

Development Plan Review Application

Town of Rolesville Planning Department | PO Box 250 | Rolesville, NC 27571 | 919-554-6517 | planning@rolesville.nc.gov

Planning Department Home Page: [Official Town Webpage](#)

PROJECT & PLAN INFORMATION:

<input type="checkbox"/> Preliminary Subdivision Plat (PSP)	<input type="checkbox"/> Site Development Plan (SDP)
<input type="checkbox"/> Construction Infrastructure Drawings (CID)	<input checked="" type="checkbox"/> Final Subdivision Plat (FSP)
Submittal #: x Original <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> Other _____ OR <input type="checkbox"/> Revision to Previously Approved (_____)	
If a resubmittal, revisions to the plan must be clouded and a comment response letter must be provided for the resubmittal to be complete.	
Legal Description (Book of Maps if platted, or Register of Deeds Bk/Pg if not): D.B. 18985, PG. 1086	
Proposed Project Name: 716 N Main St	Site Address: 716 N Main St
PIN(s) or REID(s): 1769.04-54-1584/1769.04-53-1576	Site Area (in acres): 20.146 Ac.
Associated Previous Case Number(s):	Current Use(s): Residential/Farm
Zoning District(s): RL	Zoning and/or Watershed Overlay(s): N/A
Proposed # of New Lots (Residential or Nonresidential): 0	Proposed Residential Dwelling Units; Proposed Residential Density:
Summary Description of Proposed Use / Project: Recombination	

APPLICATION REQUIREMENTS - the following documents by the submittal deadline to be considered complete and ready for review. Additional supporting documents may be requested by the TRC Staff case by case.

<input checked="" type="checkbox"/> Completed Application & Specific application checklist .	<input type="checkbox"/> Sketch/Pre-Submittal meeting notes (if applicable).
<input checked="" type="checkbox"/> PDF's (Flattened, < than 100MB) of any/all documents	<input type="checkbox"/> Any approved/recorded Special Use Permits, Variances, etc.
<input type="checkbox"/> FIRM panel, USGS, and Soil Survey Maps, as applicable.	<input type="checkbox"/> Traffic Impact Analysis, ITE Traffic Generation Letter, or Letter/Email from Planning staff confirming one is <u>not</u> required
<i>Note: INVOICE issued for the Application fee payment during the completeness check or following application review.</i>	

Financially Responsible Party CMP Professional Land Surveyors

(*that who receives and will pay Invoices for the Actual Cost Consultant Review Fees*)

Mailing Address P.O. Box 1253 City/State/Zip Wake Forest, N.C. 27588

Phone 919-556-3148 Email tommy@cmppls.com

Property Owner (PRINT) Robert Williams & Rhonda Williams (if more than 1 use separate sheet)

Property Owner (Signature) _____

Mailing Address 2525 Burlington Mills Road City/State/Zip Wake Forest, N.C. 27587

Phone _____ Email _____

Applicant / Engineer / Architect / Attorney / Agents

Name: Tommy Wrenn Phone: 919-556-3148 Email: Tommy@cmppls.com

Name: _____ Phone: _____ Email: _____

Name: _____ Phone: _____ Email: _____