

Zoning Map Change (Rezoning) 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](#)

APPLICATION INFORMATION:

Site Address(es): 0, 4724 Burlington Mills Rd & 0 S Main St	Site Area (in acres): 15.61
Rezoning Type: <input type="checkbox"/> General <input checked="" type="checkbox"/> Conditional	Location: <input type="checkbox"/> County Limits <input checked="" type="checkbox"/> Town Limits <input type="checkbox"/> ETJ
Existing Zoning District(s): RH-CZ & GC-CZ	Proposed Zoning District(s): TC-CZ
Zoning Overlay(s): N/A	Associated Previous Case Number(s): MA 22-10 & MA 21-09
PIN(s): 1758479823, 1758486155 & 1758574837	
PID(s): 0528534, 0074571 & 0224145	
Current Use(s): Vacant	Proposed Use(s): Multifamily and commercial

APPLICATION MINIMUM REQUIREMENTS / GUIDANCE::

<input type="checkbox"/> Completed Application and checklist below.	<input type="checkbox"/> Completed Property Owner's Consent Form – 1 per Owner.
<input type="checkbox"/> If the request is for a <i>Conditional District</i> per LDO Section 3.3., submittal shall include a separate document being a list of written Conditions of Approval that can include exhibits, plans, maps, etc. Provide a Date and space for revision Dates; this document will always be referenced including its Date.	<input type="checkbox"/> A Concept (site) Plan * may be submitted, considered, and approved as part of a <i>Conditional District</i> request; it shall be clearly incorporated into a written condition for "general compliance" upon future Development Application reviews and approvals. Provide a Date and space for revision Dates. See Next page for details.
<input type="checkbox"/> Traffic Impact Analysis (TIA), ITE Trip Generation Letter, or Letter/Email from Planning staff confirming TIA is not required. (LDO Section 8.C.5)	<input type="checkbox"/> * The Activity Center (AC) and Neighborhood Commercial (NC) zoning districts shall require submittal of a Concept (see site) Plan per LDO Sections 3.4.1 and 3.4.2.
<input type="checkbox"/> Sketch/Pre-Submittal meeting notes (if applicable).	<input type="checkbox"/> Any additional supporting documents (ask Staff).
<input type="checkbox"/> Note: INVOICE issued for the application fee payment during the completeness check or following application review.	

Financially Responsible Party Ellen Allred

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

Mailing Address 801 East Blvd, Suite 200 City/State/Zip Charlotte, NC 28203

Phone _____ Email eallred@csere.com

Property Owner(s) Wallbrook LandCo LLC (if more than 1 use separate sheet)

Address 801 East Blvd, Suite 200 City/State/Zip Charlotte, NC 28203

Phone _____ Email awilliams@csere.com

Applicant / Engineer / Architect / Attorney / Agents

Name: Austin Williams (applicant) Phone: 704-621-6430 Email: awilliams@csere.com

Name: Mark Frederick (attorney) Phone: 919-835-4023 Email: markfrederick@parkerpoe.com

Name: Laura Holloman (agent) Phone: 919-361-5000 Email: Holloman@mcadamsco.com

Name: Michael Vampran (architect) Phone: 919-287-0818 Email: vampran@mcadamsco.com

Preferred Point of Contact: ☐ Owner ☒ Applicant ☒ Engineer/Architect ☒ Registered Agent/Attorney

Zoning Map Change (Rezoning) 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](#)

APPLICATION INFORMATION:

Site Address(es): 0, 4724 Burlington Mills Rd & 0 S Main St	Site Area (in acres): 15.61
Rezoning Type: <input type="checkbox"/> General <input checked="" type="checkbox"/> Conditional	Location: <input type="checkbox"/> County Limits <input checked="" type="checkbox"/> Town Limits <input type="checkbox"/> ETJ
Existing Zoning District(s): RH-CZ & GC-CZ	Proposed Zoning District(s): TC-CZ
Zoning Overlay(s): N/A	Associated Previous Case Number(s): MA 22-10 & MA 21-09
PIN(s): 1758479823, 1758486155 & 1758574837	
PID(s): 0528534, 0074571 & 0224145	
Current Use(s): Vacant	Proposed Use(s): Multifamily and commercial

APPLICATION MINIMUM REQUIREMENTS / GUIDANCE::

<input type="checkbox"/> Completed Application and checklist below.	<input type="checkbox"/> Completed Property Owner's Consent Form – 1 per Owner.
<input type="checkbox"/> If the request is for a <i>Conditional District</i> per LDO Section 3.3., submittal shall include a separate document being a list of written Conditions of Approval that can include exhibits, plans, maps, etc. Provide a Date and space for revision Dates; this document will always be referenced including its Date.	<input type="checkbox"/> A Concept (site) Plan * may be submitted, considered, and approved as part of a <i>Conditional District</i> request; it shall be clearly incorporated into a written condition for “general compliance” upon future Development Application reviews and approvals. Provide a Date and space for revision Dates. See Next page for details.
<input type="checkbox"/> Traffic Impact Analysis (TIA), ITE Trip Generation Letter, or Letter/Email from Planning staff confirming TIA is not required. (LDO Section 8.C.5)	<input type="checkbox"/> * The Activity Center (AC) and Neighborhood Commercial (NC) zoning districts shall require submittal of a Concept (nee site) Plan per LDO Sections 3.4.1 and 3.4.2.
<input type="checkbox"/> Sketch/Pre-Submittal meeting notes (if applicable).	<input type="checkbox"/> Any additional supporting documents (ask Staff).
<input type="checkbox"/> Note: INVOICE issued for the application fee payment during the completeness check or following application review.	

Financially Responsible Party Ellen Allred

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

Mailing Address 801 East Blvd, Suite 200 City/State/Zip Charlotte, NC 28203

Phone _____ Email eallred@csere.com

Property Owner(s) Brothers Forty Six LLC (if more than 1 use separate sheet)

Address 1220 Old Watkins Road City/State/Zip Raleigh, NC 27616

Phone _____ Email awilliams@csere.com

Applicant / Engineer / Architect / Attorney / Agents

Name: Austin Williams (applicant) Phone: 704-621-6430 Email: awilliams@csere.com

Name: Mark Frederick (attorney) Phone: 919-835-4023 Email: markfrederick@parkerpoe.com

Name: Laura Holloman (agent) Phone: 919-361-5000 Email: Holloman@mcadamsco.com

Name: Michael Vampran (architect) Phone: 919-287-0818 Email: vampran@mcadamsco.com

Preferred Point of Contact: ☐ Owner ☒ Applicant ☒ Engineer/Architect ☒ Registered Agent/Attorney

Concept Plan Minimum Requirements (Required for AC or NC Districts, optional for Conditional Districts.) :

- ☐ A vicinity map of the site, illustrating the boundaries of the site, north arrow, and scale reference
- ☐ Site Data Table of typical property information (Property Legal Description, acreage/square footage, etc)
- ☐ If Commercial - Square footage of proposed building/use/development on, approximate proposed Impervious Coverage, approximate parking calculations, if multi-family the number of Dwelling units, etc.
- ☐ If Residential – Number of proposed development lots (including by type of lots/use), density (proposed/permitted), approximate parking calculations,
- ☐ Required/Provided calculations for open space
- ☐ Existing and Proposed Use and Zoning District of property and adjacent properties
- ☐ Drawing depicting the details provided above as a general concept of the development, including such as –
- Residential - Lot layout and a “typical” lot size/dimension exhibit;
 - Non-Res/multifamily - Proposed building layout and/or general footprint locations;
 - Vehicular circulation / street layout including existing/proposed right-of-way widths (public, alley, private);
 - Pedestrian circulation including general Greenways / Sidepaths / Bike Lane locations;
 - General Utility access and points of connection / extensions,
 - Buffer Spaces (Street & Perimeter), Open/communal spaces, stormwater control measures etc.
- ☐ Name, address, and contact information for property owner and/or Applicant
- ☐ Name/information of professional who created Concept Plan
- ☐ Any other information requested by Planning Department staff

Rezoning Justification

Provide a **separate document** titled “Statement of Justification” (including Date) that addresses each/all of the following:

1. Is the application consistent with the Comprehensive Plan, Community Transportation Plan, Bicycle and Greenway Plans, and any other adopted Town policy plans?
2. Is the application in conflict with any provision of the LDO or the Town Code of Ordinances?
3. Does the application correct any errors in the existing zoning present at the time it was adopted?
4. Does the rezoning allow uses that are compatible with existing and permitted uses on surrounding land/properties?
5. Would the application ensure efficient development within the Town, including the capacity and safety of the street network, public facilities, and other similar considerations?
6. Would the application result in a logical and orderly development pattern?
7. Would the application result in adverse impacts on water, air, noise, storm water management, wildlife, vegetation, wetlands, and the natural functioning of the environment?
8. If a **Conditional district** providing proposed Conditions of Approval, do they address and mitigate the impacts reasonably expected to be generated by the development or use of the property, can they reasonably be implemented, and can they be enforced for the subject property, and will they result in no greater impact on adjacent properties or the community at large than would be expected to occur by the permitted uses and the minimum development standards of the corresponding General zoning district.

Property Owner Notification List

Per LDO Appendix A/2.3, provide list of all property owners within 500 feet of the subject property, as well as all property owners within 200 feet of any roadway improvements and/or utility improvements associated with an application (per Wake County tax records at the time of filing this application) as they will be required to receive a Notification Letter regarding the Legislative Hearing before the Town Board of Commissioners (when scheduled). If needed, provide additional sheets to insure all are included.

WAKE COUNTY PIN	NAME	MAILING ADDRESS	ZIP CODE
See attached.			