





# Development SERVICES

FIRE • INSPECTIONS • PLANNING  
PUBLIC UTILITIES • PUBLIC WORKS

map name 078516  
O.I. 1  
Neuse watershed  
Drainage  
House  
Richland

**Customer Service Center**  
One Exchange Plaza, Suite 400  
Raleigh, North Carolina 27601  
Phone 919-516-2495  
Fax 919-516-2685

CAC - Northwest

SP 6-11

## Preliminary Development Plan Application

When submitting plans, please check appropriate review type and include the Plan Checklist document.

Preliminary Approvals		FOR OFFICE USE ONLY
<input checked="" type="checkbox"/> Site Plans for Planning Commission or City Council <input type="checkbox"/> Preliminary Administrative Site Plans <input type="checkbox"/> Group Housing * <input type="checkbox"/> Multifamily (Infill)*	<input type="checkbox"/> Subdivision* <input type="checkbox"/> Infill Subdivision* <input type="checkbox"/> Cluster Subdivision <input type="checkbox"/> Expedited Subdivision Review	Transaction Number  29 3313
* May require Planning Commission or City Council Approval		

### Section A

### GENERAL INFORMATION

Development Name : Rex Hospital - Master Plan Implementation

Proposed Use : Hospital (Expansion)

Property Address(es) : 4420 Lake Boone Trail

Wake County Property Identification Number(s) for each parcel to which these guidelines will apply:

P.I.N. 0785822820

P.I.N.

P.I.N.

P.I.N.

What is your project type?

- Apartment  Banks  Elderly Facilities  Hospitals  Hotels/Motels  Industrial Building  Mixed Residential  
 Non-Residential Condo  Office  Religious Institutions  Residential Condo  Retail  School  Shopping Center  
 Single Family  Telecommunication Tower  Townhouse  Other: If other, please describe:

<b>PRELIMINARY ADMINISTRATIVE REVIEW</b>	Per City Code Section 10-2132.2, summarize the reason(s) this plan can be reviewed administratively <u>not</u> requiring Planning Commission or City Council approval.
<b>PLANNING COMMISSION OR CITY COUNCIL REVIEW</b>	Per City Code Section 10-2132.2, summarize the reason(s) this plan requires Planning Commission or City Council Preliminary Approval. This development consists of an expansion program of greater than 25,000sf and is located within 400' of residential district or lot line containing residential dwelling(s). Therefore, this application will require preliminary approval by the Planning Commission.
<b>CLIENT (Owner or Developer)</b>	Company : Rex UNC Healthcare
	Name (s) : Bob Field
	Address : 4420 Lake Boone Trail, Raleigh, NC 27607
	Phone : (919) 784-3303      Email : bob.field@rexhealth.com      Fax : (919) 784-3407
<b>CONSULTANT (Contact Person for Plans)</b>	Company : Kimley-Horn and Associates, Inc.
	Name (s) : Richard Brown
	Address : 333 Fayetteville Street, Suite 600, Raleigh, NC 27601

**DEVELOPMENT TYPE & SITE DATA TABLE (Applicable to all developments)**

Has your project previously been through the pre-submittal process? If yes, provide the transaction #

Zoning Information	Building Information
Zoning District(s) O&I-1	Proposed building use(s) Hospital (expansion)
If more than one district, provide the acreage of each	Existing Building(s) sq. ft. gross 1,386,593 sf
Overlay District N/A	Proposed Building(s) sq. ft. gross 187,220 sf
Total Site Acres 61.15 Inside City Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Total sq. ft. gross (existing & proposed) 1,573,813 sf
Off street parking Required 30 (new) Provided 200	Proposed height of building(s) 108' (includes future expansion)
COA (Certificate of Appropriateness) case #	FAR (floor area ratio percentage) 0.63
BOA (Board of Adjustment) case # A-	Building Lot Coverage percentage 24.35% (site plans only)
CUD (Conditional Use District) case # Z-	

**Stormwater Information**

Existing Impervious Surface 39.821/1,734,591 acres/square feet	Flood Hazard Area <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Proposed Impervious Surface 40.753/1,775,220 acres/square feet	<b>If Yes, please provide</b>
Neuse River Buffer <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Wetlands <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Alluvial Soils Flood Study FEMA Map Panel #

**CONFORMITY WITH THE COMPREHENSIVE PLAN (Applicable to all developments)**

Provide a description of how your plan conforms to the guidelines of the Comprehensive Plan 2030

This expansion program is consistent with the City Comprehensive Plan 2030 in the following ways:

- Land Use Map: Land Use and facilities include large private hospitals and medical complexes
- Growth Framework: Adjacent to a City growth center; proposed higher density/Commercial development
- Multi-modal Corridor: Maintains and promotes high level of transit service (bus stops and shelters);

**FOR SUBDIVISIONS, MULTIFAMILY OR GROUP HOUSING PROJECTS ONLY**

1. Total # Of Townhouse Lots Detached Attached	9. Total number of commercial lots?
2. Total # Of Apartment Or Condominium Units	10. Is your project a cluster unit development? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Total # Of Congregate Care Or Life Care Dwelling Units	<b>If Yes, please answer the questions below:</b> a) Minimum Lot Size b) Total # Of Open Space Lots c) Total # Of Phases d) Perimeter Protective Yards Provided e) Must provide open space quotient per City Code 10-3071(5)
4. Total # Of Mobile Home Lots	
5. Overall Total # Of Dwelling Units (1-5 Above)	
6. Bedroom Units 1br 2br 3br 4br or more	
7. Overall Unit(s)/Acre Densities Per Zoning District(s)	
8. If your project is an infill subdivision, provide the infill calculations per City Code 10-3032 on the front cover of your drawing sets	

**SIGNATURE BLOCK (Applicable to all developments)**

In filing this plan as the property owner(s), I/we do hereby agree and firmly bind ourselves, my/our heirs, executors, administrators, successors and assigns jointly and severally to construct all improvements and make all dedications as shown on this proposed subdivision plan as approved by the City.

I hereby designate KIMLEY - HORN AND ASSOCIATES to serve as my agent regarding this application, to receive and respond to administrative comments, to resubmit plans on my behalf and to represent me in any public meeting regarding this application.

I/we have read, acknowledge and affirm that this project is conforming to all applicable requirements applicable with the proposed development use.

Signed \_\_\_\_\_  
Signed Bob Field

Date \_\_\_\_\_  
Date 1/27/2011

Section B		TO BE COMPLETED BY APPLICANT		TO BE COMPLETED BY CITY STAFF		
		YES	N/A	YES	NO	N/A
<b>General Requirements</b>						
1. Filing Fee for Plan Review – Payments may be made by cash, Visa, Master Card or check made payable to: City of Raleigh	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			
2. <b>Preliminary Development Plan Application</b> completed and signed by the property owner	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			
3. Client must print page 1 and 2 of the <b>Preliminary Development Plan Application</b> to the plan cover sheet	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			
4. I have referenced the <b>Preliminary Development Plan Checklist</b> and by using this as a guide, it will ensure that I receive a complete and thorough first review by the City of Raleigh	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			
5. Provide the following plan sheets:	<input type="checkbox"/>					
a) Cover sheet: includes general notes, owner's name, contact's name, telephone number, mailing address and email address	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			
b) Existing Conditions Sheet	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			
c) Proposed Site or Subdivision Plan	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			
d) Proposed Grading and Stormwater Plan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
e) Proposed Utility Plan, including Fire	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
f) Proposed Tree Conservation Plan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
g) Proposed Landscaping Plan (Landscape Plan not required for commercial subdivisions)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
h) Building elevations that show maximum height from natural and finished grade, buildings to be removed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
6. Ten (10) sets of proposed plans to engineering scale (1" = 20', 1" = 100', etc.), and date of preparation. For re-submittals only – include all revision dates	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			
7. Plan size 18"x24" or 24"x36"	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			
8. A vicinity map no smaller/less than 1"=500' and no larger than 1"=1000' to the inch, showing the position of the subdivision with its relation to surrounding streets and properties, and oriented in the same direction as the preliminary plan	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			
9. Include sheet index and legend defining all symbols with true north arrow, with north being at the top of the map	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			
10. Digital copy of only the site plan and elevations. The purpose of this image is to illustrate the basic character of the preliminary plan. It should contain only such basic information as: building outline, landscaping, parking and drives, stormwater facilities, and lot boundary. The digital image should be provided in the form of .pdf on a CD. If the plan was not digitally created, provide an 8 ½" x 11" reduction of the plan. Label the CD with the plan name, case file number, and indicate how many times the plan has been resubmitted for review	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			
11. Wake County School Form, if dwelling units are proposed	<input type="checkbox"/>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>
12. Preliminary stormwater quantity and quality summary and calculations package	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
13. For secondary tree conservation areas, include two (2) copies of the tree cover report completed by a certified arborist, North Carolina licensed landscape architect, or North Carolina registered forester	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			

