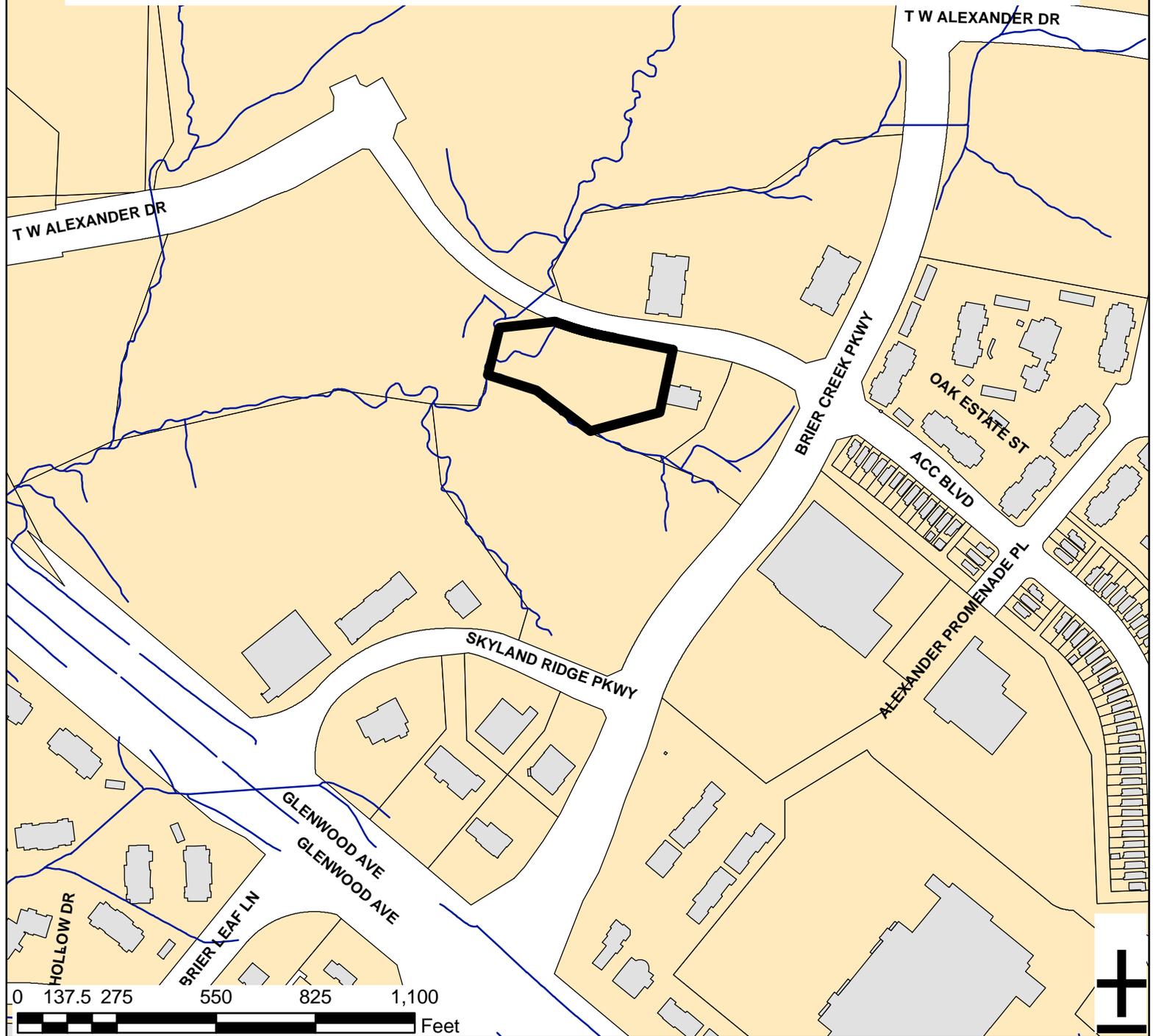


TRIANGLE SURGICAL CENTER SP-4-2012



Zoning: **TD-CUD, W/SHOD-1**
CAC: **NORTHWEST**
Drainage: **LITTLE BRIAR**
Basin:
Acreage: **2.32**

Number of Lots:
Planner:
Phone:
Applicant Contact:
Phone:

0
JAMES MARAPOTI
(919) 516-2642
JOHN EDWARDS & CO.
(919) 828-4428



Development SERVICES

FIRE • INSPECTIONS • PLANNING
PUBLIC UTILITIES • PUBLIC WORKS

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

Preliminary Development Plan Application

SP-4-12

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"/> Infill Recombination* <input type="checkbox"/> Cluster Subdivision <input type="checkbox"/> Expedited Subdivision Review	Transaction Number 323400
* May require Planning Commission or City Council Approval		

Section A

GENERAL INFORMATION

Development Name TRIANGLE SURGICAL CENTER

Proposed Use 11,040 SF MEDICAL OFFICE AND SURGERY CENTER

Property Address(es) 7921 ACC BLVD

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

P.I.N. 0768488788	P.I.N.	P.I.N.	P.I.N.
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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:

PRELIMINARY ADMINISTRATIVE REVIEW
Per City Code Section 10-2132.2, summarize the reason(s) this plan can be reviewed administratively not requiring Planning Commission or City Council approval.

PLANNING COMMISSION OR CITY COUNCIL REVIEW
Per City Code Section 10-2132.2, summarize the reason(s) this plan requires Planning Commission or City Council Preliminary Approval. Proposed use exceeds MP-1-00 Land Use Table

CLIENT (Owner or Developer)

Company Grubb Healthcare
 Name (s) Dan Schumacher
 Address 4500 Cameron Valley Parkway, Suite 350, Charlotte, NC, 28111
 Phone 704-362-5000 Email dschumacher@grubbproperties.com Fax 704-372-9882

CONSULTANT (Contact Person for Plans)

Company John A. Edwards and Company
 Name (s) Jon Callahan
 Address 333 Wade Ave, Raleigh, NC 27605
 Phone 919-828-4428 Email jon_callahan@jaeco.com Fax 919-828-4711

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) TD PDD	Proposed building use(s) Medical Office and Surgery Center
If more than one district, provide the acreage of each	Existing Building(s) sq. ft. gross
Overlay District	Proposed Building(s) sq. ft. gross 11,040 sf
Total Site Acres 2.32 ac Inside City Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Total sq. ft. gross (existing & proposed) 11,040 sf
Off street parking Required 12 Provided 50	Proposed height of building(s) 27'
COA (Certificate of Appropriateness) case #	FAR (floor area ratio percentage) 10.9%
BOA (Board of Adjustment) case # A-	Building Lot Coverage percentage 10.9% (site plans only)
CUD (Conditional Use District) case # Z-58-00	

Stormwater Information

Existing Impervious Surface 0.51 ac acres/square feet	Flood Hazard Area <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Proposed Impervious Surface 0.85 ac acres/square feet	If Yes, please provide Alluvial Soils Flood Study 348 FEMA Map Panel #
Neuse River Buffer <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Wetlands <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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. The Comprehensive Plan calls for the site to be in the Regional Mixed Use area. The proposed use of medical office is consistent with a mixed use project and is defined as an allowable use in the master plan for Alexander Place, MP-1-00.

FOR SUBDIVISIONS, MULTIFAMILY OR GROUP HOUSING PROJECTS ONLY

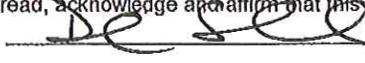
1. Total # Of Townhouse Lots Detached Attached	11. Total number of Open Space (only) lots
2. Total # Of Single Family Lots	12. Total number of all lots
3. Total # Of Apartment Or Condominium Units	13. Is your project a cluster unit development? <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Total # Of Congregate Care Or Life Care Dwelling Units	If Yes, please answer the questions below: a) Total number of Townhouse Lots b) Total number of Single Family Lots c) Total number of Group Housing Units d) Total number of Open Space Lots e) Minimum Lot Size f) Total Number of Phases g) Perimeter Protective Yard Provided <input type="checkbox"/> Yes <input type="checkbox"/> No h) Must provide open space quotient per City Code 10-3071 (5)
5. Total # Of Mobile Home Lots	
6. Total Number of Hotel Units	
7. Overall Total # Of Dwelling Units (1-6 Above)	
8. Bedroom Units 1br 2br 3br 4br or more	
9. Overall Unit(s)/Acre Densities Per Zoning District(s)	
10. 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 John A. Edwards and Company, _____ 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 application requirements applicable with the proposed development use.

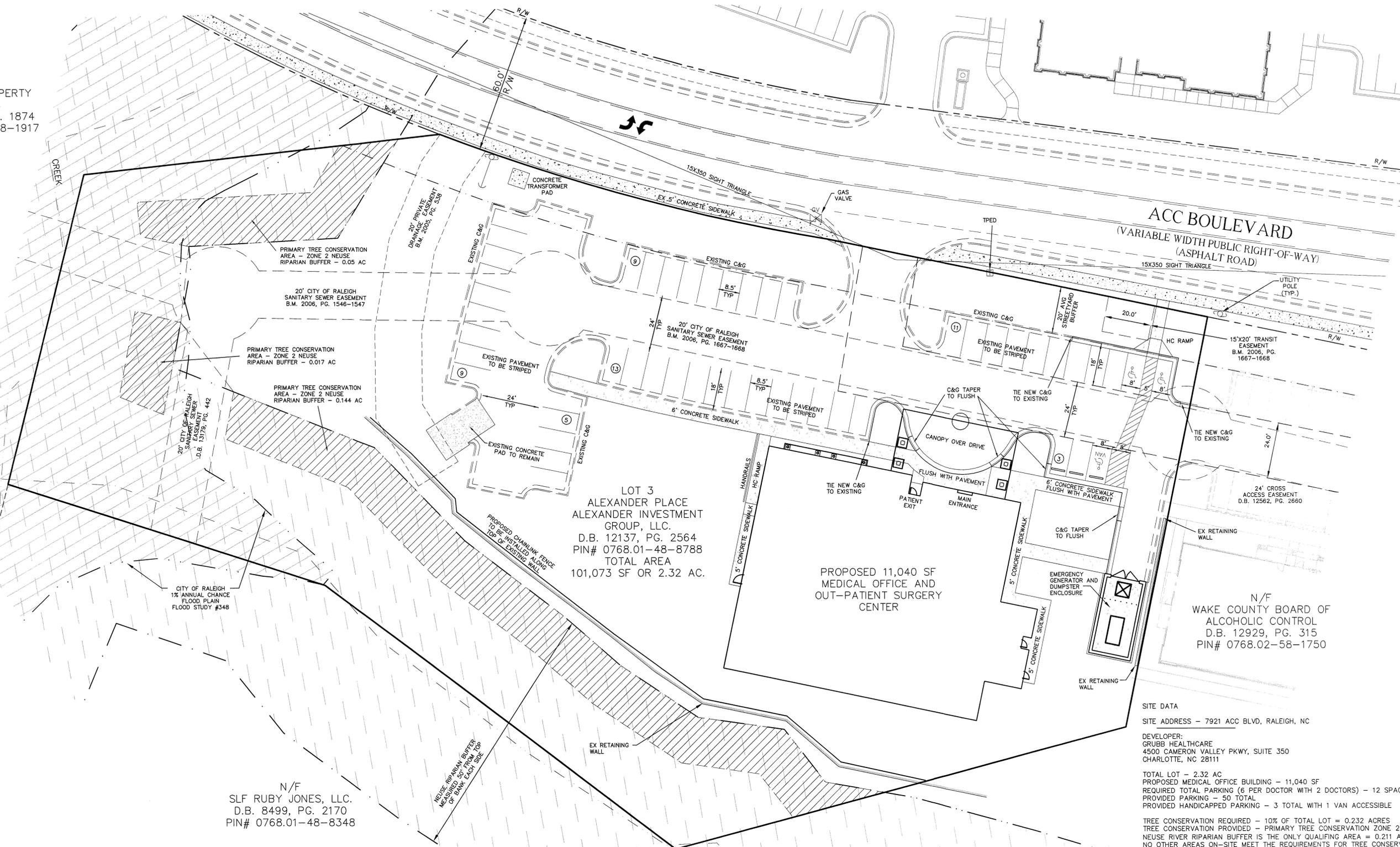
Signed  DANIEL SCHUMACHER Date 1/23/12
 Signed _____ Date _____

Section B

	TO BE COMPLETED BY APPLICANT		TO BE COMPLETED BY CITY STAFF		
	YES	N/A	YES	NO	N/A
General Requirements					
1. Filing Fee for Plan Review – Payments may be made by cash, Visa, Master Card or check made payable to: City of Raleigh (No fee for Infill recombination)	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	
2. Preliminary Development Plan Application completed and signed by the property owner	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	
3. Client must complete and print page 1 and 2 of the Preliminary Development Plan Application to the plan cover sheet (not applicable for infill recombination)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	
4. I have referenced the Preliminary Development Plan Checklist 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 checked="" type="checkbox"/>			<input checked="" 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 type="checkbox"/>		<input checked="" type="checkbox"/>	
c) Proposed Site, Subdivision Plan, or Recombination 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 plan and elevations, if applicable. 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 1/2" 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 type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	

N/F
WAKEMED PROPERTY
SERVICES
D.B. 13975, PG. 1874
PIN# 0768.01-48-1917

MB 2004, PG 517



LOT 3
ALEXANDER PLACE
ALEXANDER INVESTMENT
GROUP, LLC.
D.B. 12137, PG. 2564
PIN# 0768.01-48-8788
TOTAL AREA
101,073 SF OR 2.32 AC.

PROPOSED 11,040 SF
MEDICAL OFFICE AND
OUT-PATIENT SURGERY
CENTER

N/F
SLF RUBY JONES, LLC.
D.B. 8499, PG. 2170
PIN# 0768.01-48-8348

N/F
WAKE COUNTY BOARD OF
ALCOHOLIC CONTROL
D.B. 12929, PG. 315
PIN# 0768.02-58-1750

SITE DATA
SITE ADDRESS - 7921 ACC BLVD, RALEIGH, NC
DEVELOPER:
GRUBB HEALTHCARE
4500 CAMERON VALLEY PKWY, SUITE 350
CHARLOTTE, NC 28111
TOTAL LOT - 2.32 AC
PROPOSED MEDICAL OFFICE BUILDING - 11,040 SF
REQUIRED TOTAL PARKING (6 PER DOCTOR WITH 2 DOCTORS) - 12 SPACES
PROVIDED PARKING - 50 TOTAL
PROVIDED HANDICAPPED PARKING - 3 TOTAL WITH 1 VAN ACCESSIBLE
TREE CONSERVATION REQUIRED - 10% OF TOTAL LOT = 0.232 ACRES
TREE CONSERVATION PROVIDED - PRIMARY TREE CONSERVATION ZONE 2
NEUSE RIVER RIPARIAN BUFFER IS THE ONLY QUALIFYING AREA = 0.211 ACRES (9.09%)
NO OTHER AREAS ON-SITE MEET THE REQUIREMENTS FOR TREE CONSERVATION

ALL MATERIALS AND CONSTRUCTION STANDARDS
TO BE IN ACCORDANCE WITH CITY OF RALEIGH
STANDARDS AND SPECIFICATIONS.
HANDICAP RAMPS TO BE CONSTRUCTED AT ALL
INTERSECTIONS IN ACCORDANCE WITH CITY OF
RALEIGH STANDARDS AND ADA SPECIFICATIONS.
FIRE HYDRANTS & WATER METERS SHALL BE
LOCATED WITHIN STREET R/W

TRANSPORTATION NOTES:
1. RIGHT-OF-WAY SHALL BE CLEARED AND GRUBBED WITHIN 50 FEET OF ALL RESIDENTIAL OR RESIDENTIAL COLLECTOR INTERSECTIONS. RIGHT-OF-WAY SHALL BE CLEARED AND GRUBBED WITHIN 100 FEET OF ALL OTHER STREET INTERSECTIONS.
2. HANDICAPPED RAMPS TO BE CONSTRUCTED AT ALL INTERSECTIONS IN ACCORDANCE WITH CITY OF RALEIGH ENGINEERING STANDARD DETAIL 20.11.
3. SIGHT TRIANGLES TO BE LOCATED AT ALL INTERSECTIONS IN ACCORDANCE WITH CITY OF RALEIGH STANDARDS. AREAS WHERE SIGHT TRIANGLE ARE LOCATED OUTSIDE THE RIGHT-OF-WAY SHALL BE RECORDED AS SIGHT EASEMENTS. FINAL LAYOUT OF SIGHT TRIANGLES TO BE APPROVED WITH CONSTRUCTION DRAWINGS.
4. NO SIGHT OBSTRUCTING OR PARTIALLY OBSTRUCTING WALL, FENCE, FOLIAGE, BERM, PARKED VEHICLES, SIGN OR OTHER OBJECTS BETWEEN THE HEIGHTS OF 2 FEET AND 8 FEET ABOVE THE CURB LINE ELEVATION, OR NEAREST TRAVELED WAY IF NO CURBING EXISTS, SHALL BE PLACED WITHIN A SIGHT TRIANGLE.
5. ALL STREET SECTIONS SHALL MEET OR EXCEED SPECIFICATIONS DETAILED IN CITY OF RALEIGH ENGINEERING STANDARD 20.31.
6. ALL STREETS AND RIGHT-OF-WAYS WITHIN AND ADJACENT TO THE PROJECT ARE CONSISTANT WITH THE RALEIGH COMPREHENSIVE PLAN WITH REGARD TO PROPOSED ROADWAY LOCATIONS AND RIGHT-OF-WAY REQUIREMENTS.
7. TURNOUT RADII TO BE MINIMUM OF 35' AT ALL PUBLIC STREET INTERSECTIONS. DRIVEWAY TURNOUTS TO BE A MINIMUM OF 28'.

- LEGEND**
- EIP EXISTING IRON PIPE
 - R/W RIGHT OF WAY
 - HC Handicapped
 - DI - Drop Inlet
 - CO - Sanitary Sewer Cleanout
 - FH - Fire Hydrant
 - WV - Water Valve
 - CB - Catch Basin
 - Power Pole
 - Power MH
 - Traffic Signal Box
 - Water Meter
 - Sanitary Sewer Manhole
 - Storm Drainage Manhole



DATE	REVISION	BY

JOHN A. EDWARDS & COMPANY
Consulting Engineers
NC License F-0289
333 Wade Ave., Raleigh, N.C. 27605
Phone: (919) 828-4428
Fax: (919) 828-4711
E-mail: info@jaeco.com

SCALE:	DATE:
1" = 20'	1/20/12
FILE NO:	CHECKED BY:
SITEPLAN	JAE, JR.

RALEIGH WAKE COUNTY NORTH CAROLINA
TRIANGLE SURGICAL CENTER
7921 ACC BLVD
PRELIMINARY SITE PLAN

SHEET
C-1

