

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 #: Original ☐ 2nd ☐ 3rd ☐ Other _____ OR X Revision to Previously Approved (B.M. 2025, PG. 288-293)

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):

| | |
|---|---|
| Proposed Project Name: Kalas Falls, ph. 1 | Site Address: 1600 Rolesville Rd |
| PIN(s) or REID(s): 1767293887 | Site Area (in acres): 85.162 |
| Associated Previous Case Number(s): fsp-24-07 | Current Use(s): residential |
| Zoning District(s): r & pud-cz | Zoning and/or Watershed Overlay(s): |
| Proposed # of New Lots (Residential or Nonresidential): n/a | Proposed Residential Dwelling Units; Proposed Residential Density: n/a |

Summary Description of Proposed Use / Project:

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 |

Note: INVOICE issued for the Application fee payment during the completeness check or following application review.


Financially Responsible Party _____ CMP Professional Land Surveyors, P.C.

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

Mailing Address 333 S. White St _____ City/State/Zip 27587 _____

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

Property Owner (PRINT) D.R. Horton, Inc. (Trey Eades/Land Development Manager) _____

Property Owner (Signature)  _____
77C35313B0E74F4

Mailing Address 7208 Falls of Neuse Road, Ste. 201 _____ City/State/Zip Raleigh, NC 27615 _____

Phone 919-891-2360 _____ Email HTEades@drhorton.com _____

Applicant / Engineer / Architect / Attorney / Agents

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

Name: _____ Phone: _____ Email: _____

Name: _____ Phone: _____ Email: _____



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Property Owner's Consent & Authorization Form

For Applications where the Property Owner (detailed on previous page) is NOT THE APPLICANT or REPRESENTATIVE of the Application, complete the below Property Owner Consent and Authorization form, thereby the Property Owner is giving those stated persons permission and authority to represent their property within this Development Application. Communications will thus occur between Technical Review Committee (TRC) members and those designated persons, not the Property Owner.

This form shall be completed with each initial/1st Submittal, and when/if there are any changes to Property Ownership or designated Representatives.

If multiple Property Owners, each Owner must complete a separate copy of this form.

In the event that the Property Owner is an organization/entity, proof of signature authority (of that person) on behalf of the organization/entity (ie Secretary of State business registration proof) must be attached to this form.

Authorization by Property Owner(s)

I, Trey Eades (Land Development Manager),

(property owner's printed legal name; include signatory name and title if signing for a company)

swear and affirm that I am the owner of property at 1600 Rolesville Rd _____,

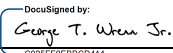
(property address, legal description; provide separate sheet if required)

as shown in the records of Wake County, North Carolina, which is the subject of this Application

(Type and Case # _____).

I further affirm that I am fully aware of the Town's Application, fee(s), and procedural requirements, and consent to this Application. I authorize the below listed person(s) to submit this Application and serve as representative/point of contact for this Application.

Property Owner's Signature:  Date: 6/3/2025

| Applicant/Agent/Contact persons: | |
|----------------------------------|---|
| Print: | Signature: |
| George T Wrenn, Jr.-Surveyor | <u></u> 6/3/2025 |
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| | |

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