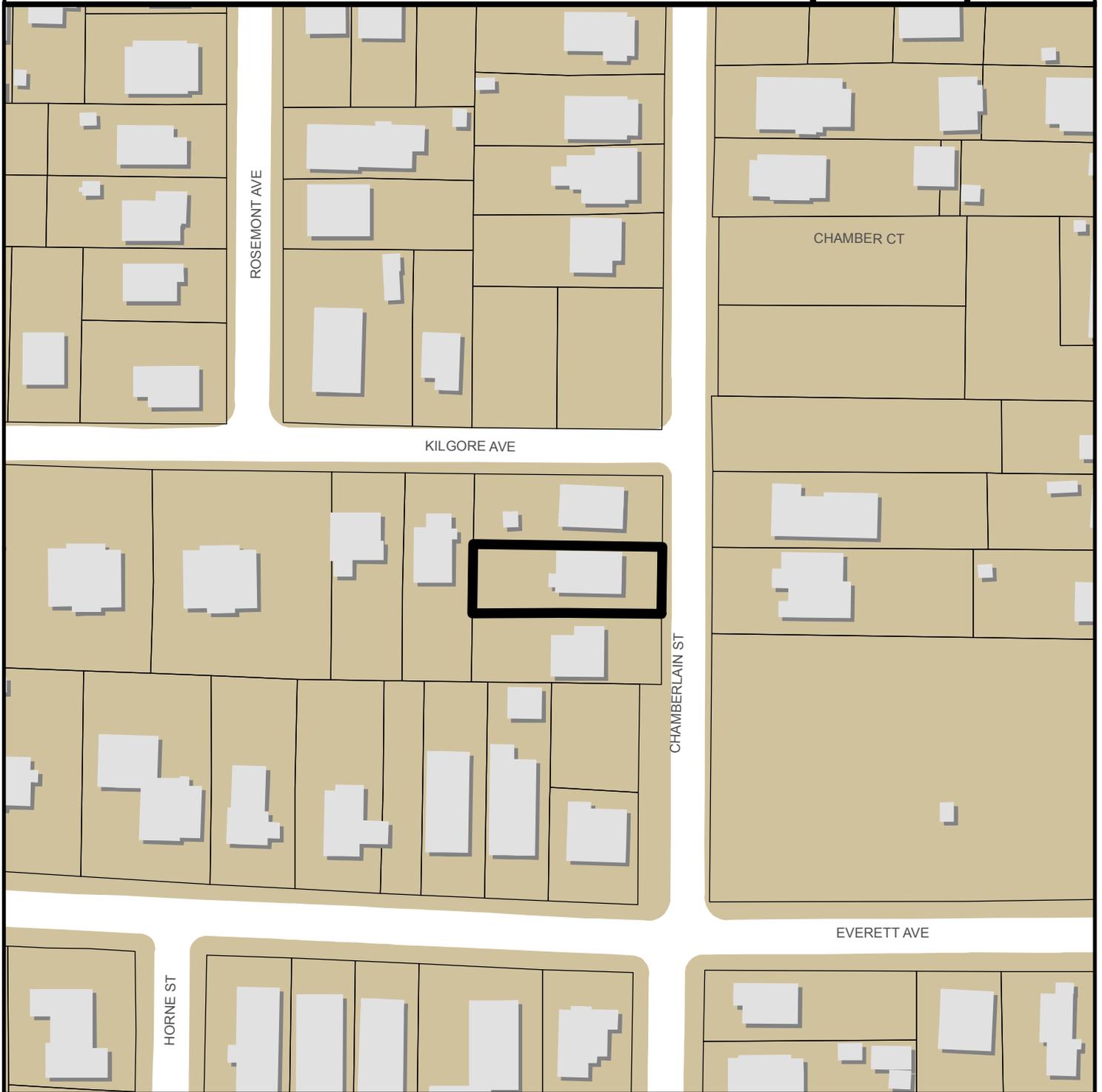


507 CHAMBERLAIN SR-88-2016



Zoning: **R-10, NCOD**
CAC: **Wade**
Drainage Basin: **Beaver Southwest**
Acreage: **0.15**
Sq. Ft. : **3,824**

Planner: **Martha Lobo**
Phone: **(919) 996-2664**
Applicant: **Chamberlain Group
LLC**
Phone: **(919) 233-1959**



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 | 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.

5-88-16

BUILDING TYPE		FOR OFFICE USE ONLY
<input type="checkbox"/> Detached <input checked="" 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	Transaction Number 492362 Assigned Project Coordinator Assigned Team Leader LOBO

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

GENERAL INFORMATION

Development Name **507 Chamberlain**

Zoning District **R-10** Overlay District (if applicable) **NCOD & SRPOD** Inside City Limits? Yes No

Proposed Use **Single family residential duplex**

Property Address(es) **507 Chamberlain Street** Major Street Locator: **Oberlin Road**

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

P.I.N. **0794-93-1591** P.I.N. P.I.N. P.I.N.

What is your project type?

<input type="checkbox"/> Apartment	<input type="checkbox"/> Elderly Facilities	<input type="checkbox"/> Hospitals	<input type="checkbox"/> Hotels/Motels	<input type="checkbox"/> Office
<input type="checkbox"/> Mixed Residential	<input type="checkbox"/> Non-Residential Condo	<input type="checkbox"/> School	<input type="checkbox"/> Banks	<input type="checkbox"/> Industrial Building
<input checked="" type="checkbox"/> Duplex	<input type="checkbox"/> Telecommunication Tower	<input type="checkbox"/> Religious Institutions	<input type="checkbox"/> Retail	<input type="checkbox"/> 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.
Construction of duplex and driveways. Parking requirement 2 spaces per unit = 4 spaces.

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
Design adjustment for driveway separation, 8.3.5.c.2.b.

CLIENT/DEVELOPER/OWNER

Company	Chamberlain Group LLC	Name (s)	Becky Harper
Address	1841 Stonebanks Loop, Cary, NC 27518-5330		
Phone	(919) 233-1999	Email	becky@beckyharper.com
		Fax	

CONSULTANT (Contact Person for Plans)

Company	CMS Engineering	Name (s)	Patti Hildreth
Address	P.O. Box 780, Knightdale, NC 27545		
Phone	(919) 833-0830	Email	patti@cmsengineering.net
		Fax	

DEVELOPMENT TYPE & SITE DATA TABLE (Applicable to all developments)	
Zoning Information	Building Information
Zoning District(s) R-10	Proposed building use(s) Residential
If more than one district, provide the acreage of each:	Existing Building(s) sq. ft. gross
Overlay District NCOD & SRPOD	Proposed Building(s) sq. ft. gross 3,824 sf
Total Site Acres Inside City Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Total sq. ft. gross (existing & proposed) 3,824 sf
Off street parking: Required 4 Provided 4	Proposed height of building(s) 24'11"
COA (Certificate of Appropriateness) case #	# of stories 2
BOA (Board of Adjustment) case # A-	Ceiling height of 1 st Floor 9'
CUD (Conditional Use District) case # Z-	
Stormwater Information	
Existing Impervious Surface 0.05ac/2020 sf acres/square feet	Flood Hazard Area <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Proposed Impervious Surface 0.07/3133 acres/square feet	If Yes, please provide: Alluvial Soils _____ Flood Study _____ FEMA Map Panel # _____
Neuse River Buffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Wetlands <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
FOR RESIDENTIAL DEVELOPMENTS	
1. Total # Of Apartment, Condominium or Residential Units	5. Bedroom Units: 1br 2br 3br 4br or more 2
2. Total # Of Congregate Care Or Life Care Dwelling Units	6. Infill Development 2.2.7 Yes
3. Total Number of Hotel Units	7. Open Space (only) or Amenity
4. Overall Total # Of Dwelling Units (1-6 Above) 2	8. Is your project a cottage court? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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 development plan as approved by the City.</p> <p style="text-align: center; font-size: 1.2em; font-weight: bold;">CMS Engineering</p> <p>I hereby designate _____ 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> <p>Signed <u><i>Rebecca Harper</i></u> Date <u><i>10-21-16</i></u></p> <p>Printed Name _____</p> <p>Signed _____ Date _____</p> <p>Printed Name _____</p>	

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 the City of Raleigh	<input checked="" type="checkbox"/>		✓		
2. Administrative Site Review Application completed and signed by the property owner(s)	<input checked="" type="checkbox"/>		✓		
3. Client must complete and adhere page 1 and 2 of the Administrative Site Review Application to the plan cover sheet	<input checked="" type="checkbox"/>		✓		
4. I have referenced the Administrative Site Review 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 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, including, but not limited to, structures, buildings, utilities, infrastructure, and vegetation	<input checked="" type="checkbox"/>	?			
c) Proposed Site Plan	<input checked="" type="checkbox"/>		✓		
d) Proposed Grading Plan	<input checked="" type="checkbox"/>		✓		
e) Proposed Stormwater Plan, including preliminary stormwater quantity and quality summary and calculations package. If not required, provide City Code section on front cover.	<input type="checkbox"/>	<input checked="" type="checkbox"/>		✓	
f) Proposed Utility Plan, including Fire	<input checked="" type="checkbox"/>	<input type="checkbox"/>	✓		
g) Proposed Tree Conservation Plan – For secondary Tree Conservation Areas, include two copies of the tree cover report completed by a certified arborist, North Carolina licensed landscape architect, or North Carolina register forester. If not required, provide City Code section on front cover.	<input type="checkbox"/>	<input checked="" type="checkbox"/>			✓
h) Proposed Landscape Plan	<input type="checkbox"/>	<input checked="" type="checkbox"/>		✓	
i) Building elevations that show existing and/or proposed building height. If demolition, do not include buildings to be demolished.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	✓		
j) 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 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 or flash drive with the plan name, case file number, and indicate the review cycle #.	<input checked="" type="checkbox"/>		✓		
11. Wake County School Form, if dwelling units are proposed	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
12. If applicable, zoning conditions adhered to the plan cover sheet	<input type="checkbox"/>	<input checked="" type="checkbox"/>			✓