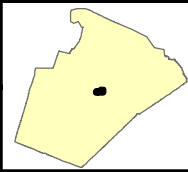


107 N. STATE STREET SUBDIVISION S-33-18



Zoning: **R-10**

CAC: **North Central**

Drainage Basin: **Pigeon House**

Acreage: **0.27**

Number of Lots: **2**

Planner: **Jermont Purifoy**

Phone: **(919) 996-2645**

Applicant: **Debra Hyson**

Phone: **(919) 349-0063**



N STATE STREET SUBD
S-33-18

Preliminary Subdivision Plan Application



**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 review type and include the Plan Checklist document.

Office Use Only: Transaction # 563950		Project Coordinator		Team Leader PURIFOY	
PRELIMINARY APPROVALS					
<input checked="" type="checkbox"/> Subdivision *		<input type="checkbox"/> Conventional Subdivision		<input type="checkbox"/> Compact Development	
<input type="checkbox"/> Conservative Subdivision					
*May require City Council approval if in a Metro Park Overlay or Historic Overlay District					
If your project has been through the Due Diligence process, provide the transaction #:					
GENERAL INFORMATION					
Development Name 107 N. State Street					
Proposed Use Residential					
Property Address(es) 107 N. State Street, Raleigh, NC 27601					
Wake County Property Identification Number(s) for each parcel to which these guidelines will apply:					
PIN Recorded Deed 1713-19-3591 - DB 13251 Pg 982		PIN Recorded Deed		PIN Recorded Deed	
What is your project type?					
<input checked="" type="checkbox"/> Single family		<input type="checkbox"/> Townhouse		<input type="checkbox"/> Subdivision in a non-residential zoning district	
<input type="checkbox"/> Other (describe):					
OWNER/DEVELOPER INFORMATION					
Company Name			Owner/Developer Name Debra Hyson		
Address 414 N. King Charles Rd Raleigh NC 27610					
Phone 919-349-0063		Email		Fax	
CONSULTANT/CONTACT PERSON FOR PLANS					
Company Name True Line Surveying			Contact Name Curk Lane		
Address 205 West Main St, Clayton, NC 27520					
Phone 919-359-0427		Email curk@truelinesurveying.com		Fax 919-359-0428	

DEVELOPMENT TYPE AND SITE DATE TABLE (Applicable to all developments)	
ZONING INFORMATION	
Zoning District(s) R-10	
If more than one district, provide the acreage of each:	
Overlay District? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
CUD (Conditional Use District) Case # Z-	
COA (Certificate of Appropriateness) Case #	
BOA (Board of Adjustment) Case # A-	
STORMWATER INFORMATION	
Existing Impervious Surface 1812 acres/sf	Flood Hazard Area <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Proposed Impervious Surface acres/sf	Neuse River Buffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Wetlands <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If in a Flood Hazard Area, provide the following:	
Alluvial Soils	Flood Study FEMA Map Panel #
NUMBER OF LOTS AND DENSITY	
Total # of Townhouse Lots: Detached	Attached
Total # of Single Family Lots 2	Total # of All Lots 2
Overall Unit(s)/Acre Densities Per Zoning Districts	
Total # of Open Space and/or Common Area Lots	
SIGNATURE BLOCK (Applicable to all developments)	
<p>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.</p> <p>I hereby designate True Line Surveying 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.</p> <p>I/we have read, acknowledge, and affirm that this project is conforming to all application requirements applicable with the proposed development use.</p>	
_____ Signature	_____ Date
_____ Signature	_____ Date

GENERAL REQUIREMENTS	TO BE COMPLETED BY APPLICANT		OFFICE USE ONLY		
	YES	N/A	YES	NO	N/A
1. Applicant must contact a Planner to determine if a Pre-Application Conference is required prior to application submittal	<input checked="" type="checkbox"/>		✓		
2. Filing fee for plan review – payments may be made by cash, Visa, Mastercard, or check made payable to the City of Raleigh (no fee for infill recombination)	<input checked="" type="checkbox"/>				
3. Preliminary Subdivision Plan Application must be completed and signed by the property owner	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
4. Applicant must complete and print page 1 and 2 of the Preliminary Subdivision Plan Application to the plan cover sheet (not applicable for infill recombination)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	✓		
5. I have referenced the Preliminary Subdivision Plan Checklist, and by using this as a guide, it will ensure that I receive a complete and thorough first review by the City	<input checked="" type="checkbox"/>				
6. Provide the following plan sheets:	<input checked="" type="checkbox"/>				
a) Cover sheet, to include general notes, owner's name, contact's name, phone number, mailing address, email address	<input checked="" type="checkbox"/>		✓		
b) Existing conditions sheet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	✓		
c) Proposed 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
h) Transportation Plan	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
7. 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"/>				
8. Plan size must be 18" x 24" or 24" x 36"	<input checked="" type="checkbox"/>				
9. 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"/>		✓		
10. 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"/>		✓		
11. 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"/>		✓		
12. Wake County School form, if dwelling units are proposed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	✓		
13. Preliminary stormwater quantity and quality summary and calculations package	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
14. 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"/>			