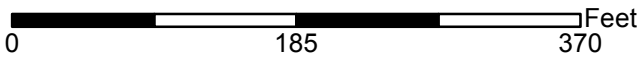
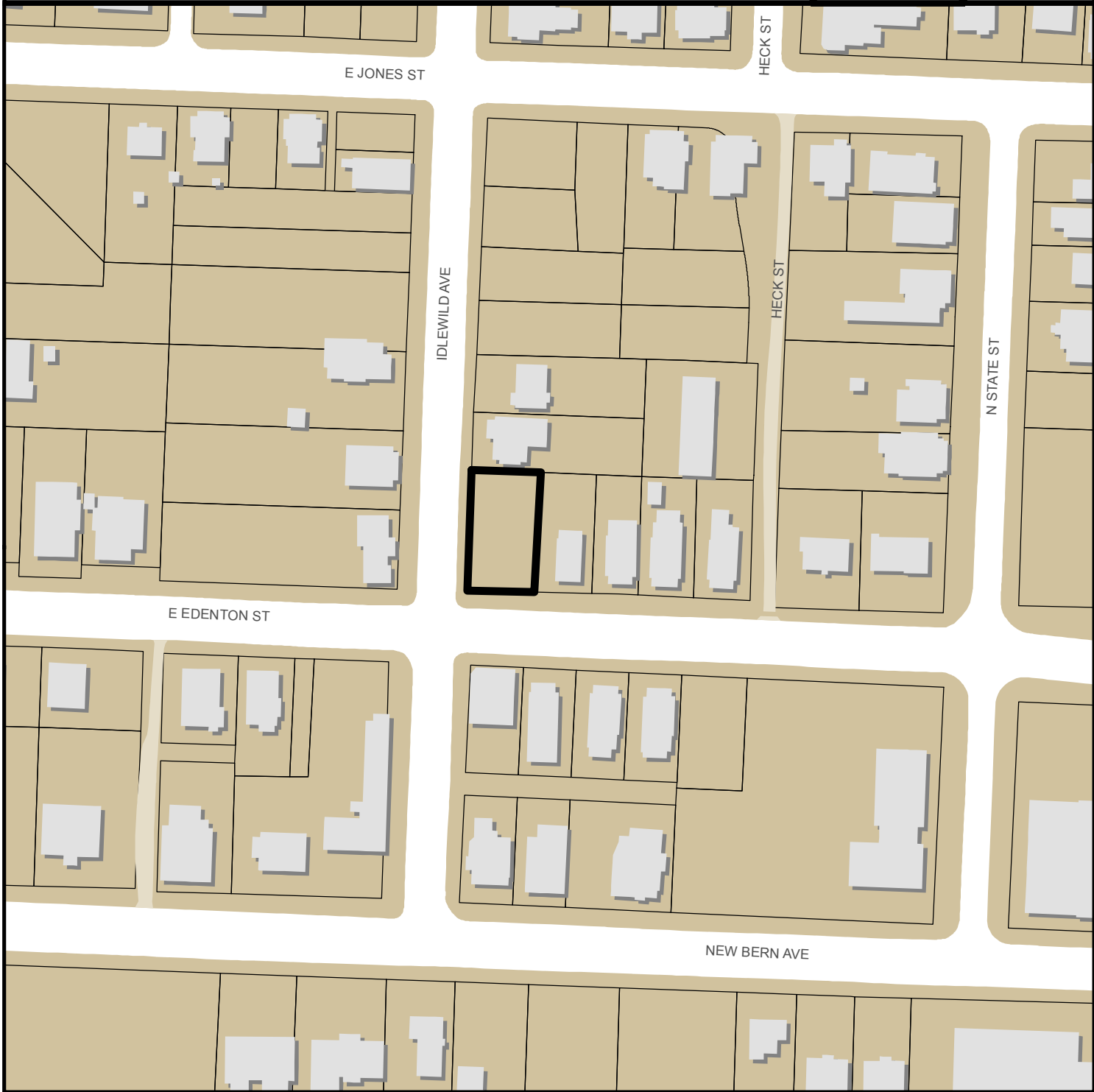
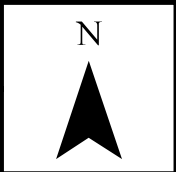
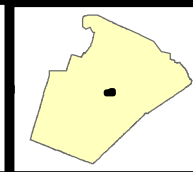


901 E. EDENTON STREET SR-45-2018



Zoning: **RX-3 w/NCOD**
CAC: **North Central**
Drainage Basin: **Pigeon House**
Acreage: **0.15**
Sq. Ft.: **7,400**

Planner: **Michael Walters**
Phone: **(919) 996-2636**
Applicant: **Five Horizon's
Development**
Phone: **(919) 398-3927**



Administrative Site Review Application (for UDO Districts only)



**DEVELOPMENT
SERVICES
DEPARTMENT**

901 E EDENTON ST

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

SR-45-18

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 type="checkbox"/> General <input type="checkbox"/> Mixed Use <input type="checkbox"/> Open Lot <input checked="" type="checkbox"/> Civic = UDO 3.2.7	Transaction Number 555165 Assigned Project Coordinator LE Assigned Team Leader

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

GENERAL INFORMATION

Development Name **901 E. EDENTON ST.**

Zoning District **RX-3** Overlay District (if applicable) **NCOD** Inside City Limits? Yes No

Proposed Use **APARTMENT**

Property Address(es) **901 E. EDENTON ST. RALEIGH, NC 27601** Major Street Locator: **EDENTON ST**

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

P.I.N. **1713190378** P.I.N. P.I.N. P.I.N.

What is your project type? Apartment Elderly Facilities Hospitals Hotels/Motels Office
 Mixed Residential Non-Residential Condo School Shopping Center Banks Industrial Building
 Duplex Telecommunication Tower Religious Institutions Residential Condo Retail Cottage Court
 Other: If other, please describe: _____

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.
5 ATTACHED RESIDENTIAL UNITS, 5 PARKING SPACES REQUIRED

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
N/A

CLIENT/DEVELOPER/OWNER

Company FIVE HORIZONS	Name (s) COREY MASON
Address 310 HECK ST. RALEIGH, NC 27601	
Phone 919.398.3927	Email STUART@FIVEHORIZONSDEVELOPMENT.COM Fax 919.380.8752

CONSULTANT (Contact Person for Plans)

Company STEWART	Name (s) ADAM PIKE
Address 421 FAYETTEVILLE ST., SUITE 400, RALEIGH, NC 27601	
Phone 919.866.4805	Email APIKE@STEWARTINC.COM Fax 919.380.8752

*Impervious note: Previous pavement to be used for stormwater treatment. Proposed impervious area shown on application accounts for pavement as impervious area.

DEVELOPMENT TYPE & SITE DATA TABLE (Applicable to all developments)	
Zoning Information	Building Information
Zoning District(s) RX-3	Proposed building use(s) APARTMENT
If more than one district, provide the acreage of each: N/A	Existing Building(s) sq. ft. gross 1620 (demoed...permit attached)
Overlay District NEIGHBORHOOD CONSERVATION OVERLAY DISTRICT	Proposed Building(s) sq. ft. gross 7,400
Total Site Acres Inside City Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 0.145	Total sq. ft. gross (existing & proposed) 7,400
Off street parking: Required 5 Provided 5	Proposed height of building(s) 30'
COA (Certificate of Appropriateness) case # N/A	# of stories 3
BOA (Board of Adjustment) case # A- N/A	Ceiling height of 1 st Floor 8'
CUD (Conditional Use District) case # Z- N/A	
Stormwater Information	
Existing Impervious Surface 0 acres/square feet	Flood Hazard Area <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Proposed Impervious Surface 3,688* 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	5. Bedroom Units: 1br 5 2br 3br 4br or more
2. Total # Of Congregate Care Or Life Care Dwelling Units N/A	6. Infill Development 2.2.7 N/A
3. Total Number of Hotel Units N/A	7. Open Space (only) or Amenity 630 SF
4. Overall Total # Of Dwelling Units (1-6 Above) N/A	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 **Corey Mason** 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 **05/14/18**

Printed Name **Corey Mason**

Signed _____ Date _____

Printed Name _____