PLANNING BOARD AGENDA
Monday, October 5, 2026

1. Call to Order
2. Pledge of Allegiance
3. Invocation
4. Approval of Agenda
5. Approval of Minutes – August 24, 2026
6. Regular Business
   A. Planning Department Staff Report for August 2026
   B. Update on Projects
7. Old Business –
   None.
8. New Business
   A. RZ-02-2026 (1935 Strickland Road)
   B. SUP-02-2026 Harper House of Hope #3 (107 Endridge Lane) – Second hearing/Review
   C. SUP-03-2026 Harper House of Hope #2 (177 Frazier Drive) – Second hearing/Review
9. Adjourn

TOWN OF WILSON'S MILLS

PLANNING BOARD

REGULAR MEETING

MINUTES

August 24, 2026

Present:	**Marvin Dodd – Vice Chair, Jim Uzzle, Benji Parrish, Jessica Knight, Lloyd Barnes, Charlotte Cox.**
Staff Present:	**Wendy Oldham, Planning Director; Cynthia Paul, Planning Technician; Kleber Aguilar, Code Enforcement Officer & Permit Technician.**
Others Present:	**Sean Merus (Merus LLC), Beverly Rowland (SUP-02-2026) & (SUP-03-2026).**
Absent	**Jay Mouser – Chair, Donald Byrd.**
Convocation	**J. Uzzle called the meeting to order at 6:58 P.M.**
Pledge of Allegiance	**The Pledge of Allegiance was led by B Parrish.**
Invocation	**The invocation was given by J. Uzzle.**
Approval of Agenda	**A motion to approve the agenda was made by J. Uzzle and seconded by C. Cox, the motion passed unanimously.**
Approval of Minutes	**A motion to approve the minutes from August 3, 2026, was made by M. Dodd and seconded by B. Parrish, the motion passed unanimously.**
New Business:	**Rezone (Initial Zoning Designation) & Special Use Permit Hearing: All sworn in together by Notary Public W. Oldham, CZO, Planning Director.**

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

   W. Oldham swore in Sean Merus LLC. The Planning Board asked questions regarding the potential development, such as the tenant line up, as well as the traffic impact analysis. W. Oldham explained that would come later. Sean Merus gave information regarding safety and a detailed description of the development along with a presentation.

2. **SUP-01-2026 - GMB Independent Home, LLC – Don McCullers - 214 Fire Department Road**

Don McCullers was not in attendance. W. Oldham explained to the Board that Mr. McCullers submitted an approval letter from DHSR which is now null and void due to the proper approval not being carried out through the Town of Wilson's Mills, she explained that during the time the Town spent waiting on legal guidance not only did our procedures changes, the General Statutes changed as well. J. Uzzle questioned the permitted use of the zoning for 214 Fire Department Road, he expressed his concerns about having the number of residents Mr. McCullers has in his Multi-Unit Assisted home due to the lack of space, he also expressed concerns about the lack of cameras for safety. W. Oldham explained that the State doesn't require 24-hour supervision. J. Uzzle replied that "that's wrong" W. Oldham said she also doesn't agree with it also mentioning the number of Police, Fire, and EMS calls this address has had. C. Cox requested the number of calls. M. Dodd responded, as former Fire Chief and current Fire Department Staff, that a lot of these homes have an abundance of calls. W. Oldham reminded M. Dodd that we are only discussing 214 Fire Department Road. M. Dodd explained the details of some of the calls to 214 Fire Department Road, he gave specifics of a particular incident involving a young lady he witnessed enter a barn across from the fire department at 214 Fire Department Road and several men entered and exited the barn for an extended amount of time. Later the same young lady exited the barn unclothed. J. Knight also raised concerns about the lack of proper oversight. She also stated that it appears some of the residents in these homes require more oversight than what the applicant is stating. J. Knight also raised concerns that contrary to the answers the applicant gave in the findings of fact, she did not see the benefit this home would offer for the Town of Wilson's Mills and in fact seemed as if it would cause more work for the Town and surrounding dwellings. M. Dodd stated that he felt empathetic for the residents in need of a home, however we can't overlook the needs of the Town as a whole. C. Cox stated that if there were more supervision or actual management of the home and there were not issues such as overdoses and an abundance of calls that involve police, Fire Calls and EMS, as well as free range access to resident medications she wouldn't have so many concerns. J. Uzzle made a motion to recommend denial, the board approved the motion to recommend denial. The motion passed unanimously. (32:17) on the recording.

3. SUP-02-2026 – Harper House of Hope # 3 – Beverly Rowland
107 Endridge Lane

Beverly Rowland signed the guest sheet and was sworn in. W. Oldham explained that she has submitted the number of beds at 107 Endridge Lane. Beverly Rowland introduced herself and stated that she agrees that some people do not run these homes properly. She explained the States requirements as well as how she is operating her home day to day. She said "under Oath" that she locks the medications of the residents up and that if the state were to come, the only error they would find is that. She stated that she takes them out and provides them with three meals per day. She also stated that she had tried to come into compliance and was waiting for the Town of Wilson's Mills to advise her of the next available steps to do so. W. Oldham replied in response to that that we as a Town were awaiting guidance from the Town's Attorney. C Cox questioned the one meal per day according to the disclosure statement included in Mrs. Rowlands application. C Cox asked how the board would know Mrs. Rowland supplied three meals per day, since it contradicts the disclosure statement, Mrs. Rowland replied, "you can stop by". L. Barnes spoke and made the statement of being upset with the way these homes are operating and the lack of oversight on the State level. He also shared some research he did regarding Multi-Unit Homes. J. Knight made a motion to table SUP-02-2026, C. Cox seconded the motion. The Planning Board approved the motion to table the Special Use Permit unanimously.

4. SUP-03-2026 – Harper House of Hope # 2 – Beverly Rowland
177 Frazier Drive

Mrs. Rowland had two Multi-Unit Homes on the agenda and the Board decided to treat SUP-03-2026 the same way as SUP-02-2026, the application was not heard. J. Knight made a motion to table SUP-02-2026, C. Cox seconded the motion The Planning Board approved the motion to table the Special Use Permit unanimously.

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

C. Cox made a motion to change the monthly Planning Board meetings to the first Monday of each month, and to change the time to 6:30 P.M. J. Knight seconded it. The Planning Board approved the motion unanimously.

6. L. Barnes added a discussion of a Moratorium on the Multi-Unit Assisted Houses.

The Board asked about the possibility of this being a temporary fix to the influx of unregulated homes coming into the Town of Wilson's Mills. W. Oldham agreed to reach out to the Town attorney for legal guidance regarding the moratorium.

7. Swearing in of Bennie Cherry (Seat #4), Notarized Planning Director, Wendy Oldham.

8. Swearing in of Alvin Hardy (Seat #8), Notarized Planning Director W. Oldham.

Regular Business: Planning Department Staff Reports for July 2026.

Update On Projects: W. Oldham updated the board to say that we will have industrial projects coming into the Town. She also gave updates on Code Enforcement Violations and progress being made.

Old Business: None.

Adjourn: J. Uzzle made a motion to adjourn at 8:30 P.M, and B. Parrish seconded it. Motion carried unanimously.

_____
Jay Mouser, Chair

Attest:

_____
Wendy Oldham, Planning Director

STAFF REPORT

TO: Mayor Pro-Tem Triplett and Town Council Members
DATE: September 4, 2026
FROM: Wendy Oldham, Planning Director
SUBJECT: Planning Report – August 2026

RESIDENTIAL PROJECTS		
WORKING ON INFRASTRUCTURE		
Willis Crossing	Construction Plans Approved	Architect working on Plans
Southerland 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 3B
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	Building
PLANNING STAGES		
Cobalt Hwy 70 Bus beside East Hampton	Re-designing project	Still waiting on re-submittal
Miller Ridge **(formerly known as Johnston Farms Phase 3)**	Preliminary Plans approved	Construction Plans approved; waiting on outside approvals
Johnston Farms Waterview Way	Construction Plans Approved	Waiting on Developer
Blake's Landing (Formerly Lee Property) Swift Creek End of Strickland Road	Phase 1 Final Plat Recorded	Infrastructure installation happening now
Wellons Property Connecting to Wilson's Ridge	Reviewing construction plans	waiting on Outside Permits
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**
N/A	N/A	N/A

TEMPORARY EVENT PERMITS		
EVENT	**ADDRESS**	**DATES**
Back to School Event	22 Fire Dept Rd	8/8/2026
Havana Bites/Food Truck	22 Fire Dept Rd	8/6/26-11/6/26

ANNEXATIONS		
ADDRESS	APPLICANT	ETJ/SATELLITE
4800 Hwy 70 Bus West	Merus/Smithfield FWB Church	Satellite

REZONES		
ADDRESS	ACTION	STATUS
4800 Hwy 70 Bus West	JC-AR to WM-IND	Going to Council 9/26

NON-RESIDENTIAL PROJECTS		
ADDRESS/PROJECT	USE REQUEST	STATUS
Clayton Glass & Mirror	New Building for expansion	Waiting on Johnston County PU reviews
Wilson's Mills High School	Construction Plans Approved	Building out
	SPECIAL USE PERMIT	
214 Fire Dept Road	MUAH	Going to Council/PB Denied
177 Frazier Drive	MUAH	Tabled by Planning Board
107 Endridge Ln	MUAH	Tabled by Planning Board
	EXCAVATION PERMITS	
ADDRESS/PROJECT	COMPANY	STATUS
N/A	N/A	N/A

SIGN PERMITS		
ADDRESS	BUSINESS/PROJECT	STATUS
4083 Wilson's Mills Rd	Town of Wilson's Mills Town Hall Sign	Approved

DEMOLITION PERMITS		
ADDRESS	BUSINESS/PROJECT	STATUS
N/A	N/A	N/A

NON-RESIDENTIAL PERMITS		
N/A	N/A	N/A

RESIDENTIAL ZONING PERMITS	
USE	#
Single Family Home/Town Home – New Construction	29
Porch/Deck/Pool/Driveway Extension/Ramp/Additions	3
Accessory Structure	0
Fence	0
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	**32**

FLOODPLAIN DEVELOPMENT PERMITS		
ADDRESS/PROJECT	ACTION	STATUS
N/A	N/A	N/A

ZONING INSPECTIONS/LETTERS	
Completed and Passed- Single Family Homes	18
Completed and Passed-Other	0
Zoning Verification Letters	2

CODE ENFORCEMENT VIOLATIONS	
VIOLATIONS	#
TOTAL	27
Undue Growth	25
Debris/Garbage Clean-Up	1
Nuisance/Junk/Abandoned Vehicles	7
Chickens/Roosters	0

ZONING VIOLATIONS	
VIOLATIONS	#
TOTAL	**1**
Building without Permit	1
Fence without Permit	0
Unsafe Structure	0
Other Zoning Violation	0

CODE ENFORCEMENT AND ZONING ABATEMENT	
OUTCOMES	#
TOTAL	**0**
Abated	23
Final Letter Sent	2
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: **October 4, 2026**
RE: **TC MidAtlantic Development, Inc.**
File No. RZ-02-2026
FROM: **Wendy Oldham, Planning Director**

PROPOSAL

The applicant is requesting a Rezoning Designation for Parcel ID No. 17J07006C changing the current zoning classification from (AG) Agriculture, to (IND) Industrial.

CURRENT SITE INFORMATION

LOCATION:	1935 Strickland Road
TAX ID:	17J07006C
ZONING:	(AG) Agriculture
CURRENT USE:	Residential

PROPOSED SITE INFORMATION

LOCATION:	1935 Strickland Road
TAX ID:	17J07006C
SITE ACREAGE:	49.230
PROPOSED ZONING:	(IND) Industrial
PROPOSED USE:	Undisclosed Use

ZONING CHARTS FOR CURRENT ZONING CLASSIFICATION

Zoning	AG
Density:	1 unit per acre
Minimum Lot Size:	1 acre (43,560 sq. ft.)
Minimum Lot Width:	150'
Primary Structure Building Height (max.):	30'
Accessory Structure Building Height (max.)	25'
Primary Structure Setbacks (min.):	
Front	30'
Side	10'
Rear	20'
Side Street	20'
Accessory Structure Setbacks:	A minimum of 5' behind primary structure & 5' from side and rear property lines.

A. **Agriculture District (AG).** The Agriculture District (AG) is established to protect lands used for agricultural production, agriculturally based businesses and related activities. Farmland is a defining element of Wilson's Mills' traditional identity and the protection of these lands aids in preserving the character of the Town until such time as new development is preferred by the Town. Listed uses are limited, with an emphasis on uses that are agricultural in nature. Development density is very low to encourage preservation of agricultural lands while discouraging large lot residential subdivision type development and excessive septic system utility. The Agriculture District can also be used to preserve open spaces.

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 Setbacks:	A minimum of 5' behind primary structure & 5' from side and rear property lines.

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 mixeduse districts. The Industrial District is reserved for uses which require very large buildings and/or large parking and loading facilities.

ORTHOPHOTO



FINDINGS OF FACT

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 zoning is a continuation of the industrial zoning across the frontage of the southern side of US-70 along Sadisco Road. The proposed development will be operated to promote public health safety and general welfare by meeting or exceeding the regulations and standards for the proposed site at the time of development for stormwater, access management, and fire safety.

2. That the use or development complies with all required regulations and standards of the Wilson's Mills Development Ordnance and with all other applicable regulations. Statement by applicant: The proposed zoning is a continuation of the industrial zoning across the frontage of the southern side of US-70 along Sadisco Road. The zoning is within compliance with the future land use map and the Town's Development Ordinance.

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 identifies the US Highway 70 Business corridor as an appropriate location for commercial and industrial growth. The proposed IND zoning designation is consistent with the vision and supports the bTown's long-term economic development goals by expanding opportunities for industrial investment, job creation, and future employment-generating development within the Wilson's Mills planning area.

STATEMENT OF CONSISTENCY AND REASONABLENESS

The proposed rezoning of IND (Industrial) for the approximately 49.230-acre property located at 1935 Strickland Road (Parcel 17J07006C) is consistent with the Town of Wilson's Mills adopted Comprehensive Land Use and Master Plan.

The proposed zoning is reasonable based on the property's size, location and undeveloped condition, it also supports the Town's long-term economic development goals fulfilling a need for the creation of jobs for the residents of Wilson's Mills. The proposed Industrial (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 rezone request for Parcel No. 17J07006C, proposing a change from (AG) Agriculture 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. Planning staff recommend approval at October 4, 2026, meeting of the rezoning 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 rezone of Parcel of 17J07006C to Town Council from (AR) Agriculture Residential to (IND) Industrial:

2. **Table** the application for Rezoning Designation of Parcel 17J07006C for the following reason(s):

   _____

   _____

3. Recommend **denial** of the initial Rezoning Designation of Parcel 17J07006C to Town Council for following reason(s):

   _____

   _____

   _____

ATTACHMENT(S) for RZ-02-2026 (1935 Strickland Road)

1. Copy of Rezone Application
2. Copy of Permitted Use Table
3. Copy of Future Land Use Map
4. GIS Orthophotos Map

TOWN OF WILSON'S MILLS

REZONING / MAP AMENDMENT 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 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: 1935 Strickland Road

Zoning District: AGRICULTURE

Size of Property (in acres): 49.23

Johnston Co. Tax PIN #: 168600-38-3528
17J07006C

Proposed Building Square Footage: N/A

Town Jurisdiction: _____ In-Town Limits

X ETJ

Existing land use/zoning on adjoining properties:

North: AG
South: RMST
East: IND & AG
West: IND

APPLICANT INFORMATION:

Applicant: TC MidAtlantic Development V, Inc.

Address: 555 Fayetteville Street, Suite 715

City: Raleigh State: NC Zip: 27601

Phone: 202.253.7607 Email: jdix2@trammellcrow.com

Property Owner **(Owner Consent Form is required if different from applicant)**: WORTH M POUNDS, JR

Address: 1899 Strickland Road

City: Clayton State: NC Zip: 27520

Phone: _____ Email: _____

REZONING REQUEST:

X General Use _____ Conditional Zoning

Existing Zoning Classification: AG

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 WMDO. In addition, please provide a narrative of the proposed use and list any proposed conditions:

Proposed Land Use:

Proposed Conditions Offered by Applicant:

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.

Jennifer Dix	Jennifer Dix	9/14/2026
Applicant Printed Name	Applicant Signature	Date

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 zoning is a continuation of the industrial zoning across the frontage of the southern side of US-70 along Sadisco Road. The proposed development will be operated to promote public health safety and general welfare by meeting or exceeding the regulations and standards for the proposed site at the time of development for stormwater, access management, and fire safety.

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 zoning is a continuation of the industrial zoning across the frontage of the southern side of US-70 along Sadisco Road. The zoning is within compliance with the future land use map and the Town's Development Ordinance.

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 value 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 identifies the US Highway 70 Business corridor as an appropriate location for commercial and industrial growth. The proposed IND zoning designation is consistent with this vision and supports the Town's long-term economic development goals by expanding opportunities for industrial investment, job creation, and future employment-generating development within the Wilson's Mills planning area.

For Town Use Only

Date Received: 9/21/2026 Case #: RZ-02-2026

Payment Amount: 1734.60 + 69.38 service fee Date Paid: 9/9/2026

Application Received by: Wendy Oldham

PB Date: 10/4/2026 Recommended _____ Denied _____

Site Posted Date: _____ Ad Run Dates: _____

Letters Mailed Date: _____ Hearing Called by TC on: _____

TC Date: _____ Approved _____ Denied _____

JOHNSTON COUNTY NORTH CAROLINA

*** DISCLAIMER ***

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



Scale: 1:14285 - 1 in. = 1190.39 feet

(The scale is only accurate when printed landscape on a 8 1/2 x 11 size sheet with no page scaling)

Johnston County GIS
September 25, 2026

Result 1

id:	17J07006C
Tag:	17J07006C
NCPin:	168600-38-3528
Mapsheet No:	1686
Owner Name 1:	POUNDS, WORTH M JR
Owner Name 2:	
Mail Address 1:	1899 STRICKLAND RD
Mail Address 2:	
Mail Address 3:	CLAYTON, NC 27520-4817
Site Address 1:	1935 STRICKLAND RD
Site Address 2:	CLAYTON, NC 27520-
Book:	06469
Page:	0981
Market Value:	1698710
Assessed Acreage:	49.230
Calc. Acreage:	49.230
Sales Price:	0
Sale Date:	2023-05-08
Township:	Wilson's Mills
Flood Panel:	3720168600 K | 2014-04-30
Water District:	Little Creek Water District
ETJ:	Wilsons Mills
City Limits:	Not Applicable
Town Zoning:	AG
County Zoning:	Not Applicable
OverLay Zoning:	Not Applicable
EMS District:	NVS
Fire District:	Wilsons Mills
Law District:	7
Census Tract:	409
Special Tax Districts:	Not Applicable
Voting District:	Wilson's Mills
US Congressional:	13
NC House District:	28
NC Senate District:	10
Commissioner Dist:	6
Benson Ward:	Not Applicable
Smithfield Ward:	Not Applicable

~~Temporary Shelter~~	~~P~~	~~P~~	~~P~~	~~P~~	~~P~~	~~P~~	~~P~~	~~P~~	~~P~~	~~P~~
~~Yard Sales (See Section 15.3)~~	~~PS~~	~~PS~~	~~PS~~	~~PS~~	~~PS~~	~~PS~~	~~PS~~	-	-	-

LAND USE TYPES:	AG	SFR	RMST	MS	CIV	MU	RMU	C-70	CP	VSR	IND
A. RESIDENTIAL											
Dwelling Unit-Accessory	PS	PS	PS	P	PS	PS	PS	-	-	-	-
Dwelling-Manufactured Home (Type 2 on Indivdual lot)	PS	PS	-	-	-	-	-	-	-	-	-
Dwelling- Multi-Family (apartment/Condominium)	-	-	PS	PS	PS	PS	PS	-	-	-	-
Dwelling- Single Family Attached (Townhome)	-	-	P	P	P	P	P	-	-	-	-
Dwelling- Single Family Detached	P	P	P	P	P	P	P	-	-	-	-
Dwelling- Two Family (Duplex)	-	P	P	P	P	P	P	-	-	-	-
Family Care Home	P	P	P	P	P	P	P	-	-	-	-
Group Care Facility	S	S	S	S	-	-	-	-	-	-	-
Manufactured Home Park (Type 1)	S	-	-	-	-	-	-	-	-	-	-
B. LODGING AND ACCOMODATIONS											
Bed and Breakfast	PS	-	PS	PS	PS	PS	PS	PS	-	-	-
Dormitories	-	-	-	-	PS	-	-	-	-	-	-
Room and Boarding House	-	S	-	S	S	-	S	-	-	-	-
Hotel or Motel	-	-	-	P	P	P	-	P	P	-	-
Short-Term Rentals	PS	PS	-	-	-	-	-	-	-	-	-
C. OFFICE AND SERVICES											
Banks,Credit Unions, Financial Services	-	-	-	PS	PS	PS	PS	P	P	-	-
Funeral Homes/Crematories	-	-	-	P	-	P	-	P	-	-	-
General Office Uses (Not specificslly listed)	-	-	-	P	P	P	P	P	P	-	-
General Offices Use (with screened outdoor storage)	-	-	-	-	-	-	-	PS	PS	PS	PS
Home Occupation	PS	PS	PS	PS	PS	PS	PS	-	-	-	-
Hospital	-	-	-	P	P	P	-	P	P	-	-
Medical/Dentsl or Related	-	-	-	P	P	P	P	P	P	-	-
Personal Care Service	-	-	-	P	P	P	P	P	-	-	-
Post Office	-	-	-	P	P	P	P	P	P	-	-
Professional Office/Service	-	-	-	P	P	P	P	P	P	-	-

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

Portable Storage Unit (See Temporary Use in Article 15)	-	-	-	-	-	-	-	-		-	P
Raceway (Go-cart, Motorcycle, Automobile)	-	-	-	-	-	-	--	-	-	-	-
Recreational Vehicle (RV) Park (Camping Establishments)	P	-	-	-	-	-	-	-	-	-	-
Restaurant	-	-	-	P	P	P	-	P	-	-	-
Retreat Center	P	-	P	P	P	-	-	P	P	-	-
Riding Stables	P	-	-	-	-	-	-	-	-	-	-
Shooting Range, Indoor	S	-	-	-	-	S	-	S	S	-	-
Shooting Range, Outdoor	S	-	-	-	-	-	-	-	-	-	-
Smoke & Tobacco Shop	-	-	-	P	-	P	-	P	-	-	-
Tattoo and/orBody Piercing Studio	-	-	-	-	-	P	-	P	-	-	-
Taxidermist	P	-	-	-	-	P	-	P	-	-	P
Temporary Construction Storage and/or Office(See Article 15)	PS	PS	PS	PS	PS	PS	PS	PS	PS	PS	PS
Theater, Indoor Movie or Live Performance	-	-	-	P	P	P	-	P	-	-	-
Truck Center, Truck Stop &/or Freight Terminal	-	-	-	-	-	-	-	-	-	-	S
Vehicle and Traailer Rental/Leasing (Rental Trucks)	-	-	-	-	-	-	-	-	-	P	P
E.MANUFACTURING, INDUSTRIAL & WHOLESALE TRADE											
Ammunition manufcturing, Small Arms	-	-	-	-	-	-	-	-	-	-	P
Asphalt Paving Plant	-	-	-	-	-	-	-	-	-	-	S
Battery Manufacturing	-	-	-	-	-	-	-	-	-	-	S
Beverage Products snd/or Bottling	-	-	-	-	-	-	-	S	S	-	P
Chemicals, Psint snd Allied product manufscturing	-	-	-	-	-	-	-	-	-	-	S
Concrete Plant	-	-	-	-	-	-	-	S	-	-	S
Foundries Producing Iron & Steel Products/Materials	-	-	-	-	-	-	-	-	-	--	S
Foods, Textiles andd Related Products		-	-	-	-	-	-	P	-	-	P
Hazardous Industrials, Hazardous Waste Storage, Treatment, Transportation or Disposal Faclities	-	-	-	-	-	-	-	-	-	-	S
Industrial Equipment /Commercial Machinery Manufacturing	-	-	-	-	-	-	-	-	-	-	S
Industry Uses, Heavy (not specifically listed) (see 10.1-39)	-	-	-	-	-	-	-	-	-	-	S
Industry Uses, Light (not specifically listed) (see 10.1-38)	-	-	-	-	-	-	-	PS	-	-	PS
Leather Manufacturing (including tanning)	-	-	-	-	-	-	-	-	-	-	S
Materials Recovery & Waste Transfer Facilities		-	-	-	-	-	-	S	-	-	S
Metal Processing	-	-	-	-	-	-	-	-	-	-	S
Mining, Extraction Operstions & Quarries	-	-	-	-	-	-	-	S	-	-	S
Petroleum Products Storage/Transfer Facility	-	-	-	-	-	-	-	-	-	-	S

Pharmaceutical Products	-	-	-	-	-	-	-	-	-	-	S
Rubber and Plaastic Manufacturing	-	-	-	-	-	-	-	-	-	-	S
Recycling Collection Stations	-	-	-	-	-	-	-	-	-	-	S
Sanitary Landfill	-	-	-	-	-	-	-	-	-	-	-
Sawmill	-	-	-	-	-	-	-	-	-	-	S
Soaps and Cosmetic Manufactkuring	-	-	-	-	-	-	-	-	-	-	S
Solid Waste Disposal (non-hazardous)	-	-	-	-	-	-	-	-	-	-	P
Storage, Self-Service	-	-	-	-	-	P	-	P	-	-	P
Textiles Manufacturing	-	-	-	-	-	-	-	-	-	-	S
Tire Recapping	-	-	-	-	-	-	-	-	-	-	S
Utility Equipment Storage Yard	-	-	-	-	-	-	-	-	-	-	S
Warehouse & Storage (outdoor)	-	-	-	-	-	S	-	S	-	-	P
Warehouse & Storage (indoor)	-	-	-	-	-	P	-	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
E.EDUCATION AND INSTITUTONS											
Business Associations, Non-pofits, Civic Clubs, Lodges	PS	-	-	PS	PS	PS	-	PS	PS	-	-
Assisted Living Facility	S	-	-	S	S	S	-	S	-	-	-
Cemetary 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	P	-	-
Library	-	-	-	P	P	-	P	-	P	-	-
Museum/Art Gallery	-	-	-	P	P	P	-	P	P	-	-
Public Administration/Civic Meeting Facilities	P	-	-	P	P	P	-	-	P	-	-
Public Safety Station	P	-	-	P	P	P	-	P	P	P	P
Parks, Sports, Recreation Facility (Indoor)	-	-	-	P	P	P	-	P	P	-	-
Parks, Sports, Recreation Facility (Outdoor)	PS	PS	PS	PS	PS	PS	-	PS	PS	-	-
Religious Institutions	PS	-	-	PS	PS	PS	-	-	-	-	-

School (elementary or secondary)	-	-	-	-	PS	-	-	-	-	-	-
School (vocational/technical/business)	-	-	-	P	P	P	-	P	P	-	-
Sports Arena/Stadium	-	-	-	P	P	P	-	P	-	-	-
Studio (art, dance, martial arts, music)	-	-	-	P	P	P	P	P	P	P	P
G.AGRICULTURE AND FORESTRY											
Agricultursl Based Business Facility	S	-	-	-	-	-	-	-	-	-	PS
Agricultursl Production (Crops Only)	P	-	-	-	-	-	-	-	-	-	-
Agricultural Production (Crops & Livestock)	P	-	-	-	-	-	-	-	-	-	-
Animsl Feeds	-	-	-	-	-	-	-	S	-	-	S
Equestrian Fscility	S	-	-	-	-	S	-	S	-	-	-
Farmers Msrket	P	-	-	P	P	P	-	P	-	-	-
Kennels/Pet Grooming (Indoor)	P	-	-	P	=	P	-	P	P	-	P
Kennels (Outdoor)	PS	-	-	-	-	-	-	PS	PS	-	PS
Nurseries and Garden Centers	P	P	P	P	P	PS	-	PS	-	-	-
H.COMMUNICATIONS, TRANSPORTATION & INFRASTRUCTURE											
Electrical Enegy Production	-	-	-	-	-	--	-	-	-	-	S
Rail Station	-	-	-	S	P	S	-	S	-	-	S
Water Treatment Plant		-	-	-	-	-	-	-	-	-	PS
Solar Energy System (Principal Use)	S	-	-	-	-	-	-	-	-	-	-
Utility Metering Station	PS	PS	PS	PS	PS	PS	PS	PS	PS	PS	PS
Utility Pumping Station	PS	PS	PS	PS	PS	PS	PS	PS	PS	PS	PS
Utility Substation	PS	PS	PS	PS	PS	PS	PS	PS	PS	PS	PS
Wastewater Treatment Plant	-	-	-	-	-	-	-	-	-	-	PS
Wireless Telecommunications Facility (microcell)	PS	PS	PS	PS	PS	PS	PS	PS	PS	PS	PS
Wireless Telecommunications Facility (concealed)	PS	PS	PS	PS	PS	PS	PS	PS	PS	PS	PS
Wireless Telecommunicstions Facility (co-located)	PS	PS	PS	PS	PS	PS	PS	PS	PS	PS	PS
Wireless Telecommunications Facility (tower)	PS	-	-	PS	S	PS	-	PS	PS	-	PS
I.OTHER											
Special Events 9See Article 15)											
Swimming Pools (Acessory Use)	P	P	P	P	P	P	P	P	-	-	-
Temporary Health Care Structures (See NCGS 160-D-915)	PS	PS	PS	PS	PS	PS	PS	PS	PS-	PS	PS
Temporary Shelter	P	P	P	P	P	P	P	P	P	P	P
Yard Sales (See Section 15.3)	PS	PS	PS	PS	PS	PS	PS	PS	-	-	-

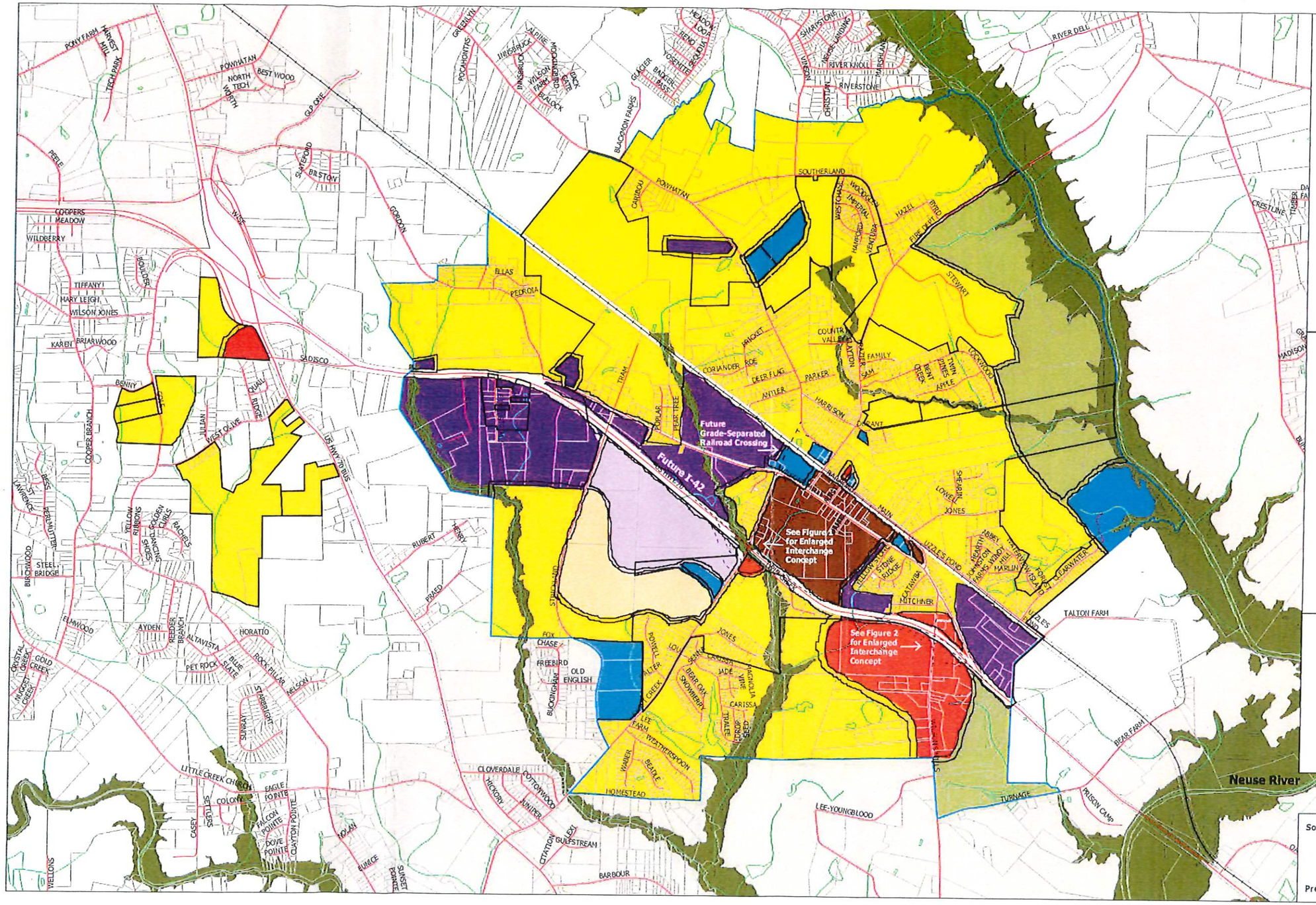
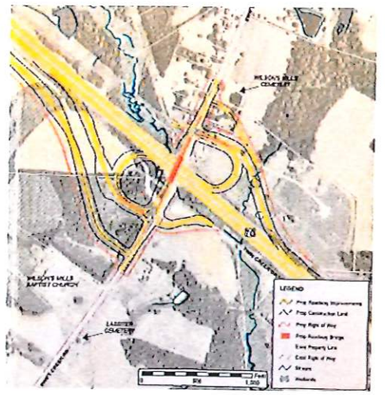


Figure 1: Enlarged Interchange Concept of US 70 / I-42 at Swift Creek Rd.



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.

Future Land Use Plan

Wilson's Mills, NC November 18, 2019

- Town Limits
- ETJ
- Wetlands Identified by USFWS
- Surrounding Municipal Jurisdictions
- Parcels
- 2018 Flood Zone
- Water / Rivers
- Roadways
- Railroad
- Civic
- Commercial
- Employment/Manufacturing
- Mixed Use
- Rural
- Single Family Neighborhood
- Town Center
- Transitional Neighborhood

Request for Planning Board Action

Agenda Item ____

TO: Jay Mouser and Planning Board Members
FROM: WENDY OLDHAM, CZO, PLANNING DIRECTOR
DATE: October 5, 2026 *(Tabled from August 24, 2026)*
RE: Special Use Permit to allow Multi-Unit Assisted Home in Town limits.

REQUEST SUMMARY	
CASE #:	SUP-02-2026
Applicant/Owner:	Beverly Rowland
LOCATION:	107 Endridge Lane
TAX ID:	17K07018I
SITE ACREAGE:	1.000
ZONING:	SFR-3
CURRENT USE:	Residential
REQUEST:	To allow Multi-Unit Assisted Home in Town limits.

SITE LOCATION



ORTHOPHOTO



RELEVANT SECTIONS FROM THE CODE

Goal 2: PLAN FOR GROWTH!

5.2.2.1 Objective 1: Harness the imminent southward expansion of the Triangle while managing growth within Wilson's Mills. Strategy 1: Encourage development first in areas where existing infrastructure and convenient proximity to Town services are already provided. The first wave of the Triangle's expanding business market into Wilson's Mills will be directed, through Town Plan 2040 - Comprehensive Land Use and Master Plan Town of Wilson's Mills, NC Page 35 application of the future land use plan and zoning map, to areas where utilities and services are already provided.

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.

5.2.10 Goal 10: FOSTER A FAMILY ORIENTED COMMUNITY! 5.2.10.1 Objective 1: Identify which barriers currently exist in Wilson's Mills that inhibit it from being a more family friendly community.

BACKGROUND

The owner has requested a Special Use Permit to allow Multi-Unit Assisted Home in Town limits. The name of this facility is Harper House of Hope # 3 and the purpose behind it is to prevent homelessness by providing resources as well as shelter.

STANDARDS FOR APPROVAL

Recommendation to the Planning Board will be based on the findings of facts listed below:

FINDINGS OF FACT

1. That the use of 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 will run safely and efficiently. The residents will provide stability, routine and access to necessary services, promoting the overall health, safety, and well-being of both residents and 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 Town of Wilson's Mills Development Ordinance and with all other applicable regulations. **Statement by applicant: The proposed Multi-Unit Assisted Housing with Services will comply will 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 of development is located, designed and proposed to be operated so as to not 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 number of 4 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 the 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.**

STAFF RECOMMENDATION

The staff recommends approval of the Special Use Permit, as the applicant has met all applicable conditions and has adequately addressed the required findings of fact. The only exception is the separation requirement, as the proposed use is located 300 feet closer than the required one-half-mile separation from other existing Multi-Unit Assisted Homes.

STATEMENT OF REASONABLENESS AND CONSISTENCY

The proposed Special Use Permit (SUP-02-2026) for a Multi-Unit Assisted Home serving disabled adults is consistent with the Town's Comprehensive Land Use Plan. The use aligns with the plan's goals to support inclusive, community-based residential services and is appropriate within the SFR-3 zoning district. The proposed Multi-Unit Assisted Home is a reasonable use that serves the public interest by providing necessary care and housing for adults with disabilities while remaining compatible with surrounding residential uses.

1. The request is consistent with the comprehensive land use plan and Unified Development Ordinances.
2. The proposed use is compatible with surrounding land uses and zoning classifications.
3. The request promotes orderly development and supports the health, safety, and general welfare of the community.

PLANNING BOARD ACTION OPTIONS FOR SPECIAL USE PERMIT SUP-02-2026

1. OPTION TO APPROVE:

Acknowledging that the applicant has met consistency and reasonableness for this request, I make a motion to **approve** SUP-02-2026 for Parcel ID: 17K07018I to allow a Multi-Unit Assisted Home in Town Limits. _____

2. OPTION TO APPROVE WITH CONDITIONS:

Acknowledging that the applicant has met consistency and reasonableness for this request, I make a motion to **approve** SUP-02-2026 for Parcel ID: 17K07018I to allow a Multi-Unit Assisted Home in Town Limits **with** the following **conditions**:

_____
_____
_____
_____

3. OPTION TO TABLE:

I make a motion to **table** SUP-02-2026 for Parcel ID: 17K07018I to allow a Multi-Unit Assisted Home in Town Limits for the following reasons:

_____
_____
_____
_____

4. OPTION TO DENY:

I make a motion to **deny** SUP-02-2026 for Parcel ID: 17K07018I to allow a Multi-Unit Assisted Home in Town Limits for the following reason(s):

_____
_____
_____
_____

Attachments:

- Special Use Permit Application
- Fire Inspection Report
- Harper House of Hope #3, LLC Disclosure Statement

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: 107 Endridge Lane Wilson's Mills NC 27527

Zoning District: SFR-3 Size of Property (acres): 1.000

Johnston Co. Tax PIN #: 17K07018I 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 State: NC Zip: 27593

Phone: 919-464-7161 Email: Bevshwbear@aol.com

Property Owner (if different from applicant):

Name: William Frazier JR. (Home owner)

Address: PO Box 6

City: Wilson's Mills State: NC Zip: 27593

Phone: 919-464-0971 Email: NA

SPECIAL USE PERMIT REQUEST:

Special Use Request (Proposed Land Use and Description):

See Attached

Proposed Conditions Offered by Applicant:

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.

Beverly Rowland — Applicant Printed Name

[signature] — Applicant Signature

7/7/2026 — Date

OWNER'S SIGNATURE:

I, William Frazier Sr., 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, 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.

William Frazier Jr. — Printed Name of Owner

[signature] — Signature of Owner

7-7-2026 — Date

FOR TOWN USE ONLY

Date Received: 7-7-2026 Case #: SUP-02-2026

Payment Amount: 500.00 Date Paid: _____

Application Received By: Cynthia Paul

PB Date: 8-3-2026 Recommended _____ Denied _____ → Tabled August 3rd and August 24th

TC Date: _____ Approved _____ Denied _____

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 Ordnance 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.

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

Organization/Facility Introduction and Information

Harper House of Hope #3
107 Endridge Lane
Wilson Mills, NC 27527
Telephone: (919) 464-7161
Bevshwbear@aolcom

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

Welcome

Welcome to Harper House of Hope, a Multi-Unit Housing organization that is located at l 07 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.

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.

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 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.

B. Limitations of services:

- 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.)

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

- 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.

Termination of Services Policy

- 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.

D. Resident Responsibilities G.S131D-2.5

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.

- 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.

HOUSE RULES

- 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.

E. Assessments:

Screening Procedures/Appeal(s) and Process

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.

- 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).

Screening Intake Admissions

Screening Application

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

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

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.

G. Emergency Response System:

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.

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

d. Johnston County Public Library: 305 E Market St, Smithfield, NC 27577
e. Johnston County Health Department: 517 N Brightleaf 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

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**

b. Semiprivate room beautifully furnished
Meal Plan (Breakfast, snacks)
Transportation (2) weekly
Wireless - Internet, Cable available **$1,500.00**

a. shared room beautifully furnished
Meal Plan (Breakfast, snacks)
Transportation (2) trips weekly
Wireless - Internet, Cable available **$1,200.00**

b. **Extra Amenities**

Extra transportation trips:	**$10.00** Per trip (local)
Extra Meals:	**$10.00** Per Meal
Extra Laundry	**$50.00**

*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.

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

J. Available Resources:
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.

Home Care Agencies:
a. Home Life Care: 101 S Webb St, Selma, NC 27576
b. Home Instead: 1327 N BrightleafBlvd 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

Resources:
a. Johnston County Department of Social Services: 714 North St, Smithfield, NC 27577. (919) 989-5300
b. Johnston County Health Department: 517 N Brightleaf 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. BrightleafBlvd, Smithfield, NC 27577 (919) 938-6400

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. Benny Revell Manager Dr. Beverly Parker 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 Enbridge Wilsons Mills NC PHONE #919-464-0971

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

	YES	NO	N/A
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.			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)			
• Houses licensed prior to 1976 must have a battery or electric smoke alarm installed outside every sleeping area.	X		
• 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.)		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 04/29/2026 STATUS: Approved X Not Approved _____

FIRE INSPECTOR: (Signature) ABP (Printed Name) A Bentley Powell

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

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

If Initial Licensure application must include the following information:

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

DHSR Inspector Name and Title _____ Phone No. _____

Any item marked NO on this form will not necessarily result in a non-approval of this home, depending on the various applicable Licensure Regulations. However, any form marked Not Approved will result in non-approval until the items marked are corrected and verified approved by the local Official.

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/acls

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

E-mail Address: bevshwbear@aol.com

1.

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:

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

[ ] Publicly Traded [X] Privately owned [ ] Other:_____

Name of the legal entity responsible for the financial and contractual obligations of the facility:_____

_____

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

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)

Total # of beds in all of the units listed above:_____4_____

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_____

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.

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

Title: Owner/Manager

Beverly Rowland Date:_____
Signature

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

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

For office Use Only

Fee Received_____

Date Received_____

Disclosure Received_____

Accept_____Denied_____

Request for Planning Board Action

Agenda Item ____

TO: Jay Mouser and Planning Board Members
FROM: WENDY OLDHAM, CZO, PLANNING DIRECTOR
DATE: October 5, 2026 *(Tabled from August 24, 2026)*
RE: Special Use Permit to allow Multi-Unit Assisted Home in Town limits.

REQUEST SUMMARY	
CASE #:	SUP-03-2026
Applicant/Owner:	Beverly Rowland
LOCATION:	177 Frazier Drive
TAX ID:	17K07007E
SITE ACREAGE:	0.440
ZONING:	SFR-3
CURRENT USE:	Residential
REQUEST:	To allow Multi-Unit Assisted Home in Town limits.

SITE LOCATION



ORTHOPHOTO



RELEVANT SECTIONS FROM THE CODE

Goal 2: PLAN FOR GROWTH!

5.2.2.1 Objective 1: Harness the imminent southward expansion of the Triangle while managing growth within Wilson's Mills. Strategy 1: Encourage development first in areas where existing infrastructure and convenient proximity to Town services are already provided. The first wave of the Triangle's expanding business market into Wilson's Mills will be directed, through Town Plan 2040 - Comprehensive Land Use and Master Plan Town of Wilson's Mills, NC Page 35 application of the future land use plan and zoning map, to areas where utilities and services are already provided.

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.

5.2.10 Goal 10: FOSTER A FAMILY ORIENTED COMMUNITY! 5.2.10.1 Objective 1: Identify which barriers currently exist in Wilson's Mills that inhibit it from being a more family friendly community.

BACKGROUND

The owner has requested a Special Use Permit to allow Multi-Unit Assisted Home in Town limits. The owner has requested a Special Use Permit to allow Multi-Unit Assisted Home in Town limits. The name of this facility is Harper House of Hope # 2 and the purpose behind it is to prevent homelessness by providing resources as well as shelter to people with mental disabilities.

STANDARDS FOR APPROVAL

Recommendation to the Planning Board will be based on the findings of facts listed below:

FINDINGS OF FACT

1. That the use of 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 will run safely and efficiently. The residents will provide stability, routine and access to necessary services, promoting the overall health, safety, and well-being of both residents and 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 Town of Wilson's Mills Development Ordinance and with all other applicable regulations. **Statement by applicant: The proposed Multi-Unit Assisted Housing with Services will comply will 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 of development is located, designed and proposed to be operated so as to not 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 number of 4 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 the 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.

STAFF RECOMMENDATION

The staff's recommendation is for approval of the Special Use Permit as the applicant has met all conditions and has sufficiently addressed the findings of fact.

PLANNING BOARD ACTION OPTIONS FOR SPECIAL USE PERMIT SUP-01-2026

1. OPTION TO APPROVE:

I make a motion to **approve** SUP-03-2026 for Parcel ID: 17K07007E to allow a Multi-Unit Assisted Home in Town Limits. _____

2. OPTION TO APPROVE WITH CONDITIONS:

I make a motion to **approve** SUP-03-2026 for Parcel ID: 17K07007E to allow a Multi-Unit Assisted Home in Town Limits **with** the following **conditions**:

_____
_____
_____
_____

3. OPTION TO TABLE:

I make a motion to **table** SUP-03-2026 for Parcel ID: 17K07007E to allow a Multi-Unit Assisted Home in Town Limits for the following reasons:

_____
_____
_____
_____

4. OPTION TO DENY:

I make a motion to **deny** SUP-03-2026 for Parcel ID: 17K07007E to allow a Multi-Unit Assisted Home in Town Limits for the following reason(s):

_____

_____

_____

_____

Attachments:

- Special Use Permit Application
- Fire Inspection Report
- Harper House of Hope #2 Disclosure Statement

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 Size of Property (acres): 0.440

Johnston Co. Tax PIN #: 17K07007E 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: Wilsons Mills State: NC Zip: 27593

Phone: 919-464-7161 Email: Bevshwbear@aol.com

Property Owner (if different from applicant):

Name: William Frazier JR. (Home owner)

Address: PO Box 16

City: Wilson's Mills State: NC Zip: 27593

Phone: 919-464-0971 Email: NA

SPECIAL USE PERMIT REQUEST:

Special Use Request (Proposed Land Use and Description):

Proposed Conditions Offered by Applicant:

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.

Beverly Rowland — Applicant Printed Name

Applicant Signature

7/7/2026 — Date

OWNER'S SIGNATURE:

I, William Frazier 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.

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.

William Frazier Jr. — Printed Name of Owner

William Frazier Jr. — Signature of Owner

7-7-2026 — Date

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 Paul

PB Date: 8-3-2026 Recommended _____ Denied _____ → Tabled August 3rd and August 24th

TC Date: _____ Approved _____ Denied _____

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 Ordnance 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.

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

NAME OF FACILITY Harper House of Hope 2 PERSON IN CHARGE William Frazier

STREET ADDRESS 177 Frazier Dr Wilsons Mills PHONE # 919-464-0971

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

	YES	NO	N/A
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.			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)			
• 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.	X		
• 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.)		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 04/29/2021 STATUS: Approved X Not Approved _____

FIRE INSPECTOR: (Signature) ABP (Printed Name) ABentley Powell

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

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

If Initial Licensure application must include the following information:

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

DHSR Inspector Name and Title _____ Phone No. _____

Any item marked NO on this form will not necessarily result in a non-approval of this home, depending on the various applicable Licensure Regulations. However, any form marked Not Approved will result in non-approval until the items marked are corrected and verified approved by the local Official.

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/acls

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 #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 of Hope
Other:
Facility Site Address: 177 Frazier Drive
City/State/Zip Code: Wilson's Mills, NC 27593 County: Johnston
Business Telephone Number (919) 205-1475 - (919) 464-7167 Fax Number:
Building Owner (if different from Registrant) William Frazier Sr.
Business Mailing Address 300 S. Sharpe St, Selma NC. 27576 (office)
E-mail Address BerShwBear@aol.com

1.

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 of Hope
177 Frazier Drive, Wilson's Mills, NC 27593

[ ] Publicly Traded [ ] Privately owned [ ] Other:_____

Name of the legal entity responsible for the financial and contractual obligations of the facility:_____

_____

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

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)

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

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: HC#6382 County Johnston

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.

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

Title: Owner / Manager

Beverly Bowland _____ Date:_____
Signature

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

Name: Dr. Beverly Bowland **Telephone Number:** 919 / 464-7161 **E-mail:** BevShawBear@aol.com

For office Use Only

Fee Received_____

Date Received_____

Disclosure Received_____

Accept_____ Denied_____

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

Organization/Facility Introduction and Information

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

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

Welcome

Welcome to Harper House of Hope, a Multi-Unit Housing organization that is located at l 77 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.

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.

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 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.

B. Limitations of services:

- 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.)

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

- 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.

Termination of Services Policy

- 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.

D. Resident Responsibilities G.S131D-2.5

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.

- 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.

HOUSE RULES

- 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.

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

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.

- 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).

Screening Intake Admissions
Screening Application

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

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

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.

G. Emergency Response System:

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.

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

d. Johnston County Public Library: 305 E Market St, Smithfield, NC 27577
e. Johnston County Health Department: 517 N Brightleaf 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

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**

b. Semiprivate room beautifully furnished
Meal Plan (Breakfast, snacks)
Transportation (2) weekly
Wireless - Internet, Cable available **$1,500.00**

a. shared room beautifully furnished
Meal Plan (Breakfast, snacks)
Transportation (2) trips weekly
Wireless - Internet, Cable available **$1,200.00**

b. **Extra Amenities**

Extra transportation trips:	**$10.00** Per trip (local)
Extra Meals:	**$10.00** Per Meal
Extra Laundry	**$50.00**

*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.

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

J. Available Resources:
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.

Home Care Agencies:
a. Home Life Care: 101 S Webb St, Selma, NC 27576
b. Home Instead: 1327 N BrightleafBlvd 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

Resources:
a. Johnston County Department of Social Services: 714 North St, Smithfield, NC 27577. (919) 989-5300
b. Johnston County Health Department: 517 N Brightleaf 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. BrightleafBlvd, Smithfield, NC 27577 (919) 938-6400

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 Rackley Manager Dr. Beverly Rackley Date 4/2/26