

Revised

DPM Appendix #A.16
Supplement #12
March 2015

TOWN OF HOLLY SPRINGS

VARIANCE OF DEVELOPMENT STANDARDS PETITION

The current Filing Fees can be found on-line in the Town of Holly Springs Fee Schedule:
<http://www.hollyspringsnc.us/planning>



Variance Request (please be specific)

UDO Section No.: 3.02

Section Title: LB Local Business District

Specific Variance Request: Requesting a variance to exceed the maximum height allowance.

Project Information

Project Name Duke Primary Care

If this project is part of a previously approved plan, please specify:

PUD/Master Plan/Subdivision NA Shopping Center/Lot # NA

Project Location Hwy 55 Bypass/New Hill Road

Use street address. If none, use the closest intersection

Within Corporate Limits Within Holly Springs ETJ Pending Annexation

PIN See attached for pins Real Estate ID _____

Project Acreage 8.37 acres Current Zoning LB / Pending rezoning to LB-CU

Scoping Meeting Date : 7/12/16 Concept Meeting Date: 9/13/16

For DPZ Use only
 Project # 116 - VAR TC - 06
 Fees Paid: \$ _____
 Date Received: **Received**
JAN 04 2017
Planning & Zoning
 Complete Incomplete

Petition Contact Information (complete each contact in its entirety- please print or type)

Project Applicant/Contact

(check one) Owner Owner's Agent Design Professional Developer Other: _____

Name Marc Christopher Company Phillips Architecture, PA

Mailing Address 6601 Six Forks Road, Suite 130

City Raleigh State NC Zip 27615

Telephone # (919) 878-1660 Alternate Telephone # () _____

Fax # () _____ E-Mail marc@phillipsarch.com

How would you like to receive staff review comments? Fax E-Mail US Mail

How would you like to receive Official Action Notices? Fax E-Mail US Mail- Certified

Developer

Name Kevin Gainey Company Duke Health

Mailing Address 220 West Main Street, Suite 650

City Durham State NC Zip 27705

Telephone # (919) 256-8300 Alternate Telephone # () _____

Fax # () _____ E-Mail kevin.gainey@duke.edu

How would you like to receive staff review comments? Fax E-Mail US Mail

How would you like to receive Official Action Notices? Fax E-Mail US Mail- Certified

Property Owner

Name Kevin Gainey Company Duke Health

Mailing Address 220 West Main Street, Suite 650

City Durham State NC Zip 27705

Telephone # (919) 256-8300 Alternate Telephone # () _____

Fax # () _____ E-Mail kevin.gainey@duke.edu

How would you like to receive staff review comments? Fax E-Mail US Mail

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VARIANCE OF DEVELOPMENT STANDARDS FINDINGS OF FACT



You must respond to all findings; please type or print legibly in blue or black ink.

Project Information

Project Name: Duke Primary Care

Findings of Fact

A petition for Variance of Development Standards may only be approved upon the presentation of sufficient evidence. Please include as much detailed information or unique conditions that would enable the Board to make a written determination that:

| |
|-------------------------------|
| For DPZ Use only |
| Project # _____ - VAR - _____ |
| Date Received: |

- (1) **Unnecessary hardship would result from the strict application of the ordinance. It shall not be necessary to demonstrate that, in the absence of the variance, no reasonable use can be made of the property.**

The 45' maximum building height would compromise the use and flexibility of the plenum space above the ceiling. The ability to efficiently run mechanical, electrical, plumbing, fire protection and structural systems in a 3 story building would be limited.

- (2) **The hardship results from conditions that are peculiar to the property, such as location, size, or topography. Hardships resulting from personal circumstances, as well as hardships resulting from conditions that are common to the neighborhood or the general public, may not be the basis for granting a variance.**
The existing property has street frontage on four sides with "minimum yard" requirements on each. To accommodate the program a 3-story solution was required. (i.e. the building was required to increase in height in lieu of footprint).

- (3) **The hardship did not result from actions taken by the applicant or the property owner. The act of purchasing property with knowledge that circumstances exist that may justify the granting of a variance shall not be regarded as a self-created hardship.**
The hardship was not imposed by the applicant or property owner. It is a product of the site being bound on 4 sides by roads/streets and the associated minimum yard requirements.

- (4) **The requested variance is consistent with the spirit, purpose, and intent of the ordinance, such that public safety is secured, and substantial justice is achieved.**
A building of this scale, massing and proportion is consistent with that of a 3-story medical office building; a use which is allowed on this site.

Certificate of Completion

I certify that all information presented in this petition is accurate to the best of my knowledge and belief. Further, I grant permission for members of the Board of Adjustment and Town Staff to visit the site in question for informational, advertisement, and inspection needs.

Signature of Applicant: *Maria Camp*

Date: 12/15/16

Signature of Owner: *[Signature]*

Date: 03 Jan 2017