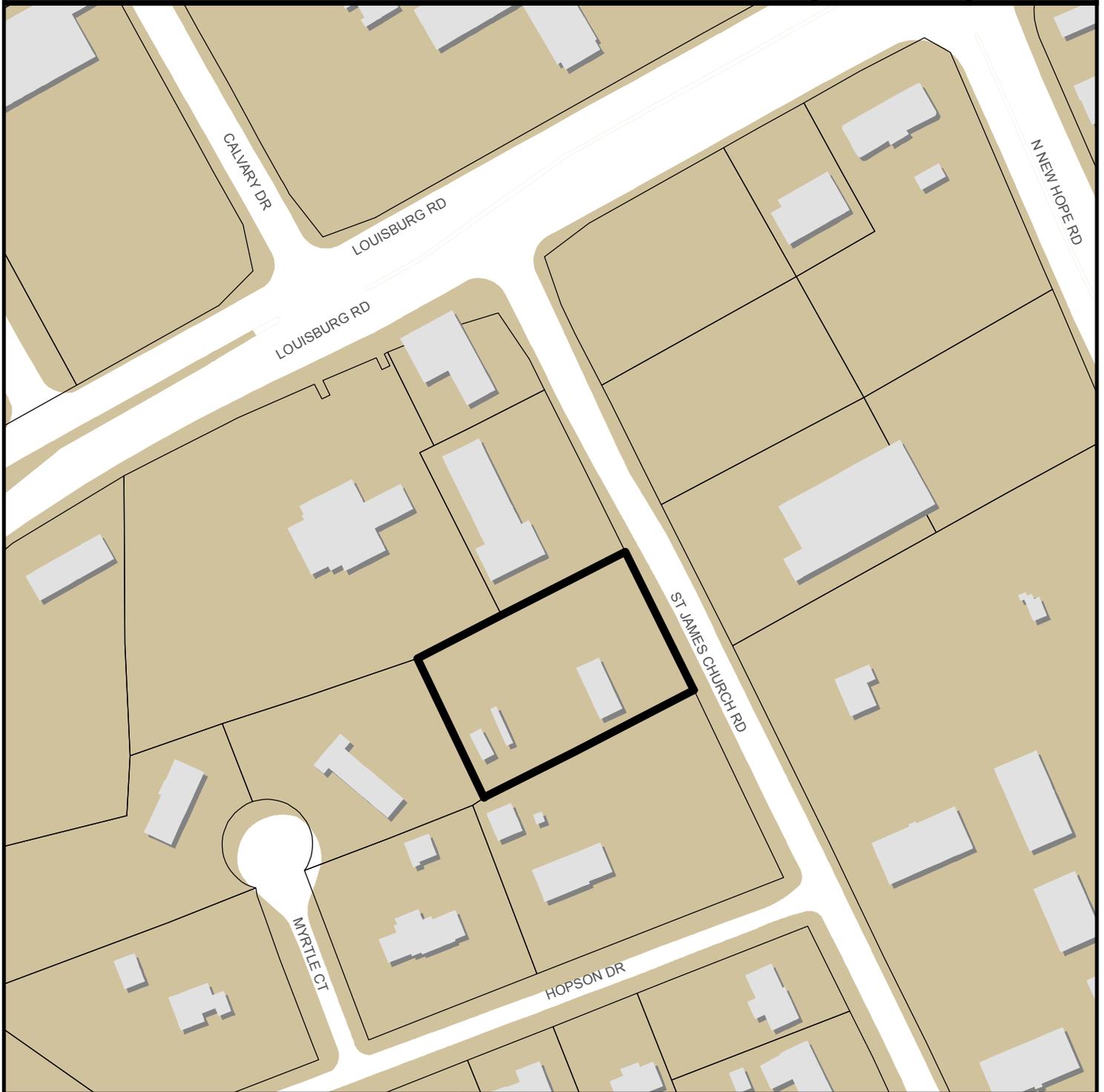


# NEURORESTORATIVE GROUP HOME SR-65-2016



Zoning: **CX-3-CU**  
CAC: **Northeast**

Drainage Basin: **Beaverdam Creek**  
Acreage: **1.0**  
Sq. Ft.: **5822**

Planner: **Michael Walters**  
Phone: **(919) 996-2636**

Applicant: **Zak Shipman**  
Phone: **919-552-0849**



SR-65-2016

485149

# Administrative Site Review Application (for UDO Districts only)



**DEVELOPMENT  
SERVICES  
DEPARTMENT**

Development Services Customer Service Center | 1 Exchange Plaza, Suite 400 | Raleigh, NC 27601 | 919-996-2495 | efax 919-996-1831  
Litchford Satellite Office | 8320 - 130 Litchford Road | Raleigh, NC 27601 | 919-996-4200

When submitting plans, please check the appropriate building type and include the Plan Checklist document.

BUILDING TYPE		FOR OFFICE USE ONLY
<input type="checkbox"/> Detached <input type="checkbox"/> Attached <input type="checkbox"/> Apartment <input type="checkbox"/> Townhouse	<input checked="" type="checkbox"/> General <input type="checkbox"/> Mixed Use <input type="checkbox"/> Open Lot	Transaction Number  Assigned Project Coordinator  Assigned Team Leader
Has your project previously been through the Due Diligence or Sketch Plan Review process? If yes, provide the transaction #		
<b>GENERAL INFORMATION</b>		
Development Name <b>NeuroRestorative Group Home</b>		
Zoning District <b>CX-3-CU</b>	Overlay District (if applicable)	Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Proposed Use <b>Supportive Housing Residence</b>		
Property Address(es) <b>4411 St. James Church Road</b>		Major Street Locator: <b>Adjacent to US 401</b>
Wake County Property Identification Number(s) for each parcel to which these guidelines will apply:		
P.I.N. <b>1726519128</b>	P.I.N.	P.I.N.
What is your project type? <input type="checkbox"/> Apartment <input type="checkbox"/> Elderly Facilities <input type="checkbox"/> Hospitals <input type="checkbox"/> Hotels/Motels <input type="checkbox"/> Office <input type="checkbox"/> Mixed Residential <input type="checkbox"/> Non-Residential Condo <input type="checkbox"/> School <input type="checkbox"/> Shopping Center <input type="checkbox"/> Banks <input type="checkbox"/> Industrial Building <input type="checkbox"/> Duplex <input type="checkbox"/> Telecommunication Tower <input type="checkbox"/> Religious Institutions <input type="checkbox"/> Residential Condo <input type="checkbox"/> Retail <input type="checkbox"/> Cottage Court <input checked="" type="checkbox"/> Other: If other, please describe: <u>Supportive Housing for Patients recovering from Brain Injury</u>		
<b>WORK SCOPE</b>	Per City Code Section 10.2.8.D.1, summarize the project work scope. For additions, changes of use, or occupancy (per Chapter 6 of the UDO), indicate impacts on parking requirements. Construction of two structures to house neurological patients recovering from brain injury. Site work scope includes construction of new parking, drive aisles, stormwater, utilities, and other related infrastructure.	
<b>DESIGN ADJUSTMENT OR ADMIN ALTERNATE</b>	Per City Code Chapter 8, summarize if your project requires either a design adjustment, or Section 10 - Alternate Administrative AE Not Applicable	
<b>CLIENT/DEVELOPER/ OWNER</b>	Company <b>Scioto Properties</b> Name (s) <b>Ms. Nanette Neidhardt</b>	
	Address <b>5940 Wilcox Place, Suite A, Dublin, OH 43016</b>	
	Phone <b>(614) 889.5191</b>	Email <b>nneidhardt@scioto.com</b> Fax
<b>CONSULTANT (Contact Person for Plans)</b>	Company <b>The Curry Engineering Group, PLLC</b> Name (s) <b>Zak Shipman, PE</b>	
	Address <b>205 S. Fuquay Avenue, Fuquay-Varina, NC 27526</b>	
	Phone <b>(919) 552-0849</b>	Email <b>zak@curryeng.com</b> Fax <b>919-552-2043</b>

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

Zoning Information	Building Information
Zoning District(s) CX-3-CU	Proposed building use(s) Supportive Housing Residence
If more than one district, provide the acreage of each:	Existing Building(s) sq. ft. gross 1,831
Overlay District N/A	Proposed Building(s) sq. ft. gross 5,822
Total Site Acres Inside City Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Total sq. ft. gross (existing & proposed) 5,822
Off street parking: Required 4 Provided 8	Proposed height of building(s) < 30'
COA (Certificate of Appropriateness) case #	# of stories 1
BOA (Board of Adjustment) case # A-	Ceiling height of 1 <sup>st</sup> Floor 9'
CUD (Conditional Use District) case # Z-	

**Stormwater Information**

Existing Impervious Surface 0.15 ac/ 6,545 sf acres/square feet	Flood Hazard Area <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Proposed Impervious Surface 0.41 ac/ 17,857 sf 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 #

**FOR RESIDENTIAL DEVELOPMENTS**

1. Total # Of Apartment, Condominium or Residential Units	5. Bedroom Units: 1br 2br 3br 4br or more
2. Total # Of Congregate Care Or Life Care Dwelling Units 10	6. Infill Development 2.2.7
3. Total Number of Hotel Units	7. Open Space (only) or Amenity 0.19 Ac.
4. Overall Total # Of Dwelling Units (1-6 Above) 10	8. Is your project a cottage court? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**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 development plan as approved by the City.

I hereby designate The Curry Engineering Group, PLLC 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  Date 8/23/16

Printed Name Nanette C. Neidhardt

Signed \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

TO BE COMPLETED BY APPLICANT			TO BE COMPLETED BY CITY STAFF		
General Requirements	YES	N/A	YES	NO	N/A
1. Filing Fee for Plan Review – Payments may be made by cash, Visa, Master Card or check made payable to the City of Raleigh	<input checked="" type="checkbox"/>		✓		
2. Administrative Site Review Application completed and signed by the property owner(s)	<input checked="" type="checkbox"/>		✓		
3. Client must complete and adhere page 1 and 2 of the Administrative Site Review Application to the plan cover sheet	<input checked="" type="checkbox"/>		✓		
4. I have referenced the Administrative Site Review 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, including, but not limited to, structures, buildings, utilities, infrastructure, and vegetation	<input checked="" type="checkbox"/>		✓		
c) Proposed Site Plan	<input checked="" type="checkbox"/>		✓		
d) Proposed Grading Plan	<input checked="" type="checkbox"/>		✓		
e) Proposed Stormwater Plan, including preliminary stormwater quantity and quality summary and calculations package. If not required, provide City Code section on front cover.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	✓		
f) Proposed Utility Plan, including Fire	<input checked="" type="checkbox"/>	<input type="checkbox"/>	✓		
g) Proposed Tree Conservation Plan – For secondary Tree Conservation Areas, include two copies of the tree cover report completed by a certified arborist, North Carolina licensed landscape architect, or North Carolina register forester. If not required, provide City Code section on front cover.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	✓	✓	
h) Proposed Landscape Plan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	✓		
i) Building elevations that show existing and/or proposed building height. If demolition, do not include buildings to be demolished.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	✓		
j) Transportation Plan	<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 – Include all revision dates	<input checked="" type="checkbox"/>		✓		
7. Minimum plan size 18"x24" not to exceed 36"x42"	<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 plan 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"/>		✓		
10. Digital copy of only the plan and elevations. Label the CD or flash drive with the plan name, case file number, and indicate the review cycle #.	<input checked="" type="checkbox"/>		✓		
11. Wake County School Form, if dwelling units are proposed	<input type="checkbox"/>	<input checked="" type="checkbox"/>			✓
12. If applicable, zoning conditions adhered to the plan cover sheet	<input type="checkbox"/>	<input checked="" type="checkbox"/>			✓

GENERAL SURVEY NOTES:

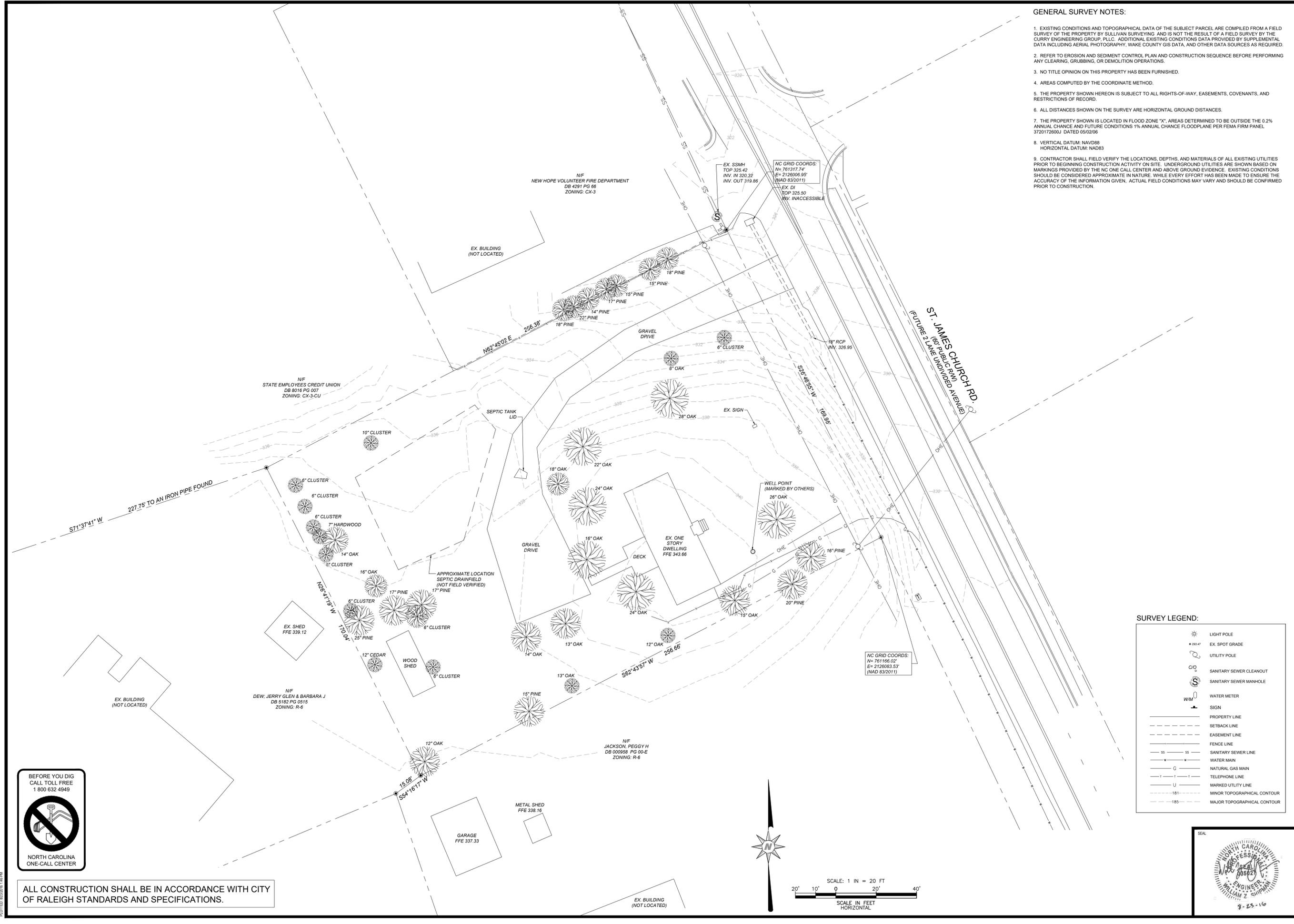
- EXISTING CONDITIONS AND TOPOGRAPHICAL DATA OF THE SUBJECT PARCEL ARE COMPILED FROM A FIELD SURVEY OF THE PROPERTY BY SULLIVAN SURVEYING AND IS NOT THE RESULT OF A FIELD SURVEY BY THE CURRY ENGINEERING GROUP, PLLC. ADDITIONAL EXISTING CONDITIONS DATA PROVIDED BY SUPPLEMENTAL DATA INCLUDING AERIAL PHOTOGRAPHY, WAKE COUNTY GIS DATA, AND OTHER DATA SOURCES AS REQUIRED.
- REFER TO EROSION AND SEDIMENT CONTROL PLAN AND CONSTRUCTION SEQUENCE BEFORE PERFORMING ANY CLEARING, GRUBBING, OR DEMOLITION OPERATIONS.
- NO TITLE OPINION ON THIS PROPERTY HAS BEEN FURNISHED.
- AREAS COMPUTED BY THE COORDINATE METHOD.
- THE PROPERTY SHOWN HEREON IS SUBJECT TO ALL RIGHTS-OF-WAY, EASEMENTS, COVENANTS, AND RESTRICTIONS OF RECORD.
- ALL DISTANCES SHOWN ON THE SURVEY ARE HORIZONTAL GROUND DISTANCES.
- THE PROPERTY SHOWN IS LOCATED IN FLOOD ZONE "X". AREAS DETERMINED TO BE OUTSIDE THE 0.2% ANNUAL CHANCE AND FUTURE CONDITIONS 1% ANNUAL CHANCE FLOODPLANE PER FEMA FIRM PANEL 3720172600J DATED 05/02/06
- VERTICAL DATUM: NAVD88  
HORIZONTAL DATUM: NAD83
- CONTRACTOR SHALL FIELD VERIFY THE LOCATIONS, DEPTHS, AND MATERIALS OF ALL EXISTING UTILITIES PRIOR TO BEGINNING CONSTRUCTION ACTIVITY ON SITE. UNDERGROUND UTILITIES ARE SHOWN BASED ON MARKINGS PROVIDED BY THE NC ONE CALL CENTER AND ABOVE GROUND UTILITIES. EXISTING CONDITIONS SHOULD BE CONSIDERED APPROXIMATE IN NATURE. WHILE EVERY EFFORT HAS BEEN MADE TO ENSURE THE ACCURACY OF THE INFORMATION GIVEN, ACTUAL FIELD CONDITIONS MAY VARY AND SHOULD BE CONFIRMED PRIOR TO CONSTRUCTION.

**NEURORESTORATIVE GROUP HOME**  
**RALEIGH, NORTH CAROLINA**  
**EXISTING CONDITIONS PLAN**

2025 S. E. Curran Avenue  
 Raleigh, North Carolina 27629  
 T: (919) 552-2045  
 F: (919) 552-2043

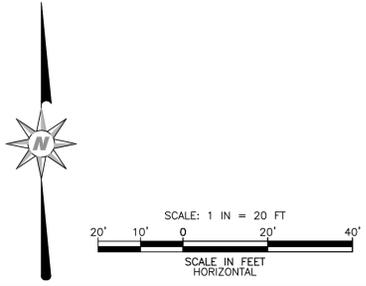


**C-01**



**SURVEY LEGEND:**

	LIGHT POLE
	EX. SPOT GRADE
	UTILITY POLE
	SANITARY SEWER CLEANOUT
	SANITARY SEWER MANHOLE
	WATER METER
	SIGN
	PROPERTY LINE
	SETBACK LINE
	EASEMENT LINE
	FENCE LINE
	SANITARY SEWER LINE
	WATER MAIN
	NATURAL GAS MAIN
	TELEPHONE LINE
	MARKED UTILITY LINE
	MINOR TOPOGRAPHICAL CONTOUR
	MAJOR TOPOGRAPHICAL CONTOUR



ALL CONSTRUCTION SHALL BE IN ACCORDANCE WITH CITY OF RALEIGH STANDARDS AND SPECIFICATIONS.



APPROVED FOR THE RECORD BY THE RECORDING DIVISION OF THE REGISTERED PROFESSIONAL ENGINEERING BOARD OF THE STATE OF NORTH CAROLINA  
 PLOTTED: 08/20/2025 10:48 AM

**IMPORTANT NOTE:**  
 EXISTING WATER AND SANITARY SEWER SERVICE LINES ARE NOT PROPOSED TO BE REUSED IN THE REDEVELOPMENT OF THE PARCEL AND ARE TO BE ABANDONED AT THE UTILITY MAIN LOCATED IN THE PUBLIC RIGHT OF WAY OR PUBLIC UTILITY EASEMENT WHERE INDICATED ON THIS DRAWING. REMOVE WATER AND SANITARY SEWER LATERALS, METERS, VALVES, AND OTHER APPURTENANCES IN ACCORDANCE WITH THE CITY OF RALEIGH PUBLIC UTILITIES DEPARTMENT (CORPUD) HANDBOOK PROCEDURE.

WAKE COUNTY WELL ABANDONMENT PERMIT NUMBER: TBD  
 WAKE COUNTY SEPTIC ABANDONMENT PERMIT NUMBER: TBD  
 DEMOLITION PERMIT NUMBER: 132295

**WELL ABANDONMENT NOTES :**

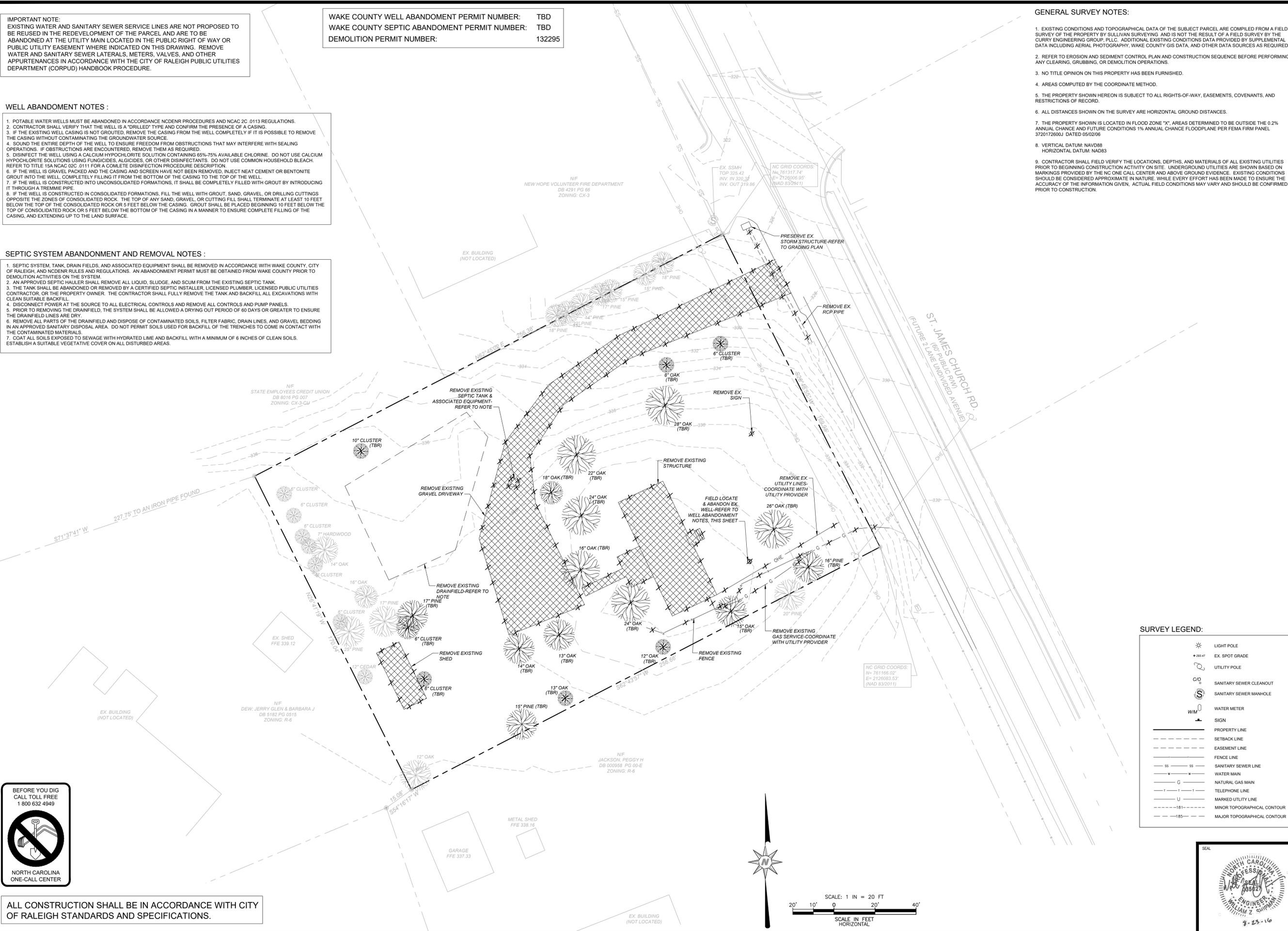
- POTABLE WATER WELLS MUST BE ABANDONED IN ACCORDANCE NCDENR PROCEDURES AND NCAC 2C.0113 REGULATIONS.
- CONTRACTOR SHALL VERIFY THAT THE WELL IS A "DRILLED" TYPE AND CONFIRM THE PRESENCE OF A CASING.
- IF THE EXISTING WELL CASING IS NOT GROUTED, REMOVE THE CASING FROM THE WELL COMPLETELY IF IT IS POSSIBLE TO REMOVE THE CASING WITHOUT CONTAMINATING THE GROUNDWATER SOURCE.
- FOUND THE ENTIRE DEPTH OF THE WELL TO ENSURE FREEDOM FROM OBSTRUCTIONS THAT MAY INTERFERE WITH SEALING OPERATIONS. IF OBSTRUCTIONS ARE ENCOUNTERED, REMOVE THEM AS REQUIRED.
- DISINFECT THE WELL USING A CALCIUM HYPOCHLORITE SOLUTION CONTAINING 65%-75% AVAILABLE CHLORINE. DO NOT USE CALCIUM HYPOCHLORITE SOLUTIONS USING FUNGICIDES, ALGICIDES, OR OTHER DISINFECTANTS. DO NOT USE COMMON HOUSEHOLD BLEACH. REFER TO TITLE 15A NCAC 22C.0111 FOR A COMPLETE DISINFECTION PROCEDURE DESCRIPTION.
- IF THE WELL IS GRAVEL PACKED AND THE CASING AND SCREEN HAVE NOT BEEN REMOVED, INJECT NEAT CEMENT OR BENTONITE GROUT INTO THE WELL, COMPLETELY FILLING IT FROM THE BOTTOM OF THE CASING TO THE TOP OF THE WELL.
- IF THE WELL IS CONSTRUCTED INTO UNCONSOLIDATED FORMATIONS, IT SHALL BE COMPLETELY FILLED WITH GROUT BY INTRODUCING IT THROUGH A TREMIE PIPE.
- IF THE WELL IS CONSTRUCTED IN CONSOLIDATED FORMATIONS, FILL THE WELL WITH GROUT, SAND, GRAVEL, OR DRILLING CUTTINGS OPPOSITE THE ZONES OF CONSOLIDATED ROCK. THE TOP OF ANY SAND, GRAVEL, OR CUTTING FILL SHALL TERMINATE AT LEAST 10 FEET BELOW THE TOP OF THE CONSOLIDATED ROCK OR 5 FEET BELOW THE CASING. GROUT SHALL BE PLACED BEGINNING 10 FEET BELOW THE TOP OF CONSOLIDATED ROCK OR 5 FEET BELOW THE BOTTOM OF THE CASING IN A MANNER TO ENSURE COMPLETE FILLING OF THE CASING, AND EXTENDING UP TO THE LAND SURFACE.

**SEPTIC SYSTEM ABANDONMENT AND REMOVAL NOTES :**

- SEPTIC SYSTEM, TANK, DRAIN FIELDS, AND ASSOCIATED EQUIPMENT SHALL BE REMOVED IN ACCORDANCE WITH WAKE COUNTY, CITY OF RALEIGH, AND NCDENR RULES AND REGULATIONS. AN ABANDONMENT PERMIT MUST BE OBTAINED FROM WAKE COUNTY PRIOR TO DEMOLITION ACTIVITIES ON THE SYSTEM.
- AN APPROVED SEPTIC HAULER SHALL REMOVE ALL LIQUID, SLUDGE, AND SCUM FROM THE EXISTING SEPTIC TANK.
- THE TANK SHALL BE ABANDONED OR REMOVED BY A CERTIFIED SEPTIC INSTALLER, LICENSED PLUMBER, LICENSED PUBLIC UTILITIES CONTRACTOR, OR THE PROPERTY OWNER. THE CONTRACTOR SHALL FULLY REMOVE THE TANK AND BACKFILL ALL EXCAVATIONS WITH CLEAN SUITABLE BACKFILL.
- DISCONNECT POWER AT THE SOURCE TO ALL ELECTRICAL CONTROLS AND REMOVE ALL CONTROLS AND PUMP PANELS.
- PRIOR TO REMOVING THE DRAINFIELD, THE SYSTEM SHALL BE ALLOWED A DRYING OUT PERIOD OF 60 DAYS OR GREATER TO ENSURE THE DRAINFIELD LINES ARE DRY.
- REMOVE ALL PARTS OF THE DRAINFIELD AND DISPOSE OF CONTAMINATED SOILS, FILTER FABRIC, DRAIN LINES, AND GRAVEL BEDDING IN AN APPROVED SANITARY DISPOSAL AREA. DO NOT PERMIT SOILS USED FOR BACKFILL OF THE TRENCHES TO COME IN CONTACT WITH THE CONTAMINATED MATERIALS.
- COAT ALL SOILS EXPOSED TO SEWAGE WITH HYDRATED LIME AND BACKFILL WITH A MINIMUM OF 6 INCHES OF CLEAN SOILS. ESTABLISH A SUITABLE VEGETATIVE COVER ON ALL DISTURBED AREAS.

**GENERAL SURVEY NOTES:**

- EXISTING CONDITIONS AND TOPOGRAPHICAL DATA OF THE SUBJECT PARCEL ARE COMPILED FROM A FIELD SURVEY OF THE PROPERTY BY SULLIVAN SURVEYING AND IS NOT THE RESULT OF A FIELD SURVEY BY THE CURRY ENGINEERING GROUP, PLLC. ADDITIONAL EXISTING CONDITIONS DATA PROVIDED BY SUPPLEMENTAL DATA INCLUDING AERIAL PHOTOGRAPHY, WAKE COUNTY GIS DATA, AND OTHER DATA SOURCES AS REQUIRED.
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- NO TITLE OPINION ON THIS PROPERTY HAS BEEN FURNISHED.
- AREAS COMPUTED BY THE COORDINATE METHOD.
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- THE PROPERTY SHOWN IS LOCATED IN FLOOD ZONE "X". AREAS DETERMINED TO BE OUTSIDE THE 0.2% ANNUAL CHANCE AND FUTURE CONDITIONS 1% ANNUAL CHANCE FLOODPLANE PER FEMA FIRM PANEL 3720172600J DATED 05/02/08.
- VERTICAL DATUM: NAVD88  
HORIZONTAL DATUM: NAD83
- CONTRACTOR SHALL FIELD VERIFY THE LOCATIONS, DEPTHS, AND MATERIALS OF ALL EXISTING UTILITIES PRIOR TO BEGINNING CONSTRUCTION ACTIVITY ON SITE. UNDERGROUND UTILITIES ARE SHOWN BASED ON MARKINGS PROVIDED BY THE NC ONE CALL CENTER AND ABOVE GROUND EVIDENCE. EXISTING CONDITIONS SHOULD BE CONSIDERED APPROXIMATE IN NATURE. WHILE EVERY EFFORT HAS BEEN MADE TO ENSURE THE ACCURACY OF THE INFORMATION GIVEN, ACTUAL FIELD CONDITIONS MAY VARY AND SHOULD BE CONFIRMED PRIOR TO CONSTRUCTION.



**SURVEY LEGEND:**

	LIGHT POLE
	EX. SPOT GRADE
	UTILITY POLE
	SANITARY SEWER CLEANOUT
	SANITARY SEWER MANHOLE
	WATER METER
	SIGN
	PROPERTY LINE
	SETBACK LINE
	EASEMENT LINE
	FENCE LINE
	SANITARY SEWER LINE
	WATER MAIN
	NATURAL GAS MAIN
	TELEPHONE LINE
	MARKED UTILITY LINE
	MINOR TOPOGRAPHICAL CONTOUR
	MAJOR TOPOGRAPHICAL CONTOUR



ALL CONSTRUCTION SHALL BE IN ACCORDANCE WITH CITY OF RALEIGH STANDARDS AND SPECIFICATIONS.

REVISIONS	DATE	DESCRIPTION

**NEURORESTORATIVE GROUP HOME  
 RALEIGH, NORTH CAROLINA  
 DEMOLITION PLAN**

T. CURRY, P.E. (10/15/04)  
 F. CURRY, P.E. (10/15/04)  
 2015 S. E. Main Street  
 Raleigh, North Carolina 27601

C-02

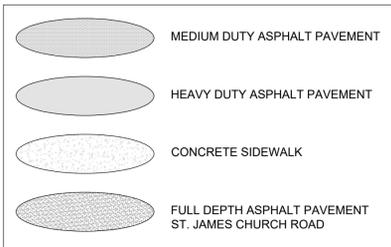
**GENERAL SITE PLAN NOTES:**

- EXISTING CONDITIONS AND TOPOGRAPHICAL DATA OF THE SUBJECT PARCEL ARE COMPILED FROM A FIELD SURVEY OF THE PROPERTY BY SULLIVAN SURVEYING AND IS NOT THE RESULT OF A FIELD SURVEY BY THE CURRY ENGINEERING GROUP, P.L.C. ADDITIONAL EXISTING CONDITIONS DATA PROVIDED BY SUPPLEMENTAL DATA INCLUDING AERIAL PHOTOGRAPHY, WAKE COUNTY GIS DATA, AND OTHER DATA SOURCES AS REQUIRED.
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- VERTICAL DATUM: NAVD88  
HORIZONTAL DATUM: NAD83
- ALL DIMENSIONS SHOWN ARE TO THE FACE OF CURB, UNLESS NOTED OTHERWISE.
- CONTRACTOR SHALL FIELD LOCATE SPILL CURB AS NEEDED FOR PROPER DRAINAGE. SPILL CURB LOCATIONS ARE NOT INDICATED ON THIS PLAN.
- COORDINATE POWER, TELEPHONE, CABLE, AND OTHER UNDERGROUND UTILITY INSTALLATION WITH THE APPROPRIATE UTILITY PROVIDER AND THE CITY OF RALEIGH.
- ALL PROPOSED SIGNAGE WILL COMPLY WITH THE CITY OF RALEIGH SIGN ORDINANCE.
- CONTRACTOR IS RESPONSIBLE FOR VERIFYING ALL GRADES PRIOR TO THE START OF CONSTRUCTION.
- MAXIMUM SIDEWALK CROSS SLOPE IS 2% (1/4 INCH PER FOOT).
- TACTILE WARNING MATS OR TRUNCATED DOMES ARE TO BE INSTALLED ON ALL WHEELCHAIR RAMPS PER THE CITY OF RALEIGH STANDARDS.
- ALL TEMPORARY TRAFFIC CONTROL MEASURES, SIGNS, AND MARKINGS SHALL BE REVIEWED AND APPROVED BY THE ENGINEER PRIOR TO IMPLEMENTATION IN THE FIELD.
- ALL PARKING STALL MARKINGS AND LANE ARROWS WITHIN THE PARKING AND VEHICULAR AREAS SHALL BE WHITE.
- MINIMUM CORNER CLEARANCE FROM CURB LINE OF INTERSECTING STREETS SHALL BE AT LEAST TWENTY (20) FEET FROM THE POINT OF TANGENCY.

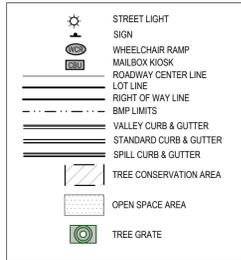
**SITE DATA TABLE**

PHYSICAL ADDRESS:	4411 ST. JAMES CHURCH ROAD
WAKE COUNTY PIN #:	1726519128
PROPERTY AREA:	1.00 AC. (BEFORE R/W DEDICATION) 0.992 AC. (AFTER R/W DEDICATION)
PROPOSED USE:	SUPPORTIVE HOUSING RESIDENCE
ZONING DISTRICT:	CX-3-CU
OVERLAY DISTRICT:	NONE
MAXIMUM BUILDING HEIGHT:	3 STORIES OR 50'
BUILDING SETBACKS:	
FRONT:	5 FEET
SIDE LOT:	5 FEET
REAR:	0 OR 6 FEET
PARKING SETBACKS:	
PRIMARY:	10 FEET
SIDE LOT:	0 OR 3 FEET
REAR:	0 OR 3 FEET
OUTDOOR AMENITY AREA REQUIRED:	0.099 AC. OR 4,324 SF
OUTDOOR AMENITY AREA PROVIDED:	0.19 AC. OR 8,420 SF
PARKING SPACES REQUIRED:	1 SP/4 BEDS + 1 SPACE, 4 MINIMUM OR 4 SPACES
PARKING SPACES PROVIDED:	8 SPACES
ACCESSIBLE SPACES REQUIRED:	1 SPACE
ACCESSIBLE SPACES PROVIDED:	2 SPACES

**PAVEMENT LEGEND**

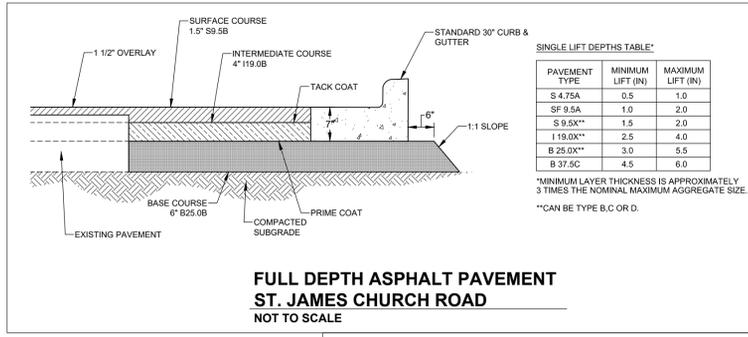
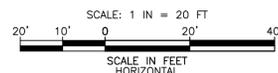


**LEGEND**



ALL CONSTRUCTION SHALL BE IN ACCORDANCE WITH CITY OF RALEIGH STANDARDS AND SPECIFICATIONS.

IMPORTANT SIGHT TRIANGLE NOTE: WITHIN THE SIGHT TRIANGLES SHOWN ON THIS PLAN, NO OBSTRUCTION BETWEEN TWO (2) AND EIGHT (8) FEET IN HEIGHT ABOVE THE CURB LINE ELEVATION OR THE NEAREST TRAVELED WAY, IF NO CURBING EXISTS.

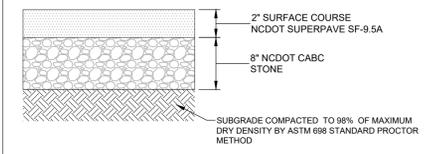


**SINGLE LIFT DEPTHS TABLE\***

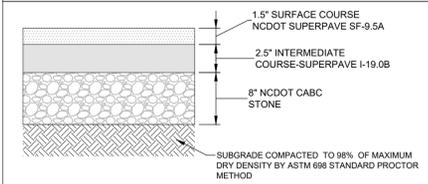
PAVEMENT TYPE	MINIMUM LIFT (IN)	MAXIMUM LIFT (IN)
S 4.75A	0.5	1.0
SF 9.5A	1.0	2.0
S 9.5X**	1.5	2.0
I 19.0X**	2.5	4.0
B 25.0X**	3.0	5.5
B 37.5C	4.5	6.0

\*MINIMUM LAYER THICKNESS IS APPROXIMATELY 3 TIMES THE NOMINAL MAXIMUM AGGREGATE SIZE.  
\*\*CAN BE TYPE B,C OR D.

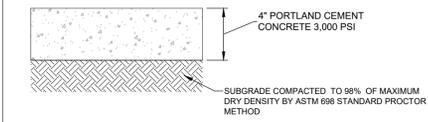
**FULL DEPTH ASPHALT PAVEMENT ST. JAMES CHURCH ROAD NOT TO SCALE**



**MEDIUM DUTY ASPHALT PAVEMENT NOT TO SCALE**



**HEAVY DUTY ASPHALT PAVEMENT NOT TO SCALE**



**CONCRETE SIDEWALK PAVEMENT NOT TO SCALE**

SOLID WASTE SERVICE SHALL BE PROVIDED VIA 96 GALLON ROLL-OUT CART TO THE PUBLIC RIGHT-OF-WAY. CARTS SHALL BE STORED IN AN AREA SCREENED FROM ADJACENT PROPERTIES.

**NEURORESTORATIVE GROUP HOME  
RALEIGH, NORTH CAROLINA  
SITE LAYOUT PLAN**

2025 S. Eileen Hester  
Curry, North Carolina, NC 27629  
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**C-03**



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