



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 <input checked="" type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> Other _____ OR _____ 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): B.M. 2019 PGs. 1227-1229 D.B. 10194 PG. 2092	
Proposed Project Name: TEXWEST, LLC & BETTY R. GUNZ	Site Address: 1224 & 0 ROLESVILLE ROAD
PIN(s) or REID(s): 1768.03-32-8863 & 1768.03-32-8411	Site Area (in acres): 16.745 AC.
Associated Previous Case Number(s): N/A	Current Use(s): AGR-FARM
Zoning District(s): ROLESVILLE	Zoning and/or Watershed Overlay(s): ZONED RL
Proposed # of New Lots (Residential or Nonresidential): 1	Proposed Residential Dwelling Units: N/A Proposed Residential Density: N/A
Summary Description of Proposed Use / Project: Recombination, Right-of-way Dedication & Streetscape Buffer	

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 checked="" 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 STREET City/State/Zip WAKE FOREST, NC 27587
 Phone (919) 556-3148 ext. 109 Email JONATHAN@CMPPLS.COM

Property Owner (PRINT) BILL ROGERS (MANAGER - TEXWEST LLC) & BETTY R. GUNZ

Property Owner (Signature) Bill Rogers Betty R. Gunz

Mailing Address 1409 MARYLAND AVE. City/State/Zip CHARLOTTE, NC 28209

Phone _____ Email _____

Applicant / Engineer / Architect / Attorney / Agents

Name: JONATHAN CARVAJAL Phone: (919) 556-3148 ext.109 Email: JONATHAN@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, BILL ROGERS (MANAGER - TEXWEST, LLC) & BETTY R. GUNZ,

(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 1224 & 0 ROLESVILLE ROAD,

(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: Signed by: Bill Rogers
DA8AA29A6A144E1... Signed by: Betty R. Gunz
DA8AA29A6A144E1... Date: 8/30/2025 8/29/2025

Applicant/Agent/Contact persons:	
Print:	Signed by: Signature:
JONATHAN CARVAJAL	Signed by: <u>Jonathan Carvajal</u> <small>G8317049626F4F...</small>