monday through Friday. Resources will be available to residents daily).
- In-Home activities (games and activities such as card games, bingo, and exercise will be offered to residents daily).
- Meal Preparation (Harper House of Hope will provide 1 meal a day. Residents will have access to three meals/days & snacks. Additional meals have a Fee, the fee for additional meals can be found under charges for services offered).
- Grocery Shopping (staff will take residents shopping for groceries and necessities as a group once a week).
- Light Housekeeping (Staff will perform light housekeeping daily, deep clean monthly).
- Access to Laundry (Residents will have access to a washer and dryer 7 days a week. If residents desire that staff do their laundry there will be an additional fee, that will be a weekly service).
- Information for Home Health services (upon admission and anytime the resident request Harper House of Hope will provide the residents with information to Home Healthcare Agencies.)

B. Limitations of services:

- Residents will be given a handbook with information pertaining to resources and additional services that may be obtained outside of Harper House of Hope, LLC.
- A contract / rental agreement will be given at the time of intake.
- A financial breakdown of services, and amenities available in handbook
- Staff do not provide Personal Care (PC) or Nursing Services (NS) for residents.
- No overnight guests or visitors; visiting hours will be posted.
- Must follow rules as stated in your handbook.
- Must ensure that all individuals are treated with respect.
- No destroying of Harper House of Hope property; in and outside the home.
- Must maintain good personal hygiene.
- No cooking is allowed due to health and safety; meal plans are available.
- Hot meals are provided, which is included in the monthly rate. However, the additional meals of the residents chosen are at the residents' expense.
- No smoking in rooms or anywhere in the home; an area has been designated for smoking.

HOUSE RULES

- The residents have responsibility to the home, keeping their area and living environment clean, residents are responsible for their self-care. And the upkeep of the grounds as well.
 - Make all medical appointments, unless requesting that staff assist in scheduling appointments.
- Effective July 1, 1996, "multi-unit assisted housing with services" means an assisted living residence in which direct personal care services and nursing services which are arranged by housing management are provided by a licensed home care or hospice agency, through an individualized written care plan. The residents have a choice of any provider, and the housing management may not combine charges for housing and personal care services.

D. Resident Responsibilities G.S131D-2.5

- Residents must pay for services provided by the fifth (5) of each month. After 4 continued failures to pay by this date will or could result in termination of service depending on the situation.
- Residents must give a (30) day notice if they are anticipated leaving. If it is past the 15th of the month and no notice was given in advance of leaving the lease will automatically terminate and no refund will be given. If funds are not paid by the 5th of month late a fee of \$25.00 will apply.
- If the resident needs a higher level of care in a medical facility. Which may prevent them from maintaining their financial responsibilities; they will be encouraged to find storage for their possessions. After 30 days of failure to pick up their belongings, it will become the property of Harper House of Hope. Upon release from the hospital reconsideration will be given to the renewal of the lease, depending upon the level of services the residents will need.
- Any residents not in compliance with house rules after being warned two times (2) will be given written warning and (3rd) time will be termination to vacate the premises.
- Drinking, fighting, the use of drugs, destruction of property and causing conflict between others in the home are grounds for termination of residential contracts.

Termination of Services Policy

- a. Johnson County Emergency Medical Services: 2875 US-70 BUS E, Smithfield, NC 27577
 - b. Johnston UNC Health: 628 N 8th St, Smithfield, NC 27577
 - c. Med First Primary & Urgent Care: 388-1 Venture Dr, Smithfield, NC 27577
- In the event of an emergency, the resident will utilize local emergency responders. The residents will use the facility phone or personal phone to request assistance from emergency personnel. If the resident has the ability to call 911 on their own, then they will do so; however, if the resident is unable to contact emergency responders, either another resident or house manager will call 911, followed by a phone call to Beverly Rowland (919) 464-7161.

G. Emergency Response System:

Harper House of Hope has an Agreement with Primary Choice Home Care to provide personal care services to residents; However, all residents have the right to choose any State approved Home Care Agency.

F. Financial/Legal relationship between Housing Management and Home Care or Hospice Agencies:

- 1. Intake consultation with house manager(s) or Program Coordinator of Services and Home Care Agency
- 2. Assessment of services needed, room size needed, dr. appointments, personal care services (etc.)
- 3. Rule and Handbook Review, Review of medications

Screening Intake Admissions
Screening Application

- If it is determined after screening potential residents that they are not approved we will discuss why, and if there are any factors that can change that may make them eligible in the future. (etc. wounds began to heal, health condition improve that cause them to be able to function and live in our MUAHS ...). We will reach out to social workers, case management, or the responsible party also and inform them of our decision and the factors and reasons that lead to that determination. Screening information is used for appropriate placement by determining if the potential residents meet requirements to safely stay in our MUAHS. When screening we go by the states guidelines of people that are not deemed eligible and what Harper House of Hope will accept (refer to limitations of tenancy).

Harper House of Hope management and staff will be responsible for (a) The screening process to address questions and concerns. Residents or their responsible party will receive a copy of the assessment screening package during the initial interview. If the resident decides to become a resident during the screening, screening will take place annually on or before the initial application processing date. An initial application will be taken of residents' demographic information, medical history, family history, and other areas of interest that residents wish to discuss during the screening and application intake process. All medical records are kept by the agencies providing the service.

F. Assessments:
Screening Procedures/Appeal(s) and Process

- Residents Chosen
- Healthcare providers of choice in the area
- Personal Care Services will be provided by licensed home care agencies of the resident choice.

H. Appeal Process:

Appeals Process Policy:

Harper House of Hope management and staff will address issues pertaining to resident(s) filing an appeal with house management. Information must be written and detailed within thirty (30) days as of the reason an appeal is being filed. All parties will have an opportunity to provide information, voice their issues and concerns. The house manager will investigate and listen to both parties, and if necessary, a mediator will be present to assist with the matter and resolve it. All parties will be made aware of the appeal in person, after the investigation each will receive a written copy and signed document pertaining to the appeal and the resolution.

Grievance Policy:

Residents may make complaints or file grievances if they have concern with services. A grievance box will be displayed in the resource Room. Residents' complaints will be treated with respect and confidentiality. All complaints will be addressed and documented. The residents must present the complaint(s) in writing to the house manager. House manager once notified will follow-up on any grievance filed within 48 hours. The parties involved will all meet to discuss the problem/concerns and come to resolutions to resolve the issue (s). Each party that is involved will receive signed copy documentation pertaining to this matter.

Weapons & Verbal Threats Policy:

- a. Weapons of any kind Are Not permitted on the property of Harper House of Hope, housing manager(s) will terminate the contract immediately and police will be called to evaluate the situation.
- b. Verbal Threats will not be tolerated house manager(s) will decide as to whether the threat constitutes termination of contract or a written warning depending on the urgency of the situation whether it is to staff or residents.
- c. No profanity or disrespect for others is allowed on the premises, a resident who causes harm to themselves or others will be terminated (after medical treatment has been provided.)
- d. Disrespect of Harper House of Hope, property or other residents' property will not be tolerated, it will require a restitution fee and could result in termination of contract.

I. Charges for Services Offered:

- a. Private room beautifully furnished
- Meal Plan (Breakfast, snacks)
- Transportation (4) trips weekly
- Wireless - Internet, Cable available

\$2,500.00

- a. Johnston County Department of Social Services: 714 North St, Smithfield, NC 27577. (919) 989-5300
- b. Johnston County Health Department: 517 N Brighthouse Blvd, Smithfield, NC 27577. (919) 989-5200
- c. Johnston County Area transit System (JCATS): 1050 W Noble St, Selma, NC 27576 (919) 202-5300
- d. Johnston County Public Library: 305 E Market St, Smithfield, NC 27577 (984) 985-2665
- e. Wilson's Mills Police department: 100 Railroad St, Smithfield, NC 27577 (919) 938-3885
- f. Wilson's Mills Fire Department Station #2: 2550 Cleveland Rd, Smithfield, NC 27577 (919) 938-3473
- g. Johnston County Behavioral Health: 521 N. Brighthouse Blvd, Smithfield, NC 27577 (919) 938-6400

Resources:

- a. Home Life Care: 101 S Webb St, Selma, NC 27576
- b. Home Instead: 1327 N Brighthouse Suite F, Smithfield, NC 27577
- c. 1st Choice Home Care: 502 A E Market St, Smithfield, NC 27577
- d. Autumn Home Care: 474 Jerry Rd, Selma, NC 27576

Home Care Agencies:

Information for Resources, and Services, will be posted weekly or monthly some amenities & services have a fee charge; Residents have the right to choose service provider(s) of their choice.

J. Available Resources:

- IN-HOME MEDICAL ALERT: \$20.00/MONTH
 - ON THE GO MEDICAL ALERT: \$25.00/MONTH
- ADDITIONAL \$10/MONTH. SUBJECT TO CHANGE.
- ADDITIONAL FEE. AS OF 12/1/2024 THE ADDITIONAL FALL ALERT/DETECTION FEE IS AN (RECOMMENDED) HARPER HOUSE OF HOPE WILL NOT BE RESPONSIBLE FOR THE HOWEVER, IF THE RESIDENT WOULD LIKE TO ADD A FALL ALERT DETECTION MEDICAL ALERT DEVICES AND SERVICE FEE WILL NOT BE INCLUDED IN THE COST; *Residents will pay for extra dining out, activities, any outside memberships. *

b. Extra Amenities	
Extra transportation trips:	\$10.00 Per trip (local)
Extra Meals:	\$10.00 Per Meal
Extra Laundry	\$50.00
a. shared room beautifully furnished	
Meal Plan (Breakfast, snacks)	
Transportation (2) trips weekly	
Wireless - Internet, Cable available	\$1,200.00
b. Semi-private room beautifully furnished	
Meal Plan (Breakfast, snacks)	
Transportation (2) weekly	
Wireless - Internet, Cable available	\$1,500.00

h. Mental Health Association in Johnston County: 24 Noble Street, Smithfield, NC 27577 (919) 934-0311
i. Local information/Referral Line: 211 (call 211 to speak to someone or search for online resources and contact information).

Public Recreation Department: Park & Recreation (Resource Guides in-house) Local colleges and universities:

a. Phillip R. Wright Community Park: 988 Powhatan Rd, Clayton, NC 27527 (919) 938-3885
b. Johnston Community College: 245 College Rd, Smithfield, NC 27577 (919) 934-3051
c. East Triangle YMCA: 120 NW Flowers Pkwy, Clayton, NC 27527 (919) 262-0440
d. Community & Senior Services of Johnston County: 1363 W. Market Street, Smithfield, NC 27577
e. Available resources in - house (Cable, Wireless and Internet Services)
f. Meaningful stimulating individualized and group activities to include social and recreational environment.
g. A volunteer, community services and employment program
h. Walking distance community stores, and grill
i. Johnston County Council on Aging: 1363 W. Market Street, Smithfield, NC 27577 (919) 934~6066
j. Johnston County Workforce Development Center: 135 Best Wood Dr, Clayton, NC 27520 (919) 209-2591

Signature *Dr. Beverly Rusk* Manager *4/2/26*

Request for Planning Board Action

TO: Jay Mouser and Planning Board Members
FROM: WENDY OLDHAM, CZO, PLANNING DIRECTOR
DATE: August 24, 2026
RE: Planning Board Meeting Schedule/Time change Request

Planning Board Meeting Schedule

The Planning Board has been asked to select a recurring day and time for its monthly meetings to recommend to Town Council on September 21, 2026.

Because Town Council meetings/work sessions are held on the third and fourth Mondays, Monday options are limited to the first or second Monday.

Options:

- First Monday at 6:00 P.M.
- First Monday at 6:30 P.M.
- Second Monday at 6:00 P.M.
- Second Monday at 6:30 P.M.
- Wednesday at 6:00 P.M.
- Wednesday at 6:30 P.M.
- Thursday at 6:00 P.M.
- Thursday at 6:30 P.M.
- Remain: Fourth Monday at 7:00 P.M.

Action Requested: Select one recurring day and time to recommend to Town Council.