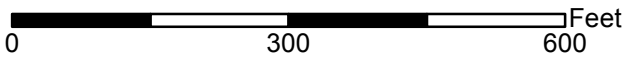
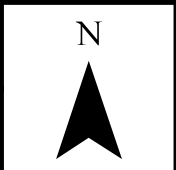


VAULT CRAFT BEER SR-44-2018



Zoning: **NX-3-UL**
CAC: **Central**

Drainage Basin: **Rocky Branch**
Acreage: **0.32**
Sq. Ft.: **1,120**

Planner: **Daniel Stegall**
Phone: **(919) 996-2712**

Applicant: **John Kelly**
Phone: **(919) 781-8403**



SR-44-18

Administrative Site Review Application (for UDO Districts only)



**DEVELOPMENT
SERVICES
DEPARTMENT**

Development Services Customer Service Center | 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 555405 Assigned Project Coordinator <i>JE</i> Assigned Team Leader <i>Stegall</i>
Has your project previously been through the Due Diligence or Sketch Plan Review process? If yes, provide the transaction #		
GENERAL INFORMATION		
Development Name Change of Use for Vault Craft Beer		
Zoning District NX-3-UL	Overlay District (if applicable) N/A	Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Proposed Use Restaurant/Bar		
Property Address(es) 518 W. South Street	Major Street Locator: W. South Street	
Wake County Property Identification Number(s) for each parcel to which these guidelines will apply:		
P.I.N. 1703466312 (Tract 1)	P.I.N.	P.I.N.
What is your project type? <input type="checkbox"/> Apartment <input type="checkbox"/> Mixed Residential <input type="checkbox"/> Duplex <input checked="" type="checkbox"/> Other: If other, please describe: Restaurant/Bar		
<input type="checkbox"/> Elderly Facilities <input type="checkbox"/> School <input type="checkbox"/> Religious Institutions		
<input type="checkbox"/> Hospitals <input type="checkbox"/> Shopping Center <input type="checkbox"/> Residential Condo		
<input type="checkbox"/> Hotels/Motels <input type="checkbox"/> Banks <input type="checkbox"/> Retail		
<input type="checkbox"/> Office <input type="checkbox"/> Industrial Building <input type="checkbox"/> Cottage Court		
WORK SCOPE	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. Change of Use from Retail/Sales to Restaurant/Bar. Existing use requires 4 vehicle parking spaces and 4 short term bike spaces. Propose use requires 8 vehicle parking spaces, 4 short term bike, and 4 long term bike parking spaces. 8 vehicle spaces will be provided offsite with the allowed 660' and 8 bike parking spaces in the project parcel.	
DESIGN ADJUSTMENT OR ADMIN ALTERNATE	Per City Code Chapter 8, summarize if your project requires either a design adjustment, or Section 10 - Alternate Administrative AE	
CLIENT/DEVELOPER/OWNER	Company Vault Craft Beer, Inc.	Name (s) John G. Kelly
	Address 518 W. South Street, Raleigh, North Carolina 27601	
	Phone 919.781.8403	Email greg@vaultcraftbeer.com Fax N/A
CONSULTANT (Contact Person for Plans)	Company JDavis Architects	Name (s) Ken Thompson
	Address 510 S. Wilmington Street, Raleigh, North Carolina 27601	
	Phone 919.835.1500	Email kent@jdavisarchitects.com Fax 919.835.1510

DEVELOPMENT TYPE & SITE DATA TABLE (Applicable to all developments)	
Zoning Information	Building Information
Zoning District(s) NX-3-UL	Proposed building use(s) Restaurant/Bar (Use Change Only)
If more than one district, provide the acreage of each: 0.11 AC	Existing Building(s) sq. ft. gross 1,120 SF
Overlay District N/A	Proposed Building(s) sq. ft. gross 0 SF
Total Site Acres Inside City Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Total sq. ft. gross (existing & proposed) 1,120 SF
Off street parking: Required 8 Provided 8 remote	Proposed height of building(s) N/A
COA (Certificate of Appropriateness) case # N/A	# of stories One Story
BOA (Board of Adjustment) case # A-N/A	Ceiling height of 1 st Floor N/A
CUD (Conditional Use District) case # Z- N/A	
Stormwater Information	
Existing Impervious Surface 4,009 SF acres/square feet	Flood Hazard Area <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Proposed Impervious Surface 4,009 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Flood Study <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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 _____	6. Infill Development 2.2.7 _____
3. Total Number of Hotel Units _____	7. Open Space (only) or Amenity _____
4. Overall Total # Of Dwelling Units (1-6 Above) _____	8. Is your project a cottage court? <input type="checkbox"/> Yes <input 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 <u>Ken Thompson</u> 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 <u><i>John G. Kelly</i></u>	Date <u>5-15-2018</u>
Printed Name <u>JOHN G. KELLY, PRESIDENT</u> <u>SOUTH STREET HOLDINGS.</u>	
Signed _____	Date _____
Printed Name _____	