

AMBER SPRING SR-80-2016



0 300 600 1,200 Feet

Zoning: **Northeast**
CAC: **Beaverdam Creek**
Drainage Basin: **2.29**
Acreage: **52,264**
Sq. Ft.:

Planner: **Michael Walters**
Phone: **(919) 996-2636**
Applicant: **Amber Spring
Housing Associates**
Phone: **(919) 848-2041**



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 | ofax 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 checked="" type="checkbox"/> Apartment <input type="checkbox"/> Townhouse	<input checked="" type="checkbox"/> General <input type="checkbox"/> Mixed Use <input type="checkbox"/> Open Lot <i>SR-80-116</i>	Transaction Number <i>488675</i> Assigned Project Coordinator Assigned Team Leader	
Has your project previously been through the Due Diligence process? If yes, provide the transaction # NO			
GENERAL INFORMATION			
Development Name AMBER SPRING			
Zoning District CX-3-PK			
Proposed Use APARTMENTS			
Property Address(es) 5000 SPRING FOREST ROAD			
Wake County Property Identification Number(s) for each parcel to which these guidelines will apply:			
P.I.N. Recorded Deed 1736068507	P.I.N. Recorded Deed	P.I.N. Recorded Deed	P.I.N. Recorded Deed
What is your project type? <input checked="" type="checkbox"/> Apartment <input type="checkbox"/> Banks <input checked="" type="checkbox"/> Elderly Facilities <input type="checkbox"/> Hospitals <input type="checkbox"/> Hotels/Motels <input type="checkbox"/> Industrial Building <input type="checkbox"/> Mixed Residential <input type="checkbox"/> Non-Residential Condo <input type="checkbox"/> Office <input type="checkbox"/> Religious Institutions <input type="checkbox"/> Residential Condo <input type="checkbox"/> Retail <input type="checkbox"/> School <input type="checkbox"/> Shopping Center <input type="checkbox"/> Single Family <input type="checkbox"/> Telecommunication Tower <input type="checkbox"/> Townhouse <input type="checkbox"/> Cottage Court <input type="checkbox"/> Other: If other, please describe:			
WORK SCOPE	Per City Code Section 10.2.8.D.1, summarize the project work scope. THE PROJECT CONSISTS OF 42 APARTMENT UNITS. (21 ONE BEDROOM AND 21 TWO BEDROOM)		
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 AMBER SPRING HOUSING ASSOCIATES LLC		Name (s) TIM MORGAN
	Address 7706 SIX FORKS ROAD RALEIGH, NC 27615		
	Phone (919) 848-2041	Email TIM@SPECTRUM-EVERGREEN.COM	Fax (919) 848 0455
CONSULTANT (Contact Person for Plans)	Company TIMMONS GROUP INC.		Name (s) RICK BAKER, P.E.
	Address 5410 TRINITY ROAD, STE. 102; RALEIGH, NC 27607		
	Phone (919) 866-4939	Email RICK.BAKER@TIMMONS.COM	Fax (919) 859-5663

CX-3-PK
 PAGE 1 OF 3
229 ac.
Beaverdam Drainage
Northeast CAC

no overlay
WWW.RALEIGHNC.GOV

REVISION 03.07.16

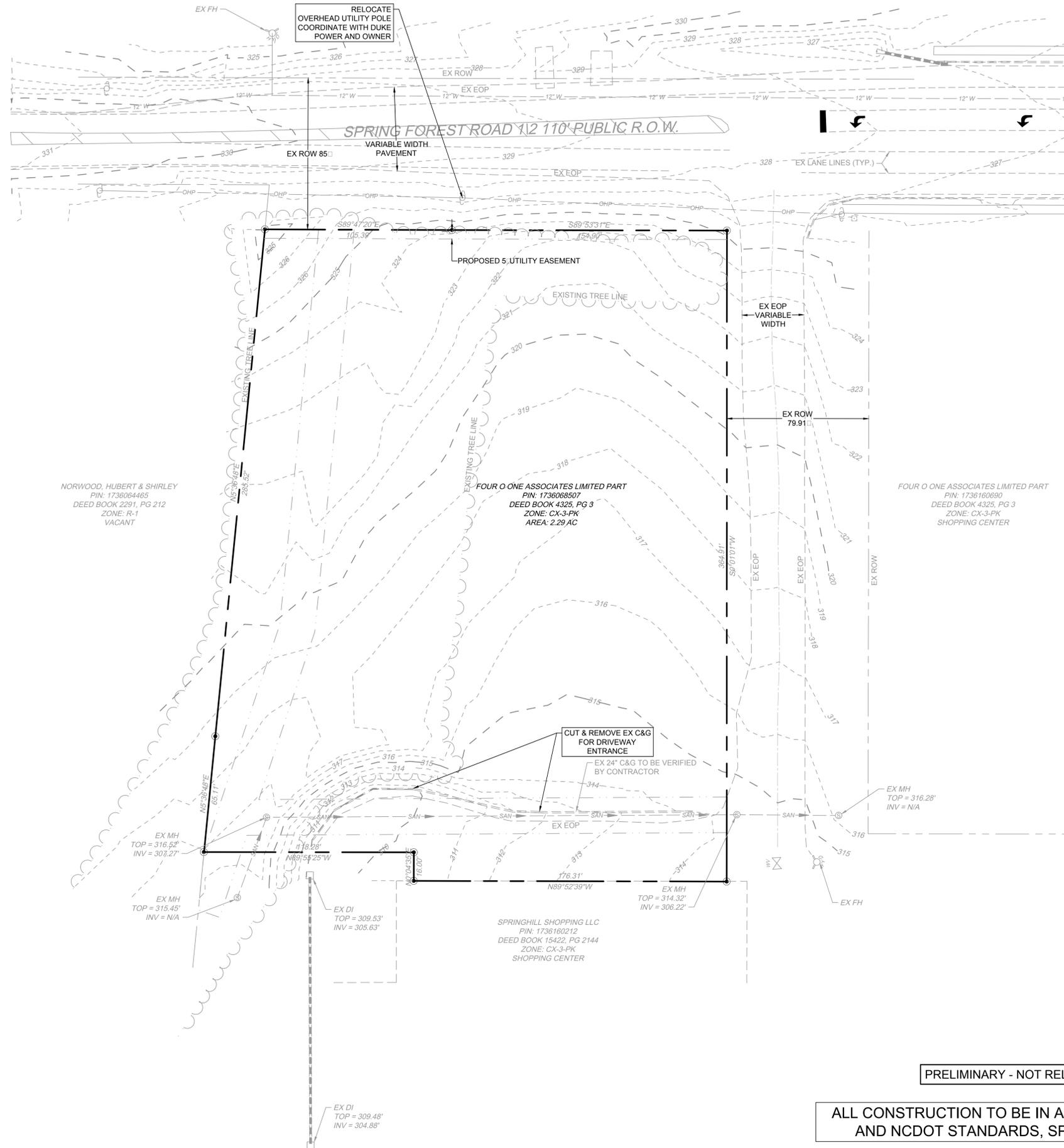
DEVELOPMENT TYPE & SITE DATA TABLE (Applicable to all developments)	
Zoning Information	Building Information
Zoning District(s) CX-3-PK	Proposed building use(s) APARTMENTS
If more than one district, provide the acreage of each	Existing Building(s) sq. ft. gross - 0
Overlay District - 0	Proposed Building(s) sq. ft. gross - 52,267.5 SF
Total Site Acres 2.29 Inside City Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>INCL. TO 2 OF SPRING FOREST</i>	Total sq. ft. gross (existing & proposed) - 52,267.5 SF
Off street parking Required Provided 46 REQ'D/46 PROV'D	Proposed height of building(s) - 42' Stories - 3
COA (Certificate of Appropriateness) case #	FAR (floor area ratio percentage) - 58.5%
BOA (Board of Adjustment) case # A-	Building Lot Coverage percentage 57% (site plans only)
CUD (Conditional Use District) case # Z-	Height of 1 st Floor - 12'
Stormwater Information	
Existing Impervious Surface 0.21 acres/square feet	Flood Hazard Area <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Proposed Impervious Surface 1.29 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 # 3720173600J
FOR RESIDENTIAL DEVELOPMENTS	
1. Total # Of Apartment, Condominium or Residential Units 42	5. Bedroom Units 1br 21 2br 21 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 - 0
4. Overall Total # Of Dwelling Units (1-6 Above) 42	8. Is your project a cluster unit development? <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 <u>TIMMONS GROUP, INC.</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>Timothy D. My</u>	9/13/2016 Date
Signed _____	_____ Date

??

Need owner signature

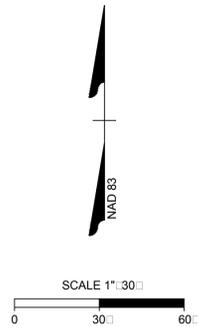
TO BE COMPLETED BY APPLICANT			TO BE COMPLETED BY CITY STAFF		
General Requirements	YES	N/A	YES	NO	N/A
1. Filing Fee for Plan Review – Payments may be made by cash, Visa, Master Card or check made payable to: City of Raleigh (No fee for Infill recombination)	<input checked="" type="checkbox"/>				
2. <u>Site Review</u> completed and signed by the property owner	<input checked="" type="checkbox"/>				
3. Client must complete and print page 1 and 2 of the <u>Site Review</u> to the plan cover sheet (not applicable for infill recombination)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	✓		
4. I have referenced the <u>Site Review</u> 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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	✓		
c) Proposed Site Plan	<input checked="" type="checkbox"/>		✓		
d) Proposed Grading and Stormwater Plan; Approach to Stormwater	<input checked="" type="checkbox"/>		✓		
e) Proposed Utility Plan, including Fire	<input checked="" type="checkbox"/>	<input type="checkbox"/>	✓		
f) Proposed Tree Conservation Plan	<input type="checkbox"/>	<input checked="" type="checkbox"/>	✓		
g) Proposed Landscaping Plan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	✓		
h) Building elevations that show maximum height of buildings to be removed	<input checked="" type="checkbox"/>	<input 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 – include all revision dates</u>	<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 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 checked="" type="checkbox"/>	<input type="checkbox"/>			
12. Preliminary stormwater quantity and quality summary and calculations package	<input checked="" type="checkbox"/>	<input 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"/>			✓

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EXISTING CONDITIONS LEGEND

PROPERTY BOUNDARY	---
ADJACENT PROPERTY	---
EXISTING TREE LINE	~ ~ ~ ~ ~
EXISTING SANITARY SEWER	--- SAN ---
EXISTING SANITARY MH	⊙
EXISTING STORM SEWER	--- ST ---
EXISTING EASEMENT	---
EXISTING CENTERLINE	---
EXISTING O/H POWER	--- OHP ---
EXISTING POWER POLE	⊙
EXISTING FIRE HYDRANT	⊗
EXISTING WATER VALVE	⊕



PRELIMINARY - NOT RELEASE FOR CONSTRUCTION

ALL CONSTRUCTION TO BE IN ACCORDANCE WITH ALL NCDENR AND NCDOT STANDARDS, SPECIFICATIONS, AND DETAILS

FOR REVIEW ONLY

THIS DRAWING PREPARED AT THE
RALEIGH OFFICE
 5410 Trinity Road, Suite 02 | Raleigh, NC 27607
 TEL 919.866.9551 FAX 919.833.8124 www.timmons.com

YOUR VISION ACHIEVED THROUGH OURS.

DATE	REVISION DESCRIPTION
09/14/16	

SCALE PER PLAN

CHECKED BY R. BAKER

DESIGNED BY M. GIBBONS

DRAWN BY M. GIBBONS

DATE 09/14/16

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EXISTING CONDITIONS

RALEIGH, NORTH CAROLINA

NORTH CAROLINA LICENSE NO. C-1652

AMBER SPRING- A SENIOR LIVING COMMUNITY

JOB NO. 36311

SHEET NO. C1.0

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M. GIBBONS
DESIGNED BY
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CHECKED BY
R. BAKER
SCALE
PER PLAN

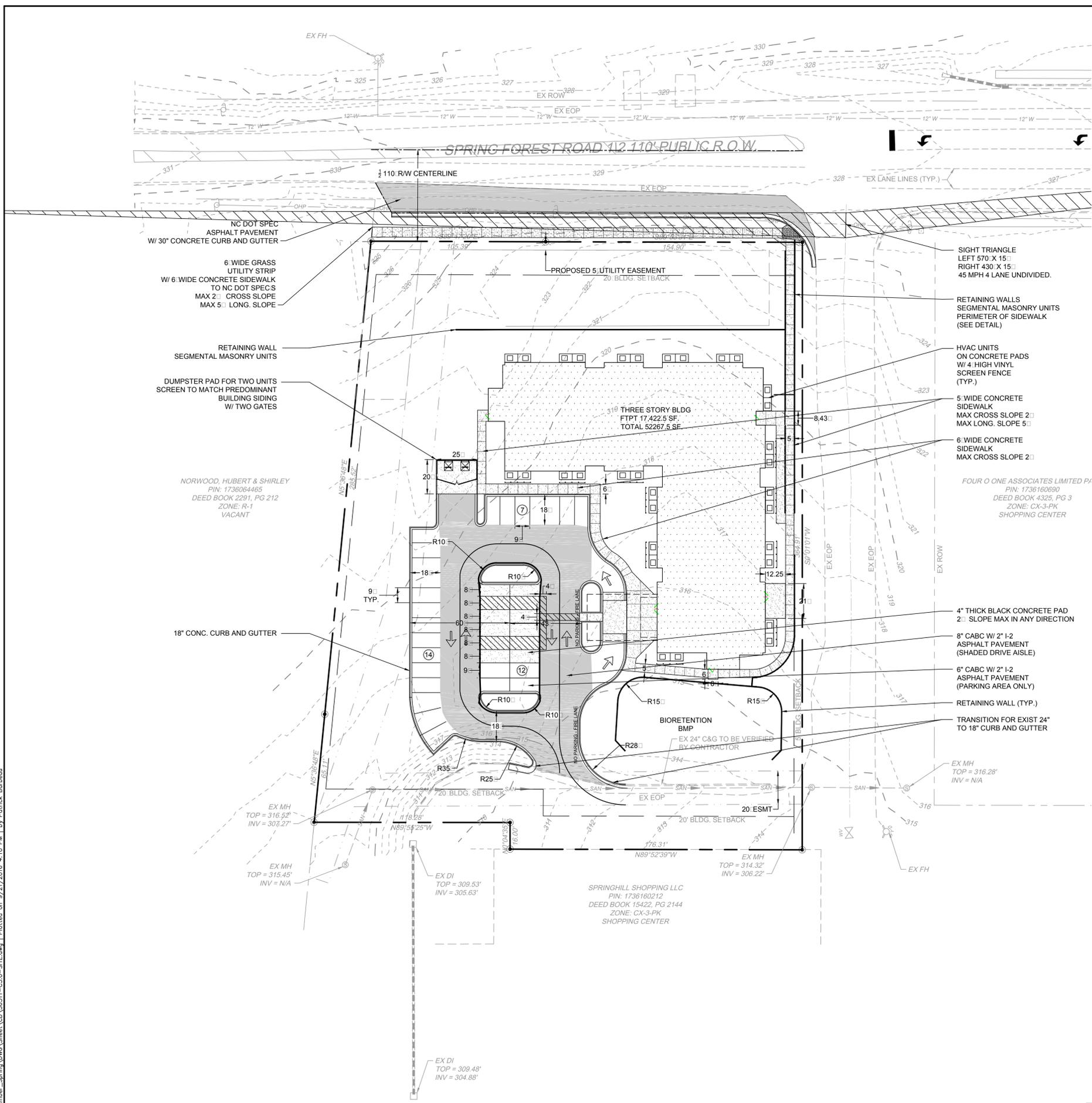
TIMMONS GROUP

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RALEIGH, NORTH CAROLINA

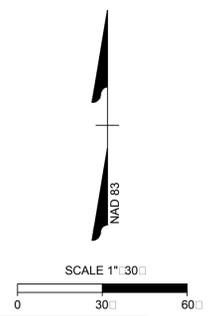
SITE LAYOUT PLAN

JOB NO.
36311
SHEET NO.
C3.0



EXISTING CONDITIONS LEGEND

PROPERTY BOUNDARY	---
ADJACENT PROPERTY	---
EXISTING TREE LINE	~ ~ ~
EXISTING SANITARY SEWER	SAN
EXISTING SANITARY MH	⊙
EXISTING STORM SEWER	---
EXISTING EASEMENT	---
EXISTING CENTERLINE	---
EXISTING O/H POWER	OHP
EXISTING POWER POLE	⊕
EXISTING FIRE HYDRANT	⊕
EXISTING WATER VALVE	⊕



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09/14/16	

DRAWN BY
M. GIBBONS

DESIGNED BY
M. GIBBONS

CHECKED BY
R. BAKER

SCALE
PER PLAN

TIMMONS GROUP

NORTH CAROLINA LICENSE NO. C-1652

AMBER SPRING- A SENIOR LIVING COMMUNITY

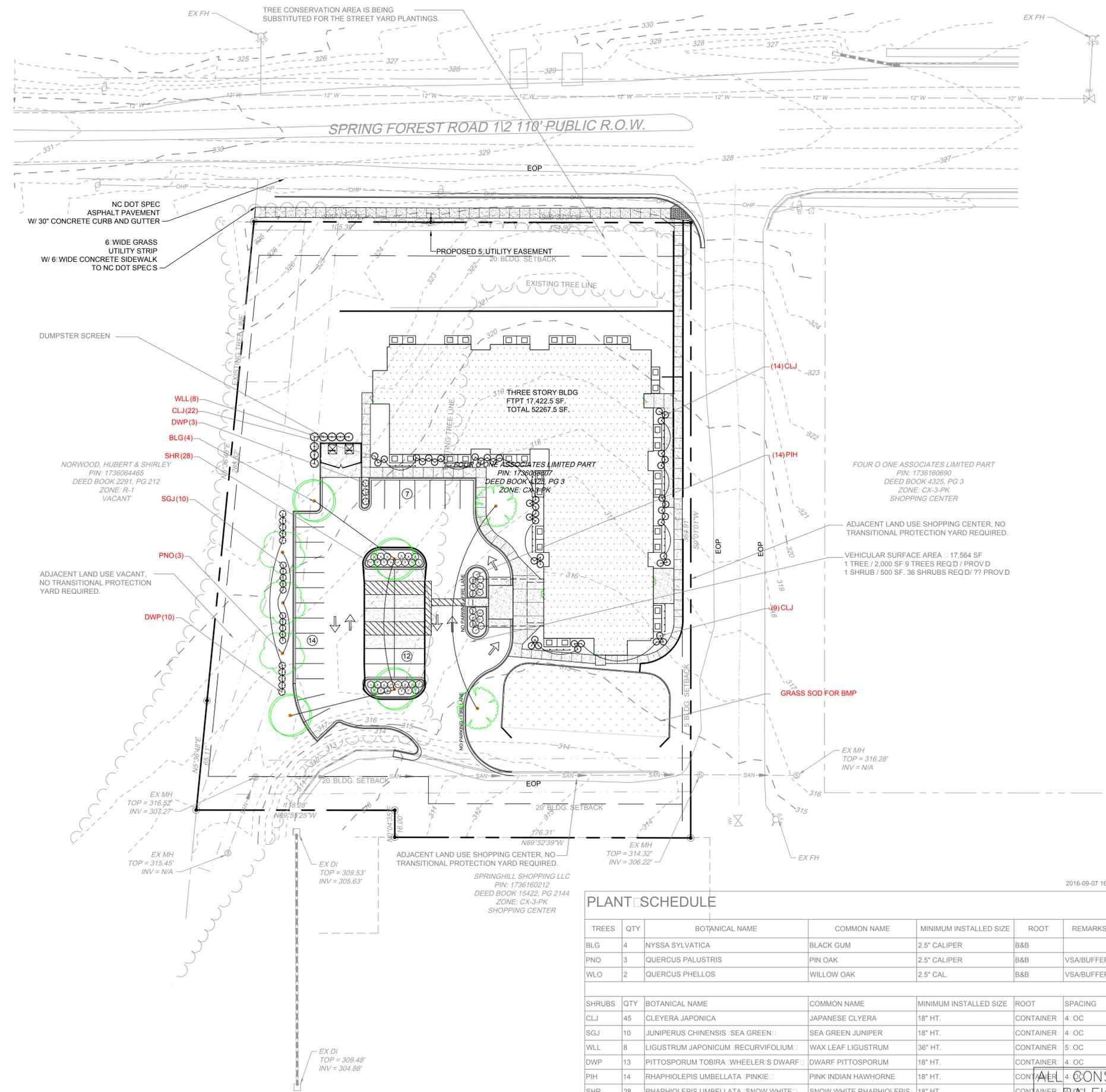
RALEIGH, NORTH CAROLINA

LANDSCAPE PLAN

JOB NO.
36311

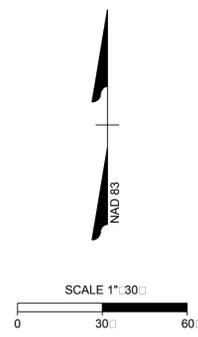
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EXISTING POWER POLE	⊙
EXISTING FIRE HYDRANT	⊙
EXISTING WATER VALVE	⊙



PLANT SCHEDULE

TREES	QTY	BOTANICAL NAME	COMMON NAME	MINIMUM INSTALLED SIZE	ROOT	REMARKS
BLG	4	NYSSA SYLVATICA	BLACK GUM	2.5" CALIPER	B&B	
PNO	3	QUERCUS PALUSTRIS	PIN OAK	2.5" CALIPER	B&B	VSA/BUFFER
WLO	2	QUERCUS PHELLOS	WILLOW OAK	2.5" CAL.	B&B	VSA/BUFFER

SHRUBS	QTY	BOTANICAL NAME	COMMON NAME	MINIMUM INSTALLED SIZE	ROOT	SPACING
CLJ	45	CLEYERA JAPONICA	JAPANESE CLEYERA	18" HT.	CONTAINER	4' OC
SGJ	10	JUNIPERUS CHINENSIS 'SEA GREEN'	SEA GREEN JUNIPER	18" HT.	CONTAINER	4' OC
WLL	8	LIGUSTRUM JAPONICUM 'RECURVIFOLIUM'	WAX LEAF LIGUSTRUM	36" HT.	CONTAINER	5' OC
DWP	13	PITTOSPORUM TOBIRA 'WHEELER'S DWARF'	DWARF PITTOSPORUM	18" HT.	CONTAINER	4' OC
PIH	14	RHAPHIOLEPIS UMBELLATA 'PINKIE'	PINK INDIAN HAWHORNE	18" HT.	CONTAINER	4' OC
SHR	28	RHAPHIOLEPIS UMBELLATA 'SNOW WHITE'	SNOW WHITE RHAPHIOLEPIS	18" HT.	CONTAINER	4' OC

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