

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 #: <input type="checkbox"/> Original <input checked="" 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): DB 19588 PG 1816	
Proposed Project Name: Parker Ridge	Site Address: 201 Redford Place Drive
PIN(s) or REID(s): 1758884270	Site Area (in acres): 19.863
Associated Previous Case Number(s): MA22-03, PSP23-02 & CID-23-06	Current Use(s): Under Construction
Zoning District(s): R&PUD	Zoning and/or Watershed Overlay(s): NONE
Proposed # of New Lots 59 (Residential or Nonresidential):	Proposed Residential Dwelling Units: 55 Proposed Residential Density: 2.769 Units/Acre
Summary Description of Proposed Use / Project: Plat to dedicate right-of-way, easements, tree conservation areas and create new lots.	

APPLICATION REQUIREMENTS

Application shall include the following documents by the submittal deadline to be considered complete and ready for review. Additional supporting documents may be requested by the Case Planner and/or may be provided by the applicant.

<input checked="" type="checkbox"/> Completed Application & Specific application checklist .	<input type="checkbox"/> Completed Property Owner's Consent Form – 1 per Owner n/a
<input checked="" type="checkbox"/> PDF's (Flattened, < than 100MB) of any/all documents	<input type="checkbox"/> Sketch/Pre-Submittal meeting notes (if applicable). n/a
<input type="checkbox"/> FIRM panel, USGS, and Soil Survey Maps, as applicable.	<input type="checkbox"/> Any approved/recorded Special Use Permits, Variances, etc. n/a
<input checked="" type="checkbox"/> Note: INVOICE issued for the application fee payment during the completeness check or following application review.	<input type="checkbox"/> Traffic Impact Analysis, ITE Traffic Generation Letter, or Letter/Email from Planning staff confirming one is <u>not</u> required n/a

Financially Responsible Party **n/a**

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

Mailing Address _____ City/State/Zip _____

Phone _____ Email _____

Property Owner **KL LB BUY 2 LLC**

Mailing Address **225 Liberty Street, Suite 4210** City/State/Zip **New York, NY 10281**

Phone **212-782-3480** Email **n/a**

Applicant / Engineer / Architect / Attorney / Agents

Name: **Advanced Civil Design, Inc.** Phone: **919-481-6290** Email: **crice@advancedcivildesign.com**

Name: _____ Phone: _____ Email: _____

Name: _____ Phone: _____ Email: _____

Name: _____ Phone: _____ Email: _____

Primary Point of Contact: Owner Applicant Engineer/Architect Registered Agent/Attorney