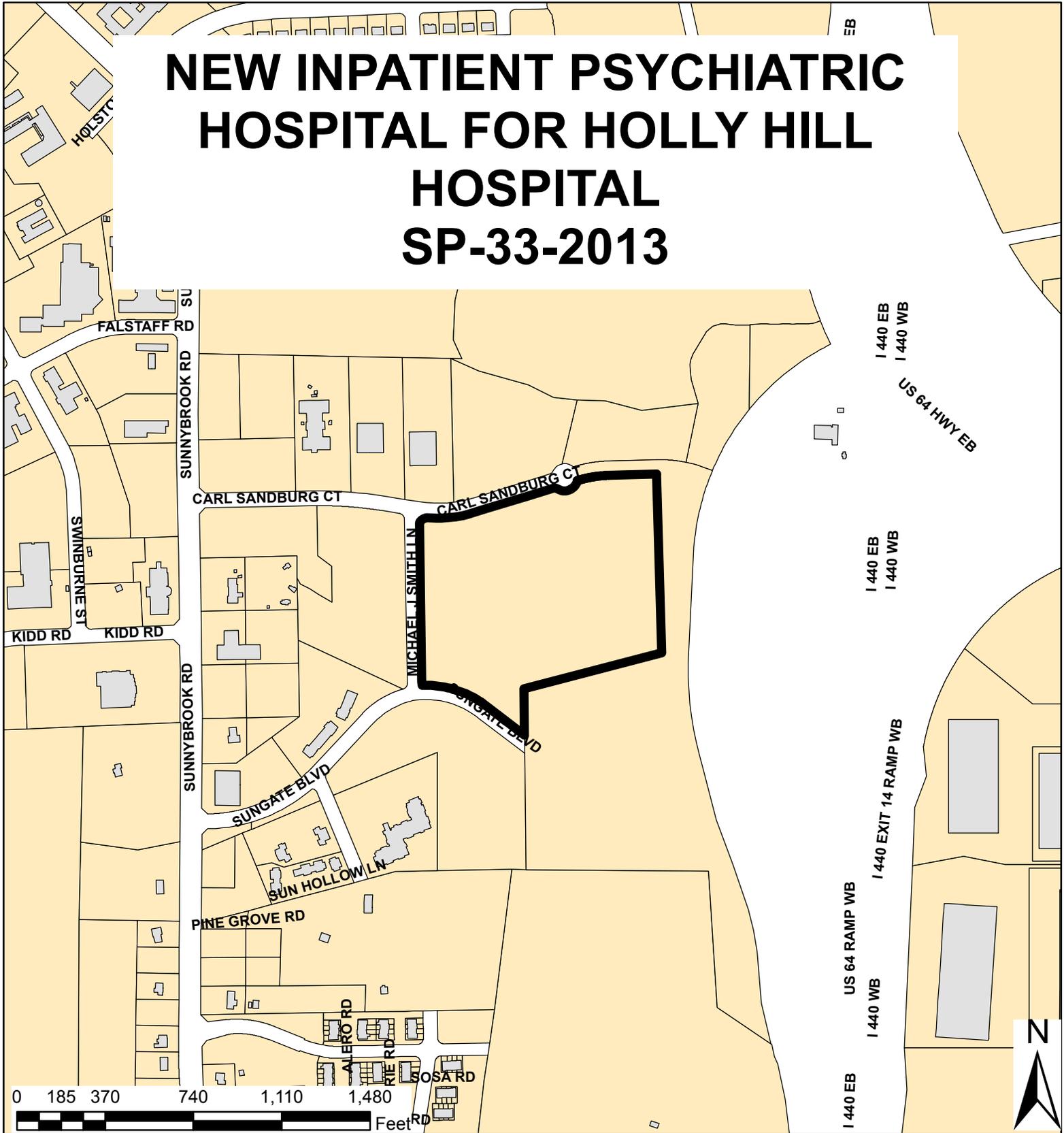


# NEW INPATIENT PSYCHIATRIC HOSPITAL FOR HOLLY HILL HOSPITAL SP-33-2013



Zoning: **O&I-2**  
 CAC: **Southeast**  
 Drainage Basin: **Crabtree Creek**  
 Acreage: **18.30**

Number of Lots: **1**  
 Planner:  
 Phone:  
 Applicant Contact:  
 Phone:

**1**  
**Meade Bradshaw**  
**(919) 996-2664**  
**LittleJohn Engineering**  
**(615) 385-4144**



# Planning & Development

**Customer Service Center**  
 One Exchange Plaza, Suite 400  
 Raleigh, North Carolina 27601  
 Phone 919-996-2495  
 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  <div style="font-size: 2em; color: blue;">367159</div>
* May require Planning Commission or City Council Approval		

### Section A

SP 33-13

### GENERAL INFORMATION

Development Name: New Inpatient Psychiatric Hospital for Holly Hill Hospital

Proposed Use: Hospital - Psychiatric

Property Address(es) 201 Michael J. Smith Lane

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

P.I.N. 1723-58-0757	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 <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. Told during Due Dilligence meeting with City.
CLIENT (Owner or Developer)	Company: Holly Hill Hospital, LLC Name (s) Michael McDonald, CEO Address 3019 Falstaff Road Phone (919) 250-7183      Email: michael.mcdonald@uhsinc.com      Fax (919) 250-7100
CONSULTANT (Contact Person for Plans)	Company Littlejohn Engineering Associates Name (s) Thomas J. Davis Address 1935 21 <sup>st</sup> Ave. South Nashville, TN Phone (615) 385-4144      Email wcrunk@leainc.com      Fax (615) 385-4020

05:11:49

Map-1723.07 18.31 acres Drainage Crabtree Southeast CAC  
 O&I 2

**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-2	Proposed building use(s) Hospital - Psychiatric
If more than one district, provide the acreage of each N/A	Existing Building(s) sq. ft. gross N/A
Overlay District N/A	Proposed Building(s) sq. ft. gross 53,645
Total Site Acres 18.3 Inside City Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Total sq. ft. gross (existing & proposed) 53,645
Off street parking Required: 40 Provided: 88	Proposed height of building(s) 16-ft
COA (Certificate of Appropriateness) case #	FAR (floor area ratio percentage) 0.067
BOA (Board of Adjustment) case # A-	Building Lot Coverage percentage 6.7% (site plans only)
CUD (Conditional Use District) case # Z-	

**Stormwater Information**

Existing Impervious Surface 0.0 acres	Flood Hazard Area <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Proposed Impervious Surface 2.85 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 # 3720172300J

**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 proposed project does not require the rezoning of the property. The project will include accessible pedestrian access from the right-of-way to the proposed building as well as provide a bus stop location.

**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	<b>If Yes, please answer the questions below:</b>  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.

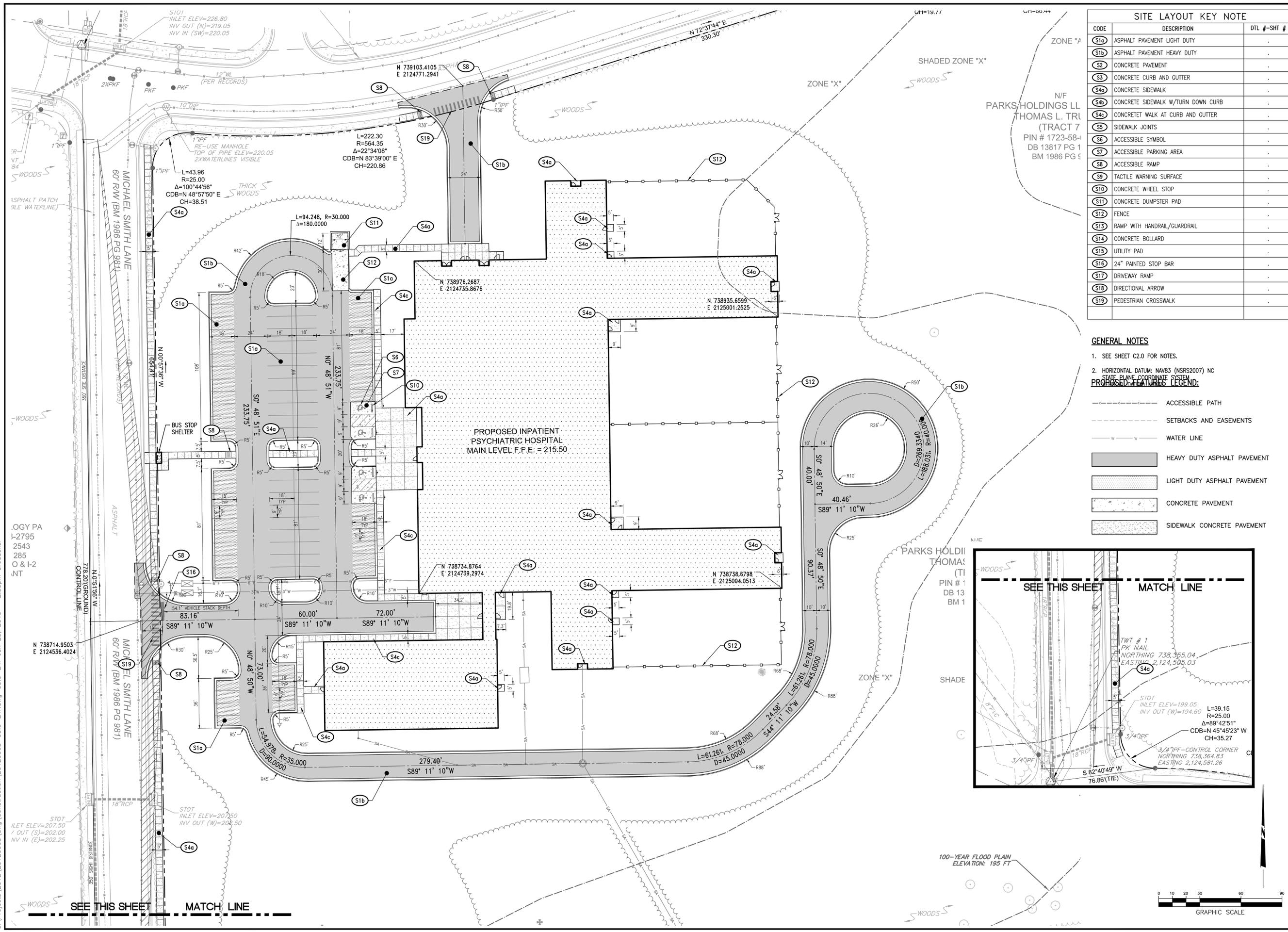
I hereby designate Michael McDonald, CEO Holly Hill Hospital, LLC to serve as my agent regarding this application, to receive and respond to administrative comments, to resubmit plans on my behalf and to represent me in any public meeting regarding this application.

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

Signed PARKS HOLDINGS, LLC. (OWNER) (Owner) 6-24-13 Date  
 Signed [Signature] (Developer) 6/25/13 Date

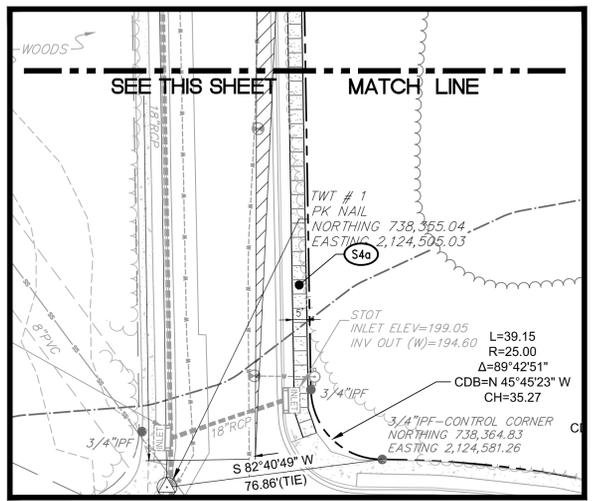
CA + TT MCDONALD TRUST BY [Signature] OWNER 6-24-13

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 (No fee for Infill recombination)	<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 complete and print page 1 and 2 of the <b>Preliminary Development Plan Application</b> 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 <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 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. <u>For re-submittals only – include all revision dates</u>	<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. 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"/>		



SITE LAYOUT KEY NOTE		
CODE	DESCRIPTION	DTL # - SHT #
(S1a)	ASPHALT PAVEMENT LIGHT DUTY	
(S1b)	ASPHALT PAVEMENT HEAVY DUTY	
(S2)	CONCRETE PAVEMENT	
(S3)	CONCRETE CURB AND GUTTER	
(S4a)	CONCRETE SIDEWALK	
(S4b)	CONCRETE SIDEWALK W/TURN DOWN CURB	
(S4c)	CONCRETE WALK AT CURB AND GUTTER	
(S5)	SIDEWALK JOINTS	
(S6)	ACCESSIBLE SYMBOL	
(S7)	ACCESSIBLE PARKING AREA	
(S8)	ACCESSIBLE RAMP	
(S9)	TACTILE WARNING SURFACE	
(S10)	CONCRETE WHEEL STOP	
(S11)	CONCRETE DUMPSTER PAD	
(S12)	FENCE	
(S13)	RAMP WITH HANDRAIL/GUARDRAIL	
(S14)	CONCRETE BOLLARD	
(S15)	UTILITY PAD	
(S16)	24\"/>	

- GENERAL NOTES**
- SEE SHEET C2.0 FOR NOTES.
  - HORIZONTAL DATUM: NAV83 (NSRS2007) NC STATE PLANE COORDINATE SYSTEM
- PROPOSED FEATURES LEGEND:**
- ACCESSIBLE PATH
  - SETBACKS AND EASEMENTS
  - WATER LINE
  - HEAVY DUTY ASPHALT PAVEMENT
  - LIGHT DUTY ASPHALT PAVEMENT
  - CONCRETE PAVEMENT
  - SIDEWALK CONCRETE PAVEMENT



**LITTLEJOHN ENGINEERING ASSOCIATES**

1935 21st Avenue South, NASHVILLE, TENNESSEE 37212  
 F 615.385.4020 www.lja-inc.com  
 Nashville | Chattanooga | Decatur | Huntsville | Knoxville | Orlando | Phoenix | Tri-Cities

**NEW INPATIENT PSYCHIATRIC HOSPITAL FOR HOLLY HILL HOSPITAL**

201 MICHAEL SMITH LANE  
 WAKE COUNTY, RALEIGH, NORTH CAROLINA



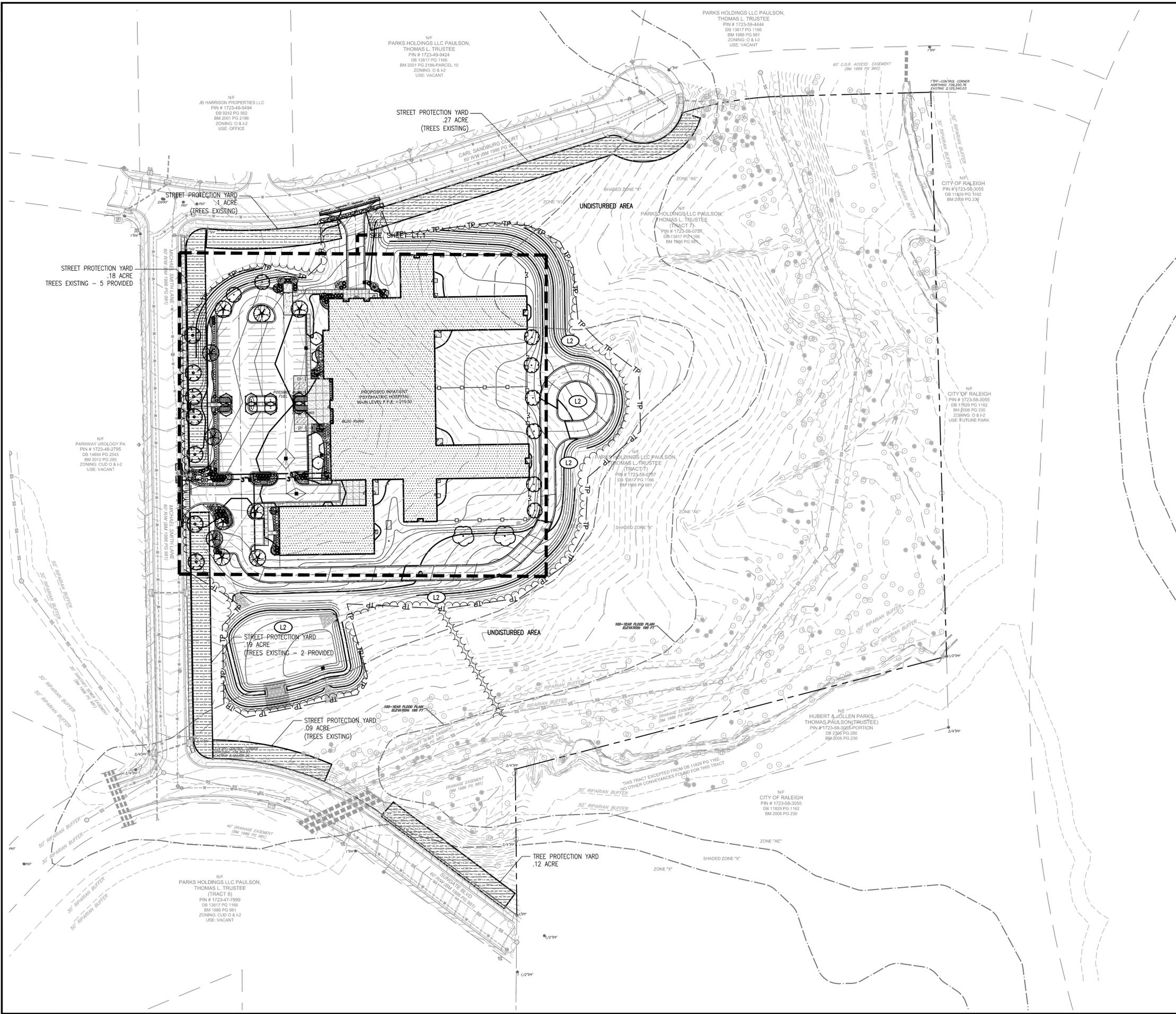
DATE	REVISIONS
06/25/2013	20120068

**C5.0**

SITE LAYOUT PLAN

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 OGY PA I-2795 2543 285 O & I-2 NT  
 STOT INLET ELEV=207.50 / OUT (S)=202.00 INV IN (E)=202.25  
 STOT INLET ELEV=207.50 INV OUT (W)=202.50  
 N 738714.9503 E 2124536.4024  
 N 738734.8764 E 2124739.2974  
 N 738738.6798 E 2125004.0513  
 N 738976.2887 E 2124735.8676  
 N 738935.6599 E 2125001.2525  
 N 739103.4105 E 2124771.2941  
 L=222.30 R=564.35 Δ=22°34'08\"/>

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**LANDSCAPE DATA**

**VSA SCREENING**  
 1 SHRUB/6' IF OF VSA WITHIN 50' OF ROW  
 462 LF / 6' = 77 SHRUBS REQUIRED: 90 PROVIDED

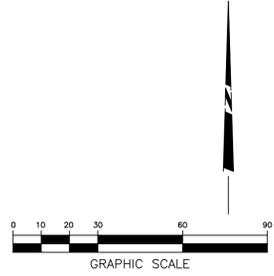
**VSA SCREENING**  
 1 TREE/2000 sf OF VSA  
 1 SHRUB/500 sf OF VSA  
 60,506 sf OF VSA/500 = 121 SHRUBS REQUIRED: 131 PROVIDED  
 60,506 sf OF VSA/2000 = 31 TREES REQUIRED: 37 PROVIDED

**STREET PROTECTIVE YARD**  
 LENGTH OF ROW FRONTAGE X 15 = 40,492 sf =  
 .94 ACRE REQUIRED: .94 ACRE PROVIDED  
 TRANSITION YARD NOT REQUIRED

**LEGEND**

TREE PROTECTION 

AREA TO BE STREET PROTECTION YARD 

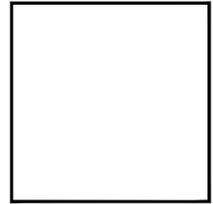


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**NEW INPATIENT  
 PSYCHIATRIC HOSPITAL  
 FOR HOLLY HILL HOSPITAL**

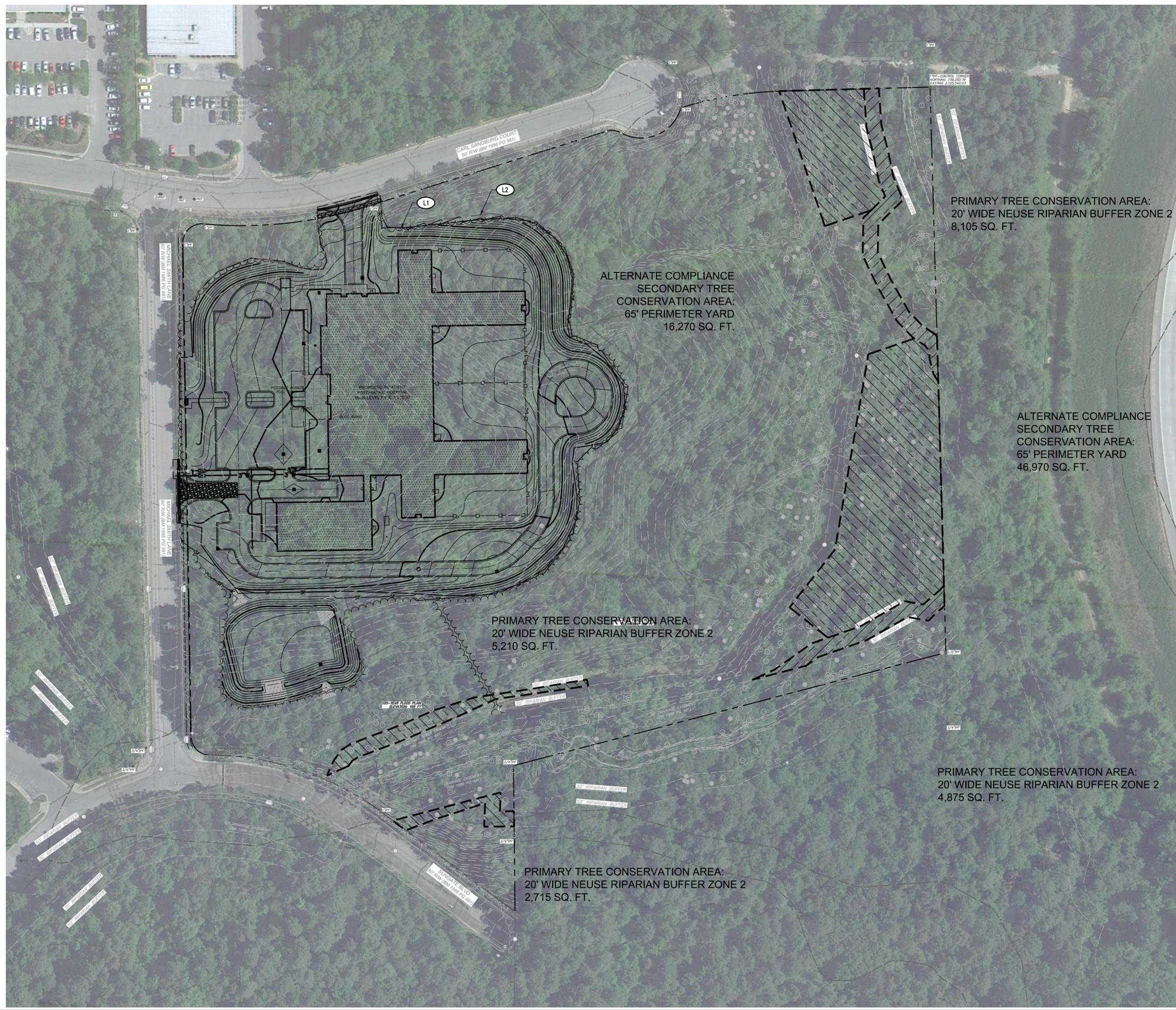
201 MICHAEL SMITH LANE  
 WAKE COUNTY, RALEIGH, NORTH CAROLINA



DATE	REVISIONS
06/25/2013	20120068

**L1.0**  
 OVERALL  
 LANDSCAPE  
 PLAN

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**LANDSCAPE DATA**

**PRIMARY TCA CALCULATIONS**

- PRIMARY TCA 20' NEUSE BUFFER Z-2: 5,210 SQ. FT. (.12 ACS)
- PRIMARY TCA 20' NEUSE BUFFER Z-2: 2,715 SQ. FT. (.06 ACS)
- PRIMARY TCA 20' NEUSE BUFFER Z-2: 4,875 SQ. FT. (.11 ACS)
- PRIMARY TCA 20' NEUSE BUFFER Z-2: 8,105 SQ. FT. (.19 ACS)
- SUB TOTAL PRIMARY TCA = 48 ACS = 2.4K/10% = 1.83 ACS TCA NEEDED

**SECONDARY TCA CALCULATIONS**

- 1.83 ACS - 48 ACS = 1.35 ACRES SECONDARY TCA NEEDED
- ALTERNATE COMPLIANCE SECONDARY TCA 65' PERIMETER YARD: 46,970 SQ. FT. (1.08 ACS)
- SUBTOTAL = 1.56 ACS = 27 ACS NEEDED
- ALTERNATE COMPLIANCE SECONDARY TCA 65' PERIMETER YARD: 16,270 SQ. FT. (.37 ACS)
- SUB-SUB TOTAL SECONDARY TCA = 1.93 ACS = 10.5K/10% = 1.83 ACS TCA NEEDED

TOTAL TCA PROVIDED: 1.93 ACRES (10.54%) TCA REQUIREMENTS MET

**LEGEND**

- TREE PROTECTION TP
- AREA TO BE STREET PROTECTION YARD SP
- PROPOSED SILT FENCE SF

**LANDSCAPE KEY NOTE**

CODE	DESCRIPTION	DTL #/SHT #
L1	SILT FENCE	
L2	TREE PROTECTION FENCE	

**LITTLEJOHN ENGINEERING ASSOCIATES**

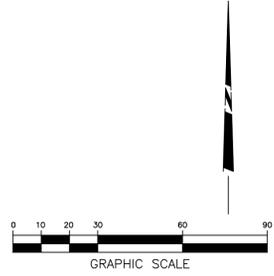
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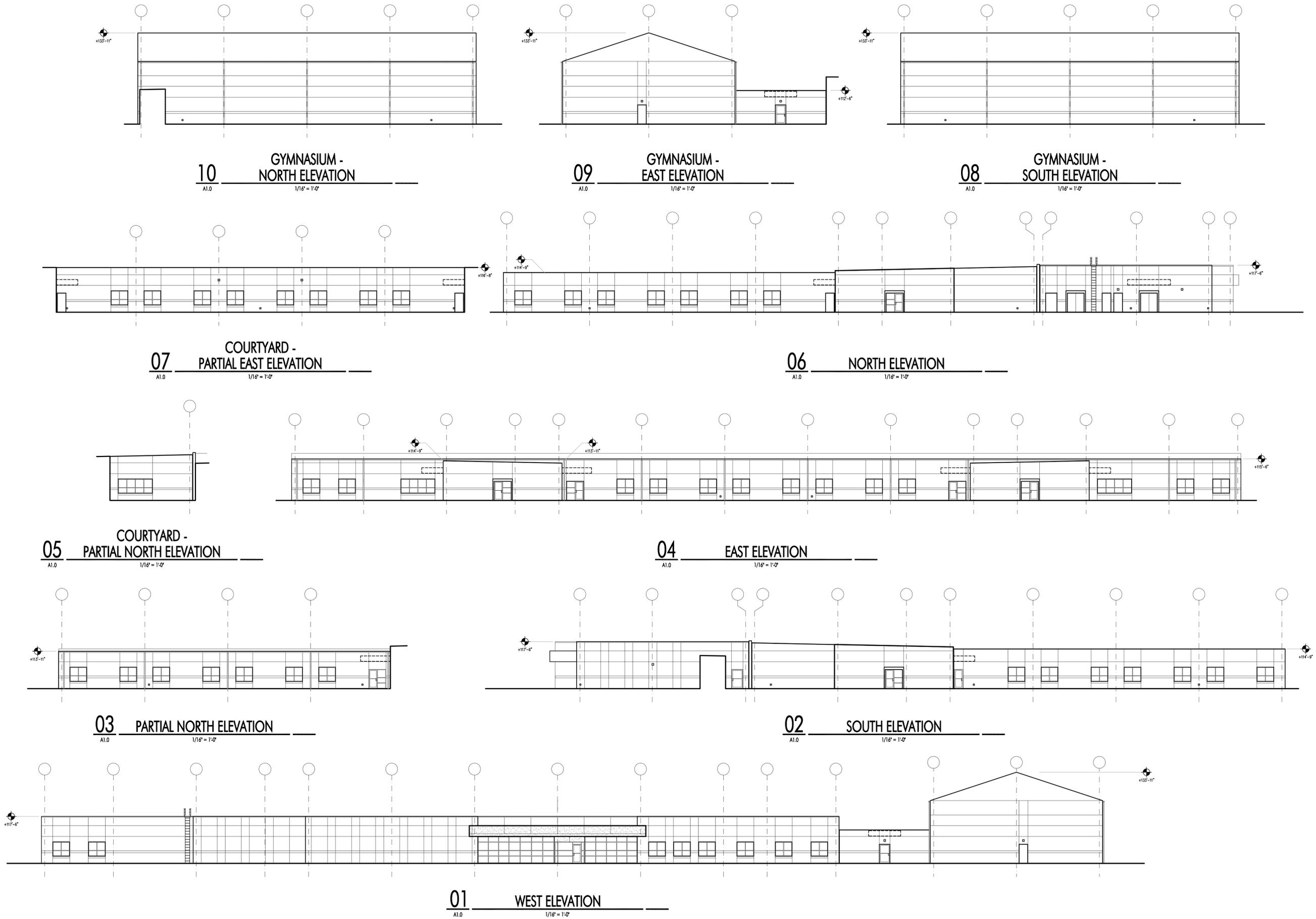
201 MICHAEL SMITH LANE  
 WAKE COUNTY, RALEIGH, NORTH CAROLINA



DATE	REVISIONS
06/25/2013	20120068



**L3.1**  
 TCA/GRADING  
 PLAN



**STENGENL-HILL**  
ARCHITECTURE

613 WEST MAIN STREET  
LOUISVILLE, KENTUCKY 40202  
502.893.1875  
502.893.1876 fax

**Holly Hill Hospital**  
UHS  
Universal Health Services, Inc.



EXTERIOR ELEVATIONS  
NEW INPATIENT PSYCHIATRIC HOSPITAL  
HOLLY HILL HOSPITAL  
RALEIGH, NORTH CAROLINA

**PRELIMINARY SITE PLAN SUBMITTAL - NOT FOR CONSTRUCTION**

25 JUNE 2013  
UHS1205

**A1.0**