

Pender County Planning and Community Development

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Planning Division
805 S. Walker Street
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Burgaw, NC 28425



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SITE DEVELOPMENT APPLICATION

THIS SECTION FOR OFFICE USE				Inv. 00000 167
Date: 5-24-16	Permit Number: 276-2016	Permit Fee: 250.00	Receipt Number:	
*Zoning Approval ONLY: <input checked="" type="radio"/> YES / NO		Final Zoning Compliance Approved: YES / <input checked="" type="radio"/> NO / N/A		
Type of Site Development Plan	<input checked="" type="checkbox"/> Major	<input type="checkbox"/> Minor	<input type="checkbox"/> Up-Fit	<input type="checkbox"/> Name Change
Change of Current Use:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Does Not Apply	Previous Use: Vacant Land	
SECTION 1: GENERAL INFORMATION				
Applicant's Name:	ARBORE LANDING AT HAMPSHIRE LLC	Owner's Name:	ARBORE LANDING AT HAMPSHIRE LLC	
Applicant's Address:	853 OLD WINSTON RD, SUITE 118,	Owner's Address:	853 OLD WINSTON RD, SUITE 118,	
City, State, & Zip	KEENEYSVILLE, NC 27284	City, State, & Zip	KEENEYSVILLE, NC 27284	
Phone Number:		Phone Number:		
Legal relationship of applicant to land owner:	—			
SECTION 2: PROJECT INFORMATION				
PIN (Property Id #):	3282-04-3591-0000 2782-04-1408-0000	Total property acreage:	7.05 AC	
Zoning:	LAB	Acreage to be disturbed:	4.93 AC	
Directions to Site:	PARCELS LOCATED NORTH OF US HWY 107 AT WASHINGTON ADDRESS RD. INTERSECTION; SOUTHWEST OF 'THE BEACON' MED. OFFICE			
Lot Size:	7.05 AC	Sq Ft of Building:	± 96,000 SF	Building Height:
Setbacks	Front: 25'	Side: 10'	Rear: 10'	
NAICS Code/Use:	623312 / ASSISTED LIVING FACILITY			
Business Name:	RIDGE CARE			
Describe activities to be undertaken on project site:	DEVELOPMENT ASSOCIATED WITH CONSTRUCTION OF ASSISTED LIVING FACILITY AND ACTIVITIES ASSOCIATED WITH ASSISTED LIVING USE AFTER CONSTRUCTION			
Ownership:	Number of Employees:	Number of Members:	Seating Capacity:	
<input checked="" type="checkbox"/> Private <input type="checkbox"/> Public	± 20			

* If the applicant is not the owner of the property, a notarized letter from the property owner may be required.
*Zoning approval is for the use being proposed ONLY, other department approvals may be required i.e. Fire Marshal, Environmental Health, Permitting, etc...

SECTION 3: CONDITIONS OF PERMIT (STAFF ONLY) <i>Check all that apply</i>			
<input checked="" type="checkbox"/>	Subject to compliance with all local, state and federal regulations		
<input checked="" type="checkbox"/>	Compliance with the site plan and application submitted for this permit		
<input checked="" type="checkbox"/>	Compliance with setbacks		
<input checked="" type="checkbox"/>	Located within the Special Flood Hazard Area (SFHA):	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
<input checked="" type="checkbox"/>	SFHA Zone: AE, A, VE, AEFW (circle one)		
<input type="checkbox"/>	<input type="checkbox"/> Flood-proofing Certification Required		
<input type="checkbox"/>	<input type="checkbox"/> Elevation certificate required		
<input type="checkbox"/>	<input type="checkbox"/> No-Rise Certification Required		
<input type="checkbox"/>	<input type="checkbox"/> Electrical and Mechanical to be Elevated		
<input type="checkbox"/>	<input type="checkbox"/> Hydrostatic Openings Required		
<input checked="" type="checkbox"/>	Foundation survey required		
<input type="checkbox"/>	Pender County Environmental Health Approval		
<input type="checkbox"/>	<input type="checkbox"/> Septic Permit		
<input type="checkbox"/>	<input type="checkbox"/> Well Permit		
<input checked="" type="checkbox"/>	Community Water System Approval		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Pender County Utilities (PCU) Water		
<input type="checkbox"/>	<input type="checkbox"/> Private Water		
<input checked="" type="checkbox"/>	Community Wastewater Approval		
<input type="checkbox"/>	<input type="checkbox"/> Pender County Utilities (PCU) Sewer		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Private Wastewater <i>Pluris</i>		
<input checked="" type="checkbox"/>	Sediment and Erosion Control Permit (if required)		
<input checked="" type="checkbox"/>	Storm Water Permit (if required)		
<input checked="" type="checkbox"/>	NC DOT Driveway Permit		
<input checked="" type="checkbox"/>	Army Corp Engineers Wetland Permit <i>if applicable</i>		
<input type="checkbox"/>	CAMA permit required		
<input checked="" type="checkbox"/>	Landscape, buffer, parking compliance required		
<input type="checkbox"/>	Compliance w/ Special Use Permit (Case Number : _____ if already issued)		
<input type="checkbox"/>	Variance approval		
<input type="checkbox"/>	Sign Permit		
<input type="checkbox"/>	Additional Use Plot Plan		
	Additional Conditions (staff or TRC): <i>in conjunction w/ MDP 275-2016</i>		
	Additional Conditions (staff or TRC):		
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SECTION 4: ADDITIONAL COMMENTS			
	<i>• 84 parking spaces required</i>		
	<i>• TRC 6/7/16</i>		
SECTION 5: SIGNATURES			
Applicant:	<i>[Signature]</i>	Date:	<i>5/20/16</i>
Owner:	<i>[Signature]</i>	Date:	<i>5/20/16</i>
Planning Staff:		Date:	
Permit Technician:		Date:	
Final Zoning Compliance Approved By:		Date:	