

LEARNING SERVICES SP-41-2012



Zoning: **R-6, CUD**
CAC: **Southeast**
Drainage Basin: **Crabtree Basin**
Acreage: **5.66**

Number of Lots: **0**
Planner: **Meade Bradshaw**
Phone: **(919) 516-2664**
Applicant Contact: **Baker Engineering**
Phone: **(919) 417-3484**



Planning & Development

SP-41-12

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-41-2012

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 342615
* May require Planning Commission or City Council Approval		

Section A

GENERAL INFORMATION

Development Name **Learning Services**

Proposed Use **Special Care Facility and Rest Home**

Property Address(es) **430 N. Rogers Lane**

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

P.I.N. 1733582516 2963	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: Rest Home, Special Care Facility

PRELIMINARY ADMINISTRATIVE REVIEW	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. N/A
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. See Attached
CLIENT (Owner or Developer)	Company Rogers Lane, LLC
	Name (s) David Carter
	Address 10 Speen Street, Suite 4, Framingham, MA 01701
	Phone 508-202-4860 Email dcarter@barberryhomes.com Fax
CONSULTANT (Contact Person for Plans)	Company Baker Engineering Consultants, Inc.
	Name (s) Rick Baker
	Address 605 Adams Street, Raleigh, NC 27605
	Phone 919-417-3484 Email rbaker@bakerenginc.com Fax

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

Has your project previously been through the pre-submittal process? If yes, provide the transaction # **314612**

Zoning Information	Building Information
Zoning District(s) R-6 CUD	Proposed building use(s) Special Care Facility and Rest Home
If more than one district, provide the acreage of each n/a	Existing Building(s) sq. ft. gross 0 sf
Overlay District n/a	Proposed Building(s) sq. ft. gross 30,000 sf ^{1 bldg} (5 Bldgs, 6,000 sf each)
Total Site Acres 5.66 Inside City Limits <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Total sq. ft. gross (existing & proposed) 30,000 sf
Off street parking Required 36 Provided 40	Proposed height of building(s) SP Care 18' 9", Rest Home 28' 5"
COA (Certificate of Appropriateness) case #	FAR (floor area ratio percentage) 12.2%
BOA (Board of Adjustment) case # A-5-12	Building Lot Coverage percentage 12.2% (site plans only)
CUD (Conditional Use District) case # Z-05-11	

Stormwater Information

Existing Impervious Surface 10,703 sf acres/square feet	Flood Hazard Area <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Proposed Impervious Surface acres/square feet	If Yes, please provide
Neuse River Buffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Wetlands <input type="checkbox"/> Yes <input checked="" 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 **See Attached**

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 checked="" 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 checked="" 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 Rick Baker 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.

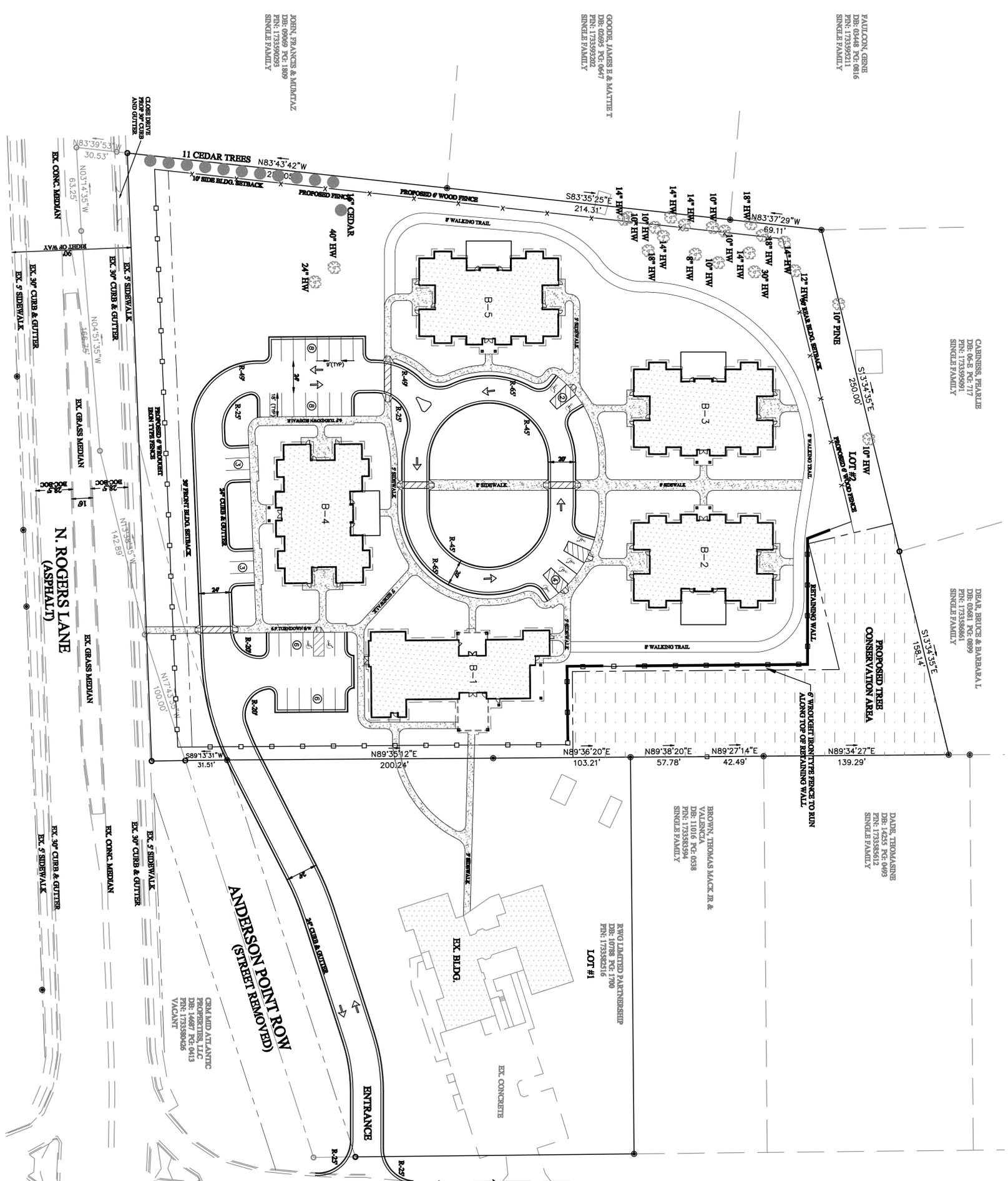
I/we have read, acknowledge and affirm that this project is conforming to all application requirements applicable with the proposed development use.

Signed [Signature] Date 8/30/12

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"/>		✓		
2. Preliminary Development Plan Application completed and signed by the property owner	<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"/>			
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"/>				
5. Provide the following plan sheets:	<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"/>		✓		
b) Existing Conditions Sheet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	✓		
c) Proposed Site, Subdivision Plan, or Recombination Plan	<input checked="" type="checkbox"/>		✓		
d) Proposed Grading and Stormwater Plan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	✓		
e) Proposed Utility Plan, including Fire	<input checked="" type="checkbox"/>	<input type="checkbox"/>	✓		
f) Proposed Tree Conservation Plan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	✓		
g) Proposed Landscaping Plan (Landscape Plan not required for commercial subdivisions)	<input checked="" type="checkbox"/>	<input 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"/>	✓		
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 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"/>		✓		
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. 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"/>				✓
11. Wake County School Form, if dwelling units are proposed	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
12. Preliminary stormwater quantity and quality summary and calculations package	<input checked="" type="checkbox"/>	<input 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"/>			

SITE PLAN FOR SPECIAL CARE FACILITY - BUILDING B-1



PROPOSED USE		SPECIAL CARE FACILITY/ REST HOME
PN # LOT 1	173392316	
PN # LOT 2	173392368	
ZONING LOT 1	R-4	
ZONING LOT 2	R-4-CDD	
TOTAL AREA LOT 1	1.70 AC	
EX. AREA LOT 2	5.81 AC	
ROW TO BE DEDICATED LOT 2	0.29 AC	
ROW TO BE ABANDONED LOT 2	0.06 AC	
TOTAL NET AREA LOT 2	5.478 AC	
BUILDING SETBACKS (R-4)		
FRONT	30 ft.	
REAR	30 ft.	
SIDE	10 ft.	
USFS (R-4-CDD)		
SPECIAL CARE FACILITY	51 BENCHMARKS	
BUILDING B-1		
REST HOME	96 MAX RESIDENTS	
BUILDINGS B-2, B-3, B-4 AND B-5		
PARKING (R-4-CDD)		
REQUIRED PARKING	96 SPACES	
SPECIAL CARE FACILITY		
SPACES / BENCHMARKS	51 BENCHMARKS + 1 SPACES / STAFF X 2.5 STAFF	
REST ROOMS	12 SPACES	
1 SERVICE / 3 BENS X 36 BENS + 1 SERVICE / 300 SF STAFF AREA X 1200 SF		
+ 24 SPACES		
PROPOSED PARKING	40 SPACES (4 SVC SPACES)	
EXISTING IMPROVEMENTS		
	15,786 sq. ft. = 0.363 AC LOT 1W	
	10,709 sq. ft. = 0.246 AC LOT 2W	

BAKER ENGINEERING CONSULTANTS, INC.
Consulting Engineers
 605 ADAMS STREET
 RALEIGH, NORTH CAROLINA 27605
 TELEPHONE: (919) 417-3484

PRELIMINARY SITE PLAN
LEARNING SERVICES
430 N. ROGERS LANE
RALEIGH, NC

NO.	REVISION	DATE
1		

DATE: 09/04/12
 DRAWN: RWB
 SHEET: C3.0



JOHN, BRANSON & MONTALZ
 DB: 08099 PG: 1809
 PIN: 173390029
 SINGLE FAMILY

GOODR, JAMES B & MANTTE T
 DB: 08099 PG: 1809
 PIN: 173390029
 SINGLE FAMILY

FAULCON, GENE
 DB: 08448 PG: 0816
 PIN: 173399211
 SINGLE FAMILY

CARRISS, PEARLIE
 DB: 08431 PG: 1717
 PIN: 173398299
 SINGLE FAMILY

DEAN, BRUCE & BARBARA L
 DB: 08081 PG: 0899
 PIN: 173398299
 SINGLE FAMILY

DARR, THOMASINE
 DB: 16455 PG: 0699
 PIN: 173398612
 SINGLE FAMILY

BROWN, THOMAS MACK JR &
 Y
 DB: 11016 PG: 0538
 PIN: 173398594
 SINGLE FAMILY

EVIG LIMITED PARTNERSHIP
 DB: 10388 PG: 0700
 PIN: 173398514
 VACANT

CHM AND ATLANTIC
 PROPERTIES, LLC
 DB: 14607 PG: 0413
 PIN: 173398266
 VACANT