

## **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:				
☐ Preliminary Subdivision Plat (PSP)	☐ Site Development Plan (SDP)			
Construction Infrastructure Drawings (CID)	☐ Final Subdivision Plat (FSP)			
Submittal #: ■ Original □ 2 <sup>nd</sup> □ 3 <sup>rd</sup> □ OtherOR	☐ Revision to Previously Approved ()			
be complete.	comment response letter must be provided for the resubmittal to			
Legal Description (Book of Maps if platted, or Register of Deeds	Bk/Pg if not): BM1985 PG 1807			
Proposed Project Name: Rolesville Road Mixed Use	Site Address: 1216 Rolesville Road			
PIN(s) or REID(s): 1768-33-7689	Site Area (in acres): 11.78			
Associated Previous Case Number(s): PSP-25-01	Current Use(s):Vacant			
Zoning District(s): Neighborhood Center Conditional Zoning (MA 22-05)	Zoning and/or Watershed Overlay(s):			
Proposed # of New Lots (Residential or Nonresidential): 69	Proposed Residential Dwelling Units; 68 Proposed Residential Density:			
Summary Description of Proposed Use / Project: Rolesville Road Mixe mostly wooded area future commercial lo impervious areas inc	and Use is a subdivision located at 1216 Rolesville Road in Rolesville. The exisigng site is vacant and as. The proposed subdivision includes 68 townhomes lots, and one lot for future commerical use. The tis accounted for in the stormwater calculations and is treated by the proposed SCM. Proposed clude the proposed townhomes, driveways, patios, and the proposed sidewalk, roadways and trail, all parcel was assumed to be 80% impervious area (41,417 sf of impervious area).			
APPLICATION REQUIREMENTS - the following docume ready for review. Additional supporting documents may be	ents by the submittal deadline to be considered complete and be requested by the TRC Staff case by case.			
■ Completed Application & Specific application checklist	Sketch/Pre-Submittal meeting notes (if applicable).			
PDF's (Flattened, < than 100MB) of any/all documents	Any approved/recorded Special Use Permits, Variances, etc.			
FIRM panel, USGS, and Soil Survey Maps,as applicable	■ Traffic Impact Analysis, ITE Traffic Generation Letter, or Letter/Email from Planning staff confirming one is not required			
Note: INVOICE issued for the Application fee payment du	iring the completeness check or following application review.			
Financially Responsible Party OPTIMAL DEVELOPMEN	IT LLC			
(*that who receives and will pay Invoices for the Actual Cost	Consultant Review Fees*)			
Mailing Address 924 EVENING SNOW ST	City/State/Zip WAKE FOREST NC 27587-3968			
Phone 610-295-3699	Email_Shaar@myoptimalequity.com			
Property Owner (PRINT) OPTIMAL DEVELOPMENT LLC	(if more than 1 use separate sheet)			
Property Owner (Signature) Robert Shaar Digitally signed by Robert Shaar Digitally signed by Robert Shaar	1 Shaar 15 -04'00'			
Mailing Address_924 EVENING SNOW ST	City/State/Zip WAKE FOREST NC 27587-3968			
Phone 610-295-369	Email Shaar@myoptimalequity.com			
Applicant / Engineer / Architect / Attorney / Name: Chase Massey Phone: 919-423-8 Agents Email: cmassey@flmengineering.com	3975			
Name: Phone:	Email:			
Name: Phone:	Email:			



## **Development Plan Review Application**

## **Property Owner's Consent & Authorization Form**

For Applications where the Property Owner (detailed on previous page) is NOT THE APPLICANT or REPRSENTATIVE 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)		
Robert Sharr				(property owner
printed legal name; include signa		f signing for a compan	y) swear and affirm t	that I am the owner of
property at1216 Rolesville Rd, Rolesville,				, (property
address, legal description; provid which is the subject of this Applic		equired) as shown in	the records of Wake	County, North Carolina,
(Type and Case # CIDs			).	
I further affirm that I am fully awar	e of the Town's App	olication, fee(s), and p	rocedural requiremer	its, and consent to this
Application. I authorize the below	listed person(s) to	submit this Applicatio	n and serve as repre	sentative/point of contact
for this Application.				
Property Owner's Signature: Robert	† Shaar	Digitally signed by Robert Shaar Date: 2025 07 25 14 26 41 -04100*	Date:	
Applicant/Agent/Contact pers	ons:			
Print:			Signature:	
Chase Massey, FLM En	gineering, Inc.	Chant	llaney	
			V	