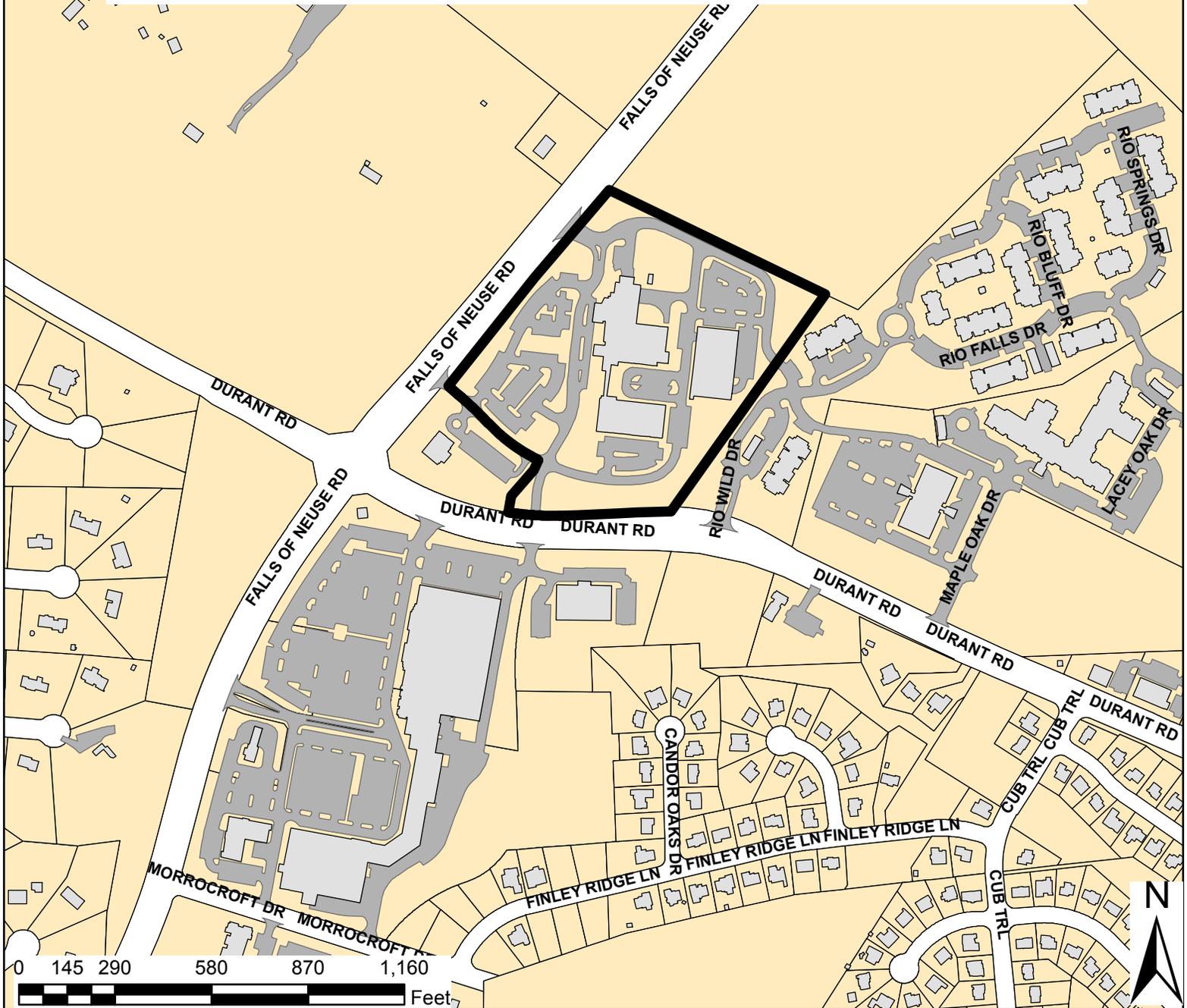


WAKEMED NORTH HEALTHPLEX ADDITION SP-12-2013



Zoning: **O&I-1 CUD**
CAC: **North**
Drainage Basin: **Perry Creek**
Acreage: **8.62**

Number of Lots: **0**
Planner:
Phone:
Applicant Contact:
Phone:

Meade Bradshaw
(919) 996-2664
Cole Jenest & Stone
(919) 645-5965



Planning & Development

Customer Service Center

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

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"/> Infill Recombination* <input type="checkbox"/> Cluster Subdivision <input type="checkbox"/> Expedited Subdivision Review	Transaction Number <i>358968</i>	
* May require Planning Commission or City Council Approval			
Section A <i>SP-1512</i> <i>New-SP-12.13</i>			
GENERAL INFORMATION			
Development Name: WakeMed North Healthplex Addition			
Proposed Use: Hospital Expansion			
Property Address(es): 10000 Falls of Neuse Road, Raleigh, NC 27614			
Wake County Property Identification Number(s) for each parcel to which these guidelines will apply:			
P.I.N. 1718952829	P.I.N.	P.I.N.	P.I.N.
What is your project type? <input type="checkbox"/> Apartment <input type="checkbox"/> Banks <input type="checkbox"/> Elderly Facilities <input checked="" type="checkbox"/> Hospitals <input type="checkbox"/> Hotels/Motels <input type="checkbox"/> Industrial Building <input type="checkbox"/> Mixed Residential <input type="checkbox"/> Non-Residential Condo <input type="checkbox"/> Office <input type="checkbox"/> Religious Institutions <input type="checkbox"/> Residential Condo <input type="checkbox"/> Retail <input type="checkbox"/> School <input type="checkbox"/> Shopping Center <input type="checkbox"/> Single Family <input type="checkbox"/> Telecommunication Tower <input type="checkbox"/> Townhouse <input type="checkbox"/> 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 <u>not</u> 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: Addition of greater than 70,000 sf in floor area gross.		
CLIENT (Owner or Developer)	Company: WakeMed Health & Hospitals		
	Name (s): Tom Cavender		
	Address: 3000 New Bern Avenue, Raleigh, NC 27610		
	Phone: (919) 350-8098	Email: Tcavender@wakemed.org	Fax: (919) 350-6739 <i>5491</i>
CONSULTANT (Contact Person for Plans)	Company: ColeJenest & Stone		
	Name (s): Luke C. Cagle		
	Address: 150 Fayetteville Street, Suite 950, Raleigh, NC 27601		
	Phone: (919) 645-5965	Email: lcagle@colejeneststone.com	Fax: (919) 719-1819

1718.02 map, 14.83ac Drainage Perry
North CAC O&I-1 CUD

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): CUD O & I 1	Proposed building use(s): Hospital
If more than one district, provide the acreage of each	Existing Building(s) sq. ft. gross sq ft 197,834
Overlay District	Proposed Building(s) sq. ft. gross 144,000
Total Site Acres 14.826 Inside City Limits <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Total sq. ft. gross (existing & proposed) 341,834
Off street parking Required TED Provided 833	Proposed height of building(s) 94'-2"
COA (Certificate of Appropriateness) case #	FAR (floor area ratio percentage) 52.9%
BOA (Board of Adjustment) case # A-	Building Lot Coverage percentage 15.6% (site plans only)
CUD (Conditional Use District) case # Z-106-97	
Stormwater Information	
Existing Impervious Surface 8.62 ACRES	Flood Hazard Area <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Proposed Impervious Surface 9.57 ACRES	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

Per the comprehensive plan's planned use of this parcel, the proposed improvements are an expansion of the existing building to provide additional medical services.

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 Luke C. Cagle, PE (ColeJenest&Stone, PA) 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 12/4/12

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 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" 30x42	<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. 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"/>

