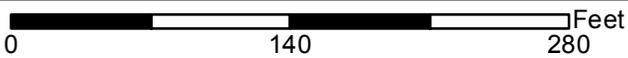
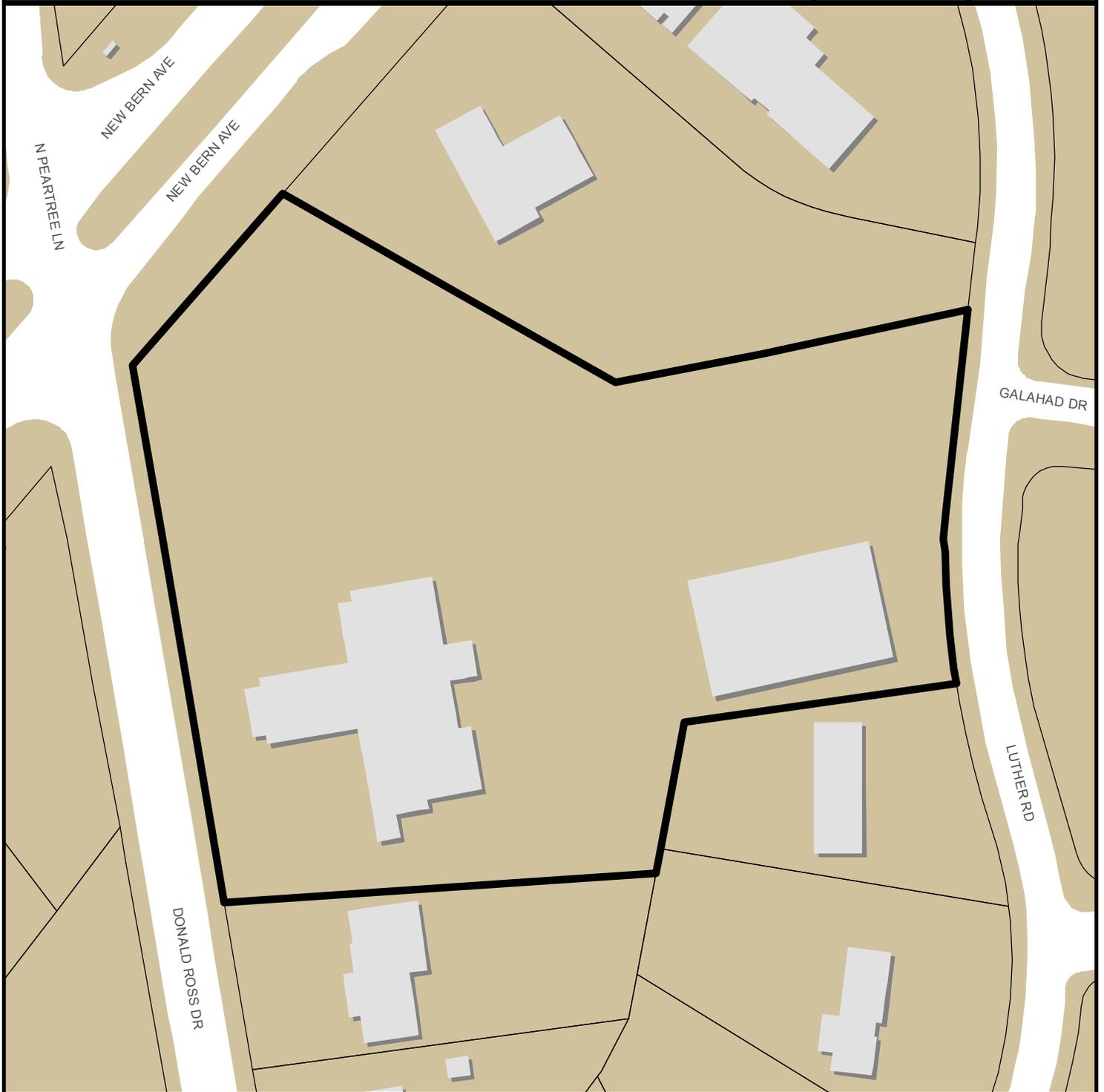


ALLIANCE MEDICAL MINISTRY S-29-2015



Zoning: **O&I-1 CUD**
CAC: **East Raleigh**
Drainage Basin: **Crabtree Basin**
Acreage: **4.17**
Number of Lots: **2**

Planner: **Michael Walters**
Phone: **(919) 996-2636**
Applicant: **Alliance Medical
Ministry**
Phone: **(919) 250-3394**





Planning & Development

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.

S-29-15

GROUP 3564 65

Preliminary Approvals		FOR OFFICE USE ONLY
<input 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 checked="" 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 431550 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 # **A21078**

GENERAL INFORMATION

Development Name **ALLIANCE MEDICAL MINISTRY**

Proposed Use *no change in use*

Property Address(es) **101 DONALD ROSS DRIVE**

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

P.I.N. Recorded Deed 1723-19-2900	P.I.N. Recorded Deed	P.I.N. Recorded Deed	P.I.N. Recorded Deed
---	----------------------	----------------------	----------------------

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 not 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.

CLIENT (Owner or Developer)

Company Alliance Medical Ministry Inc.	Name (s) Meg Rader, Executive Director
Address 101 Donald Ross Drive, Raleigh, NC 27610	
Phone (919) 250-3394	Email MRader@alliancemedicalministry.org Fax n/a

CONSULTANT (Contact Person for Plans)

Company CMS Engineering	Name (s) Patti Hildreth
Address 743 W. Johnson Street, Suite C, Raleigh, NC 27603	
Phone (919) 833-0830	Email patti@cmsengineering.net Fax (919) 833-1926

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

Zoning Information		Building Information	
Zoning District(s)	CUD O&I-1	Proposed building use(s)	Church (Lot 1), Gymnasium (Lot 2)
If more than one district, provide the acreage of each		Existing Building(s) sq. ft. gross	
Overlay District	n/a	Proposed Building(s) sq. ft. gross	
Total Site Acres	Inside City Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Total sq. ft. gross (existing & proposed)	
Off street parking Required	Provided	Proposed height of building(s)	
COA (Certificate of Appropriateness) case #		FAR (floor area ratio percentage)	
BOA (Board of Adjustment) case # A-		Building Lot Coverage percentage	(site plans only)
CUD (Conditional Use District) case # Z-			

Stormwater Information

Existing Impervious Surface	acres/square feet	Flood Hazard Area	<input type="checkbox"/> Yes <input type="checkbox"/> No
Proposed Impervious Surface	acres/square feet	If Yes, please provide	
Neuse River Buffer	<input type="checkbox"/> Yes <input type="checkbox"/> No	Alluvial Soils	Flood Study FEMA Map Panel #
Wetlands	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

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.

FOR SUBDIVISION, APARTMENT, TOWNHOUSE, CONDOMINIUM PROJECTS ONLY

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

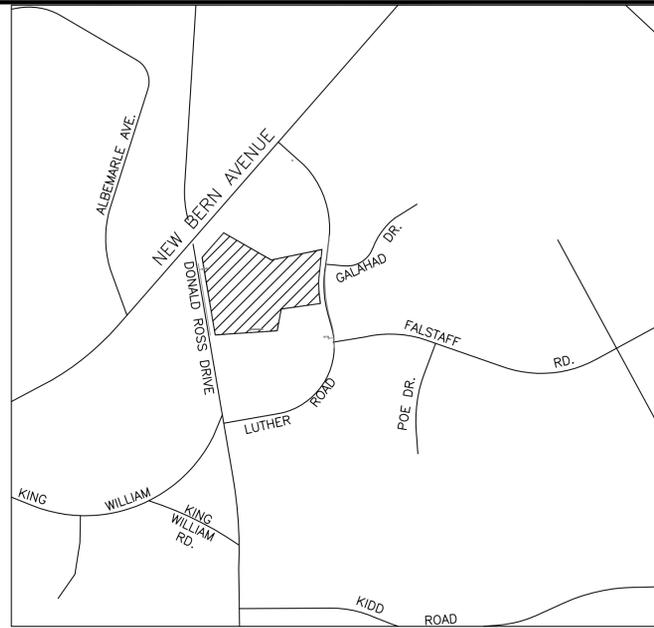
I hereby designate CMS Engineering to serve as my agent regarding this application, to receive and respond to administrative comments, to resubmit plans on my behalf and to represent me in any public meeting regarding this application.

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

Signed Margaret P. Raabe, Executive Director Date 4-25-2015
 Signed Alliance Medical Ministry Date _____

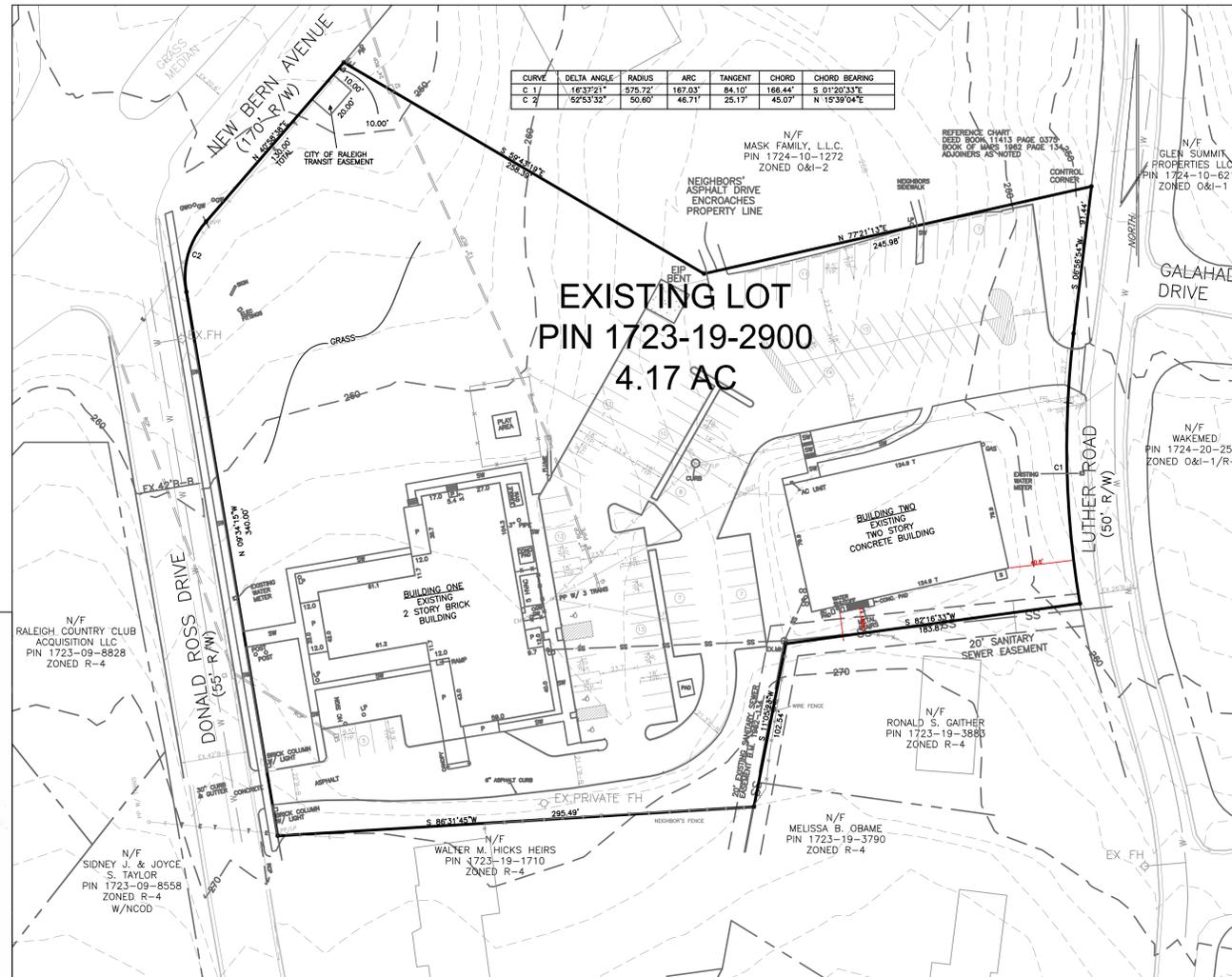
TO BE COMPLETED BY APPLICANT			TO BE COMPLETED BY CITY STAFF		
	YES	N/A	YES	NO	N/A
General Requirements					
1. Filing Fee for Plan Review – Payments may be made by cash, Visa, Master Card or check made payable to: City of Raleigh (No fee for Infill recombination)	<input checked="" type="checkbox"/>				
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 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 or Subdivision Plan	<input checked="" type="checkbox"/>				
d) Proposed Grading and Stormwater Plan	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
e) Proposed Utility Plan, including Fire	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
f) Proposed Tree Conservation Plan	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
g) Proposed Landscaping Plan (Landscape Plan not required for commercial subdivisions)	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
h) Building elevations that show maximum height from natural and finished grade, buildings to be removed	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
i) Transportation Plan	<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"/>				
7. Plan size 18"x24" or 24"x36"	<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"/>				
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 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"/>			

ALLIANCE MEDICAL MINISTRY PRELIMINARY SUBDIVISION S- -15



INDEX OF SHEETS

TITLE & EXISTING CONDITIONS SD-1
SUBDIVISION, STORMWATER & UTILTY SD-2



NOT RELEASED FOR CONSTRUCTION

CMS Engineering
743 W. Johnson St., Suite C
Raleigh, NC 27603
PHONE: (919) 833-0830 FAX: (919) 833-1926

ALLIANCE MEDICAL MINISTRY
PRELIMINARY SUBDIVISION
110 Donald Ross Drive
Raleigh, NC



Development Services
Customer Service Center
One Exchange Plaza
3 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 type="checkbox"/> Site Plans for Planning Commission <input type="checkbox"/> Preliminary Administrative Site Plans <input type="checkbox"/> Group Housing ** <input type="checkbox"/> Multi-Family (Belt)**	Transaction Number Assigned Project Coordinator Assigned Team Leader
<input type="checkbox"/> Subdivision* <input type="checkbox"/> Cluster Subdivision** <input type="checkbox"/> Infill Subdivision** <input type="checkbox"/> Expedited Subdivision Review <input type="checkbox"/> Commercial Subdivision <input type="checkbox"/> Compact Development <input type="checkbox"/> Conservation Subdivision	* 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 ID

GENERAL INFORMATION

Development Name: **ALLIANCE MEDICAL MINISTRY**

Proposed Use:

Property Address: **101 DONALD ROSS DRIVE**

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
1723-19-2900			

What is your project type? Apartment Office Elderly facilities Hospital Hotel/Motel 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 10-213.2, summarize the reason(s) this plan can be reviewed administratively and requiring Planning Commission or City Council approval.

PLANNING COMMISSION: Per City Code Section 10-213.2, summarize the reason(s) this plan requires Planning Commission or City Council Preliminary Approval.

CLIENT (Owner or Developer):
Company: **Alliance Medical Ministry Inc.** Name (S): **Meg Rader, Executive Director**
Address: **101 Donald Ross Drive, Raleigh, NC 27610**
Phone (919) 250-3394 Email: **MRader@alliancemedicalministry.org** Fax: n/a

CONSULTANT (Contact Person for Plans):
Company: **CMS Engineering** Name (S): **Patti Hildreth**
Address: **743 W. Johnson Street, Suite C, Raleigh, NC 27603**
Phone (919) 833-0830 Email: **patti@cmsengineering.net** Fax (919) 833-1926

DEVELOPMENT TYPE & SITE DATA TABLE (Applicable to all developments)	
Zoning Information	Building Information
Zoning District(s): CUD O&I-1	Proposed building use(s): Church (Lot 1), Gymnasium (Lot 2)
If more than one district, provide the acreage of each	Existing building(s) sq. ft. gross
Overlay District: n/a	Proposed building(s) sq. ft. gross
Total Site Acres: Inside City Limits: Yes No	Total sq. ft. gross (existing & proposed)
Off street parking Required: Provided	Proposed height of building(s)
CDA (Certificate of Appropriateness) case #	FAR (Floor area ratio percentage)
BOA (Board of Adjustment) case # A:	Building Lot Coverage percentage (Site plans only)
CUD (Conditional Use District) case # C:	
Existing Impervious Surface: acres/square feet	Flood Hazard Area: Yes No
Proposed Impervious Surface: acres/square feet	If yes, please provide: Alluvial Soils Flood Study FEMA Map Panel #
Nearby River Buffer: Yes No	

CONFORMITY WITH THE COMPREHENSIVE PLAN (Applicable to all developments)
Provide a description of how your plan conforms to the goals of the Comprehensive Plan 2006.

FOR SUBDIVISION, APARTMENT, TOWNHOUSE, CONDOMINIUM PROJECTS ONLY	
1. Total # of Townhouse Lots: Detached Attached	11. Total number of all lots: 2
2. Total # of Single Family Lots: n/a	12. Is your project a cluster unit development? Yes No
3. Total # of Apartment or Condominium Units: n/a	If yes, please answer the questions below:
4. Total # of Congregate Care or Life Care Dwelling Units: n/a	
5. Total # of Mobile Home Lots: n/a	a) Total number of Townhouse Lots
6. Total number of Hotel Units: n/a	b) Total number of Single Family Lots
7. Overall Total # of Dwelling Units (1-6 Above): n/a	c) Total number of Group Housing Units
8. Bedroom Units: 1br 2br 3br 4br or more	d) Total number of Open Space Lots
9. Overall Units/Acre Densities Per Zoning District(s):	e) Minimum Lot Size
10. Total number of Open Space (only) lots:	f) Total number of Paces
	g) Perimeter Protective Yard Provided: Yes No
	h) Must provide open space quotient per City Code 10-3071 (5)

SIGNATURE BLOCK (Applicable to all developments)
By filing this plan as the property owner(s), I/we do hereby agree and fully 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 _____ 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.
You have read, understood and affirm that you are filing this application in conformity with all applicable rules and regulations with the proposed development use.
Signed: **Meg Rader, Executive Director** Date: **4-25-2015**

LEGEND

- COMPUTED POINT
- IRON PIPE SET
- EXISTING IRON PIPE
- STREET ADDRESS
- PP POWER POLE
- LP LIGHT POLE
- E- OVERHEAD ELECTRIC LINES
- T- OVERHEAD TELEPHONE LINES
- X- FENCE
- WV CENTER LINE CREEK
- FH WATER VALVE
- CO FIRE HYDRANT
- LP SANITARY SEWER CLEAN OUT
- MH SANITARY SEWER MANHOLE
- WM WATER METER
- CB CATCH BASIN
- DI DROP INLET
- C&G CURB AND GUTTER
- EOP EDGE OF PAVEMENT
- BOC BACK OF CURB
- FES FLARED END SECTION
- RCP REINFORCED CONCRETE PIPE
- GW GUY WIRE
- EM ELECTRIC METER
- P PORCH
- S STOOP
- GV GAS VALVE

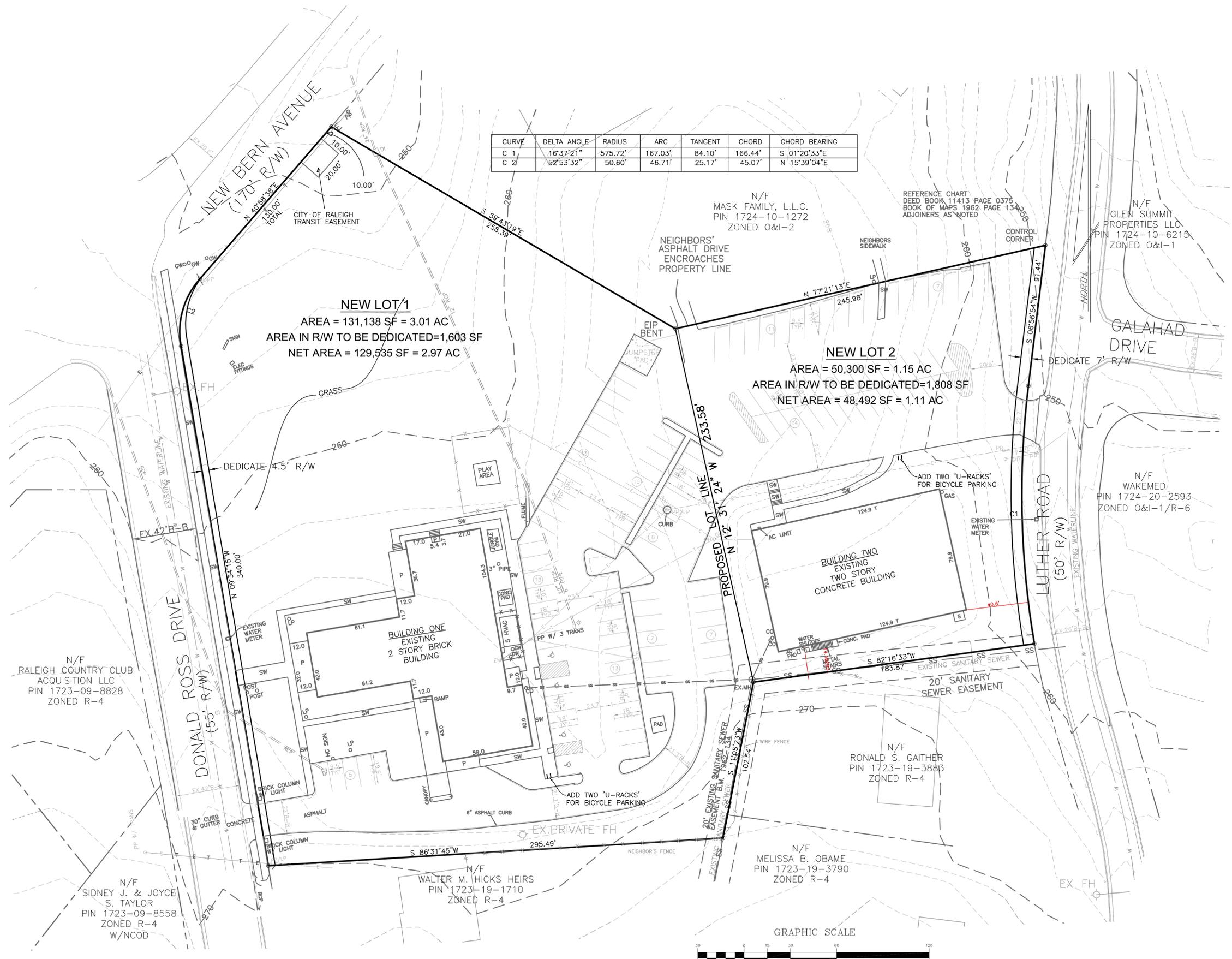
PROJECT INFORMATION
ADDRESS: 101 DONALD ROSS DR.
WAKE CO. PIN: 1723-19-2900
ZONING: CUD O&I-1
OWNER: ALLIANCE MEDICAL MINISTRY INC.
101 DONALD ROSS DR.
RALEIGH, NC 27610
mradler@alliancemedicalministry.org
(919) 250-3394
TOTAL SITE AREA: 4.17 AC
CURRENT & PROPOSED USES:
BUILDING 1 Sanctuary, Offices & Medical Offices
BUILDING 2 Gymnasium & associated offices

PROPOSED LOT 1 AREA: 3.01 AC
R/W TO BE DEDICATED: 0.04 AC
LOT 1 NET AREA: 2.97 AC
PARKING REQUIRED: 120 spaces
2,818sf office, 200sf = 7
320 seats sanctuary, 1seats = 80
10,000sf medical office, 200sf = 33
PARKING PROVIDED: 139 spaces
BICYCLE PKG REQ'D & PROVIDED: 4 sp
PROPOSED LOT 2 AREA: 1.15 AC
R/W TO BE DEDICATED: 0.04 AC
LOT 2 NET AREA: 1.11 AC
PARKING REQUIRED: 39 spaces
2,360sf office, 200sf = 6
10,000sf gymnasium, 200sf = 33
PARKING PROVIDED: 47 spaces
BICYCLE PKG REQ'D & PROVIDED: 4 sp

- SUBDIVISION NOTES:
- FIELD SURVEY BY NIAL GILLESPIE, PLS LAND SURVEYING.
 - THERE WILL BE NO CHANGE IN IMPERVIOUS AREA ON THESE SITES.
 - THERE WILL BE NO CHANGE IN USE OF THE EXISTING BUILDINGS.
 - A CROSS ACCESS EASEMENT WILL BE RECORDED WITH THE SUBDIVISION PLAT.
 - THERE IS AN EXISTING TRANSIT EASEMENT ON NEW BERN AVENUE.
 - THE EXISTING BUILDINGS ARE SERVED BY SEPARATE WATER AND SEWER SERVICES.
 - THERE WILL BE NO NEW BUILDINGS ADDED ON THESE SITES.
 - 7' OF RIGHT OF WAY TO BE DEDICATED ALONG LUTHER ROAD FRONTAGE FOR 1/2 OF 64' R/W (AVENUE 2 LANE UNDIVIDED).
 - 4.5' OF RIGHT OF WAY TO BE DEDICATED ALONG DONALD ROSS ROAD FRONTAGE FOR 1/2 OF 64' RIGHT OF WAY (AVENUE 2 LANE UNDIVIDED).
 - PAY FEE IN LIEU FOR 258' OF 5.5' ROAD WIDENING, 6' SIDEWALK AND STREET TREES ALONG LUTHER ROAD FRONTAGE.
 - PAY FEE IN LIEU FOR 340' OF ROAD WIDENING, 1' OF SIDEWALK AND STREET TREES ALONG LUTHER ROAD FRONTAGE.
 - NEW BERN AVENUE WIDENING REQUIREMENTS TO BE DETERMINED BY NCDOT.

REVISIONS

TITLE & EXISTING CONDITIONS PLAN
DWG NAME: ALLIANCE SD
DRAWN: PDH
CHECKED: PDH
PLAN DATE: MAY 6, 2015
DATE ISSUED: MAY 6, 2015
SCALE: 1"=50'
SD-1



NOT RELEASED FOR CONSTRUCTION

ALLIANCE MEDICAL MINISTRY
PRELIMINARY SUBDIVISION

CMS Engineering
743 W. Johnson St., Suite C
Raleigh, NC 27603
PHONE: (919) 833-0830 FAX: (919) 833-1926

110 Donald Ross Drive
Raleigh, NC

REVISIONS

PRELIMINARY
SUBDIVISION,
UTILITY &
STORM PLAN

DWG NAME:
ALLIANCE SD
DRAWN:
PDH
CHECKED:
PDH
PLAN DATE:
MAY 6, 2015
DATE ISSUED:
MAY 6, 2015
SCALE: 1"=30'

SD-2

- SUBDIVISION NOTES:**
- FIELD SURVEY BY NIALL GILLESPIE, PLS LAND SURVEYING.
 - THERE WILL BE NO CHANGE IN IMPERVIOUS AREA ON THESE SITES.
 - THERE WILL BE NO CHANGE IN USE OF THE EXISTING BUILDINGS.
 - A CROSS ACCESS EASEMENT WILL BE RECORDED WITH THE SUBDIVISION PLAT.
 - THERE IS AN EXISTING TRANSIT EASEMENT ON NEW BERN AVENUE.
 - THE EXISTING BUILDINGS ARE SERVED BY SEPARATE WATER AND SEWER SERVICES.
 - THERE WILL BE NO NEW BUILDINGS ADDED ON THESE SITES.
 - 7' OF RIGHT OF WAY TO BE DEDICATED ALONG LUTHER ROAD FRONTAGE FOR 1/2 OF 64' R/W (AVENUE 2 LANE UNDIVIDED).
 - 4.5' OF RIGHT OF WAY TO BE DEDICATED ALONG DONALD ROSS ROAD FRONTAGE FOR 1/2 OF 64' R/W (AVENUE 2 LANE UNDIVIDED).
 - PAY FEE IN LIEU FOR 258' OF 5.5' ROAD WIDENING, 6" SIDEWALK AND STREET TREES ALONG LUTHER ROAD FRONTAGE.
 - PAY FEE IN LIEU FOR 340' OF ROAD WIDENING, 1' OF SIDEWALK AND STREET TREES ALONG LUTHER ROAD FRONTAGE.
 - NEW BERN AVENUE WIDENING REQUIREMENTS TO BE DETERMINED BY NCDOT.

