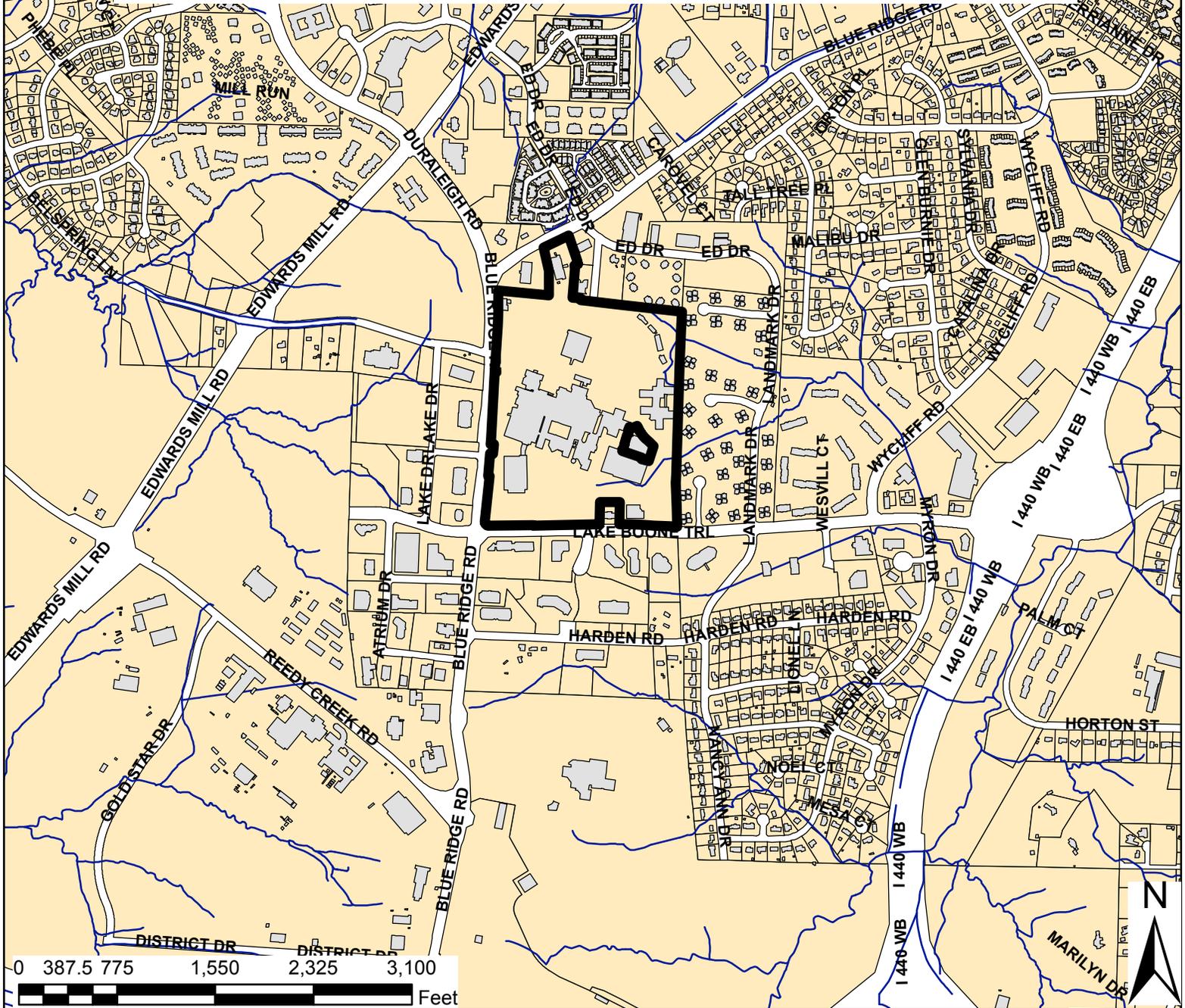


REX NORTH CAMPUS PARKING DECK SP-62-2013



Zoning: **O&I-1**
CAC: **Northwest**
Drainage **House**
Basin:
Acreage: **60.10**

Number of Lots: **0**
Planner: **Meade Bradshaw**
Phone: **(919) 996-2664**
Applicant Contact: **Kimley Horn & Associates**
Phone: **(919) 653-2976**



Planning & Development

TR 382805
 CR 314581
 SP-62-13

Development Services
 Customer Service Center
 One Exchange Plaza
 1 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 <input type="checkbox"/> Preliminary Administrative Site Plans <input type="checkbox"/> Group Housing ** <input type="checkbox"/> Multifamily (Infill)**	<input type="checkbox"/> Subdivision* <input type="checkbox"/> Cluster Subdivision** <input type="checkbox"/> Infill Subdivision** <input type="checkbox"/> Expedited Subdivision Review <input type="checkbox"/> Conventional Subdivision <input type="checkbox"/> Compact Development <input type="checkbox"/> Conservation Subdivision	Transaction Number Assigned Project Coordinator Assigned Team Leader
* May require Planning Commission or City Council Approval ** Legacy Districts Only		

Has your project previously been through the Due Diligence process? If yes, provide the transaction #

GENERAL INFORMATION

Development Name: Rex North Campus Parking Deck

Proposed Use: Hospital Parking Deck

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. Recorded Deed	P.I.N. Recorded Deed	P.I.N. Recorded Deed	P.I.N. Recorded Deed
0785822820			

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.		
PLANNING COMMISSION	Per City Code Section 10-2132.2, summarize the reason(s) this plan requires Planning Commission or City Council Preliminary Approval. This development 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.		
CLIENT (Owner or Developer)	Company: Rex UNC Healthcare		Name (s): Matthew Waldrop
	Address: 4420 Lake Boone Trail Raleigh, North Carolina 27607		
	Phone: (919) 784-3390	Email: matthew.waldrop@rexhealth.com	Fax: (919) 784-3407
CONSULTANT (Contact Person for Plans)	Company: Kimley-Horn and Associates, Inc.		Name (s): Chris Bostic, P.E.
	Address: 333 Fayetteville Street, Suite 600 Raleigh, North Carolina 27601		
	Phone: (919) 653-2976	Email: chris.bostic@kimley-horn.com	Fax: N/A

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

Zoning Information	Building Information
Zoning District(s) O&I-1	Proposed building use(s) Parking Deck
If more than one district, provide the acreage of each	Existing Building(s) sq. ft. gross 1,406,563 SF
Overlay District N/A	Proposed Building(s) sq. ft. gross 0
Total Site Acres 60.1 Inside City Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Total sq. ft. gross (existing & proposed) 1,593,783 SF
Off street parking Required 247 Provided 4,045	Proposed height of building(s) 37.5'
COA (Certificate of Appropriateness) case #	FAR (floor area ratio percentage) 0.61
BOA (Board of Adjustment) case # A-	Building Lot Coverage percentage 26.44% (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 39.836/1,735,273 acres/square feet	If Yes, please provide
Neuse River Buffer <input checked="" type="checkbox"/> Yes <input 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.

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 City growth center; proposed higher density/Commercial development
- Multi-modal Corridor: Maintains and promotes high level of transit service (bus stops and shelters);

FOR SUBDIVISION, APARTMENT, TOWNHOUSE, CONDOMINIUM PROJECTS ONLY

1. Total # Of Townhouse Lots Detached Attached	11. Total number of all lots
2. Total # Of Single Family Lots	12. Is your project a cluster unit development? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Total # Of Apartment Or Condominium Units	If Yes, please answer the questions below:
4. Total # Of Congregate Care Or Life Care Dwelling Units	a) Total number of Townhouse Lots
5. Total # Of Mobile Home Lots	b) Total number of Single Family Lots
6. Total Number of Hotel Units	c) Total number of Group Housing Units
7. Overall Total # Of Dwelling Units (1-6 Above)	d) Total number of Open Space Lots
8. Bedroom Units 1br 2br 3br 4br or more	e) Minimum Lot Size
9. Overall Unit(s)/Acre Densities Per Zoning District(s)	f) Total Number of Phases
10. Total number of Open Space (only) lots	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)

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 Chris O. Bostic 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 Chris O. Bostic Date 11/27/13

Signed _____ Date _____

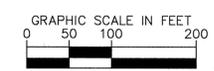
	TO BE COMPLETED BY APPLICANT		TO BE COMPLETED BY CITY STAFF		
	YES	N/A	YES	NO	N/A
General Requirements					
1. Filing Fee for Plan Review – Payments may be made by cash, Visa, Master Card or check made payable to: City of Raleigh (No fee for Infill recombination)	<input checked="" type="checkbox"/>		<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"/>				
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 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"/>		
i) Transportation Plan	<input type="checkbox"/>	<input checked="" 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. 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"/>

This document, together with the concepts and designs presented herein, is an instrument of service, as an instrument of service, is intended only for the specific purposes and client for which it was prepared. Reuse of or improper reliance on this document without written authorization and adaptation by Kimley-Horn and Associates, Inc. shall be without liability to Kimley-Horn and Associates, Inc.

SURVEY NOTE 1:
AS-BUILT AND TOPOGRAPHICAL INFORMATION BASED ON SURVEY DATED 03/31/10, PROVIDED BY CHANDLER LAND SURVEYING, 309 SOUTH FUGUAY AVENUE, FUGUAY-VARINA, NC 27526, PH: 919-552-4845, FAX: 919-552-6962.

SURVEY NOTE 2:
ROADWAY INFORMATION SHOWN ON LAKE BOONE TRAIL AND BLUE RIDGE ROAD OBTAINED FROM PUBLICLY AVAILABLE GIS DATA, NOT FROM SURVEY.

CEP CONSTRUCTION AND AS-BUILT PLANS DONE BY KHA DATED 08/26/2013



LEGEND

- HEAVY DUTY ASPHALT PAVEMENT
- LIGHT DUTY ASPHALT PAVEMENT
- CONCRETE PAVEMENT
- UNIT PAVERS
- STAMPED CONCRETE

PRELIMINARY BUILDING DATA

EXISTING BUILDING SQUARE FOOTAGE	
MAIN HOSPITAL/MOB	1,299,378 SF
CONVALESCENT CENTER	69,775 SF
WELLNESS CENTER	13,650 SF
ADULT DAY CARE	3,790 SF
CENTRAL ENERGY PLANT	16,000 SF
WOUND CARE CENTER	3,970 SF
TOTAL EXISTING BUILDING	1,406,563 SF
TOTAL BUILDING EXPANSION AREA	+/-187,220 GSF (APPROVED UNDER SP-6-11)
CANCER CENTER	97,835 SF (APPROVED UNDER SP-6-11)
INDOOR COMMONS/CONCOURSE AREA	17,655 SF (APPROVED UNDER SP-6-11)
FUTURE MEDICAL EXPANSION	71,730 SF (APPROVED UNDER SP-6-11)
BUILDING HEIGHT- PARKING DECK	100' MAX. HEIGHT (CALCULATION SEE SHEET C-111)

PRELIMINARY SITE DATA

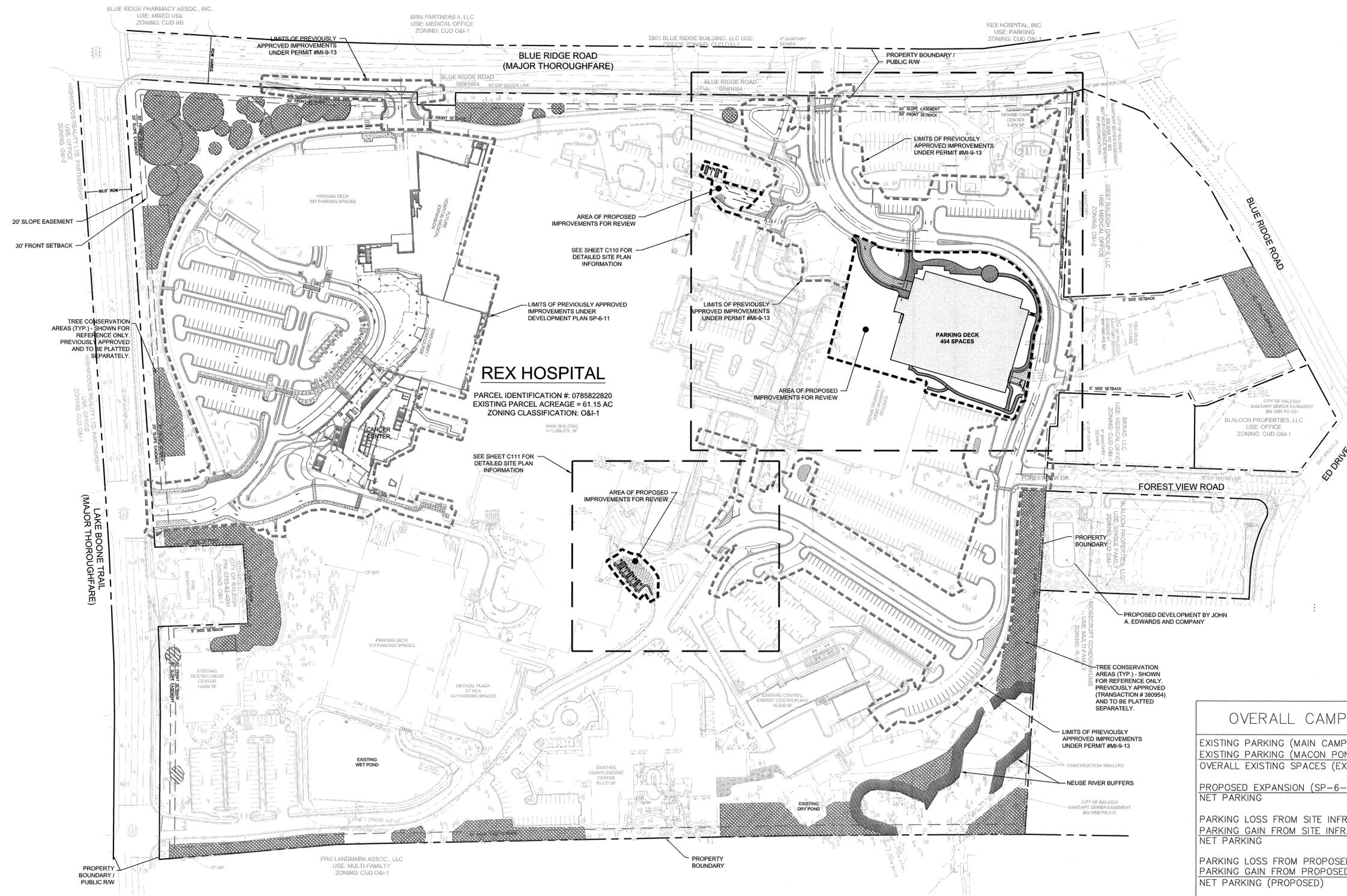
ZONING OFFICE & INSTITUTIONAL-1	
TOTAL SITE AREA	60.1 AC (BM 2004 PG 565)
PROJECT AREA (LIMITS OF WORK)	2.71 AC
PROPOSED # OF BUILDINGS	1 (PARKING DECK)
TOTAL FAR	0.61
BUILDING LOT COVERAGE	26.44%
ADDITIONAL VSA (LOOP ROAD & DECK)	0* SF

*PROJECTS RESULT IN A NET LOSS OF VSA

OVERALL CAMPUS PARKING SUMMARY

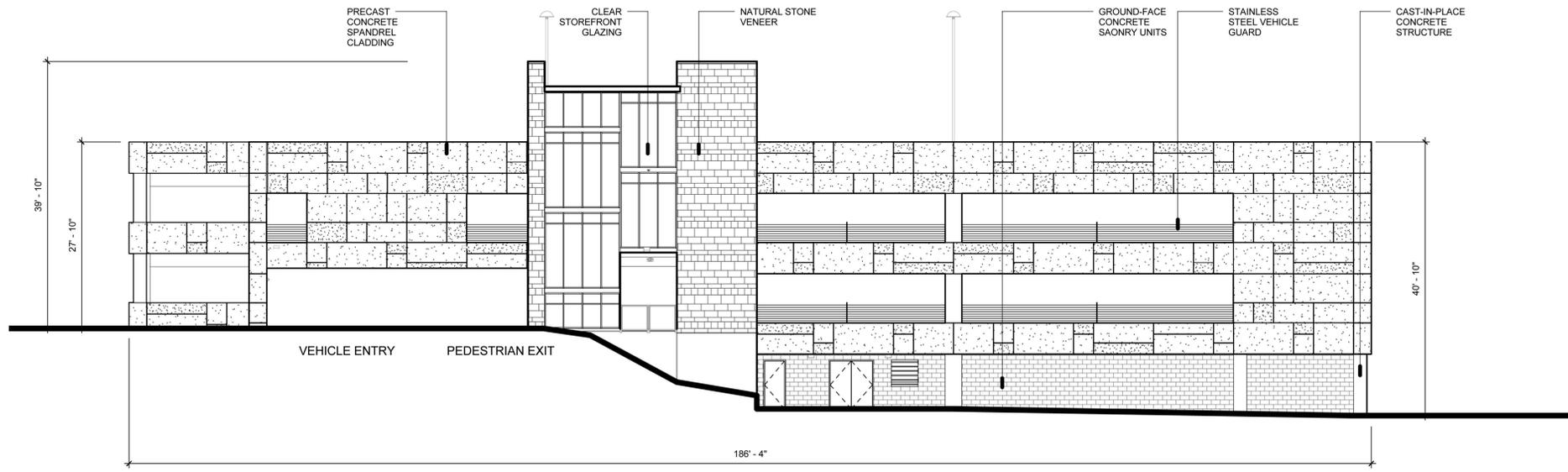
EXISTING PARKING (MAIN CAMPUS)	=3,276
EXISTING PARKING (MACON POND ROAD)	=613
OVERALL EXISTING SPACES (EXISTING)	=3,889
PROPOSED EXPANSION (SP-6-11)	=191
NET PARKING	=4,080
PARKING LOSS FROM SITE INFRASTRUCTURE (MI-9-13)	=-401
PARKING GAIN FROM SITE INFRASTRUCTURE (MI-9-13)	=+115
NET PARKING	=3,794
PARKING LOSS FROM PROPOSED PARKING DECK CONSTRUCTION	=-153
PARKING GAIN FROM PROPOSED PARKING DECK	=+404
NET PARKING (PROPOSED)	=4,045
TOTAL HANDICAPPED PARKING (REQUIRED)	=51*
TOTAL HANDICAPPED PARKING (PROPOSED)	=205

*CODE: 20 HC SPACES REQUIRED FOR 1,001 SPACES OR MORE + 1 FOR EACH 100 SPACES OVER THE FIRST 1,001

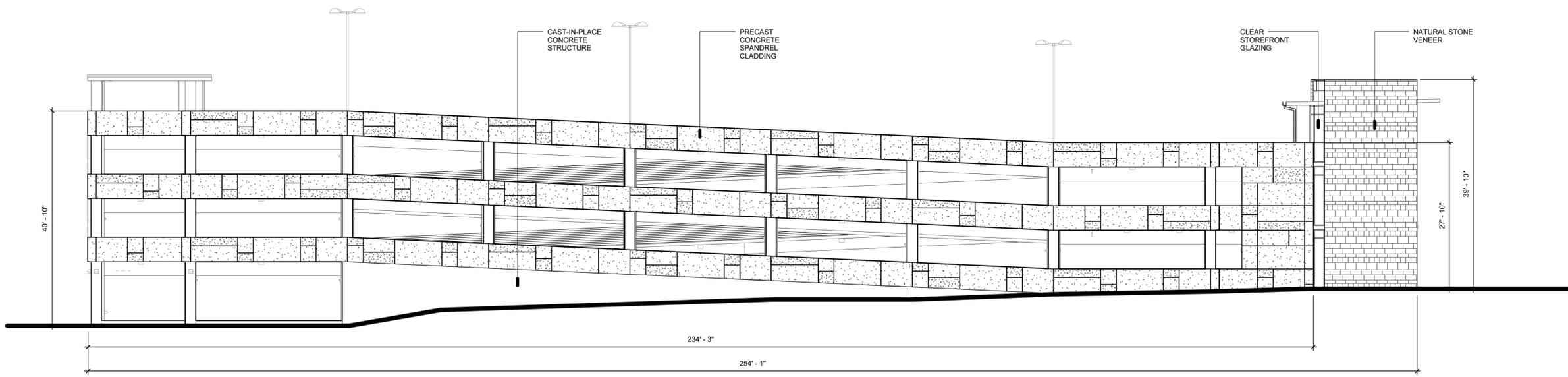


<p>Kimley-Horn and Associates, Inc.</p> <p>© 2013 KIMLEY-HORN AND ASSOCIATES, INC. 333 FAYETTEVILLE STREET, SUITE 600, RALEIGH, NC 27601 PHONE: 919-835-1454 FAX: 919-653-5847 WWW.KIMLEY-HORN.COM NC LICENSE # F-0102</p>	<p>OVERALL SITE PLAN</p> <p>REX NORTH CAMPUS PARKING DECK PREPARED FOR REX HOSPITAL RALEIGH NORTH CAROLINA</p>								
<p>KHA PROJECT 011252000</p> <p>DATE 12/05/2013</p> <p>SCALE AS SHOWN</p> <p>DESIGNED BY WUB</p> <p>DRAWN BY PHN</p> <p>CHECKED BY COB</p> <p>DATE:</p>	<p>REVISIONS</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>No.</th> <th>REVISIONS</th> <th>DATE</th> <th>BY</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	No.	REVISIONS	DATE	BY				
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<p>SHEET NUMBER C011</p>									

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SOUTH ELEVATION



WEST ELEVATION

No.	REVISIONS	BY	DATE

BBH DESIGN
 PO BOX 12697
 RESEARCH TRIANGLE PARK, NC 27709
 919-460-6700
 WWW.BBH-DESIGN.COM

LICENSED PROFESSIONAL

KHA PROJECT	011252000
DATE	11/21/2013
SCALE	AS SHOWN
DESIGNED BY	JDD
DRAWN BY	DAJ
CHECKED BY	C.C.
DATE	

PARKING DECK ELEVATIONS

REX NORTH CAMPUS PARKING DECK
 PREPARED FOR
REX HOSPITAL
 RALEIGH, NORTH CAROLINA

SHEET NUMBER
A202