



Town of Clayton
 Planning Department
 111 E. Second Street, Clayton, NC 27520
 P.O. Box 879, Clayton, NC 27528
 Phone: 919-553-1545
 Fax: 919-553-1720

CONDITIONAL USE APPLICATION

Pursuant to Article 7, Section 155.710 of the Unified Development Code, an owner of land within the jurisdiction of the Town (or a duly authorized agent) may petition the Board of Adjustment to allow a Conditional Use. Conditional Uses are uses that may be appropriate in a particular district, but has the potential to create incompatibilities with adjacent uses.

Special Use Permit applications must be accompanied by nine (9) sets of the application, nine (9) sets of required plans, an Owner's Consent Form (attached) and the application fee. The application fee is \$250.00. All fees are due when the application is submitted.

Please note that Section 155.702(B) of the Unified Development Code requires a Neighborhood Meeting for all Conditional Use applications.

SITE INFORMATION:

Name of Project: _____ Acreage of Property: _____

Parcel ID Number: _____ Tax ID: _____

Deed Book: _____ Deed Page(s): _____

Address: _____

Location: _____

Existing Use: _____ Proposed Use: _____

Existing Zoning District: _____

Requested Zoning District _____

Is project within a Planned Development: Yes No

Planned Development District (if applicable): _____

Is project within an Overlay District: Yes No

Overlay District (if applicable): _____

FOR OFFICE USE ONLY

File Number: _____	Date Received: _____	Amount Paid: _____
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REQUIRED FINDINGS OF FACT

Section 155.710(G) of the Unified Land Development Code requires applications for a Conditional Use to address the following findings. The burden of proof is on the applicant and failure to adequately address the findings may result in denial of the application. Please attach additional pages if necessary.

- 1. That the application will not materially endanger the public health or safety if located where proposed and ultimately developed according to the plans as submitted.

- 2. That the application meets all required specifications and conforms to the standards and practices of sound land use planning and the Town Code of Ordinances and other applicable regulations.

- 3. That the application will not substantially injure the value of adjoining or abutting property, and will not be detrimental to the use or development of adjacent properties or other neighborhood uses.

- 4. That the application will not adversely affect the adopted plans and policies of the Town, or violate the character of existing standards for development of the adjacent properties.

APPLICANT AFFIDAVIT

I/We, the undersigned, do hereby make application and petition to the Board of Adjustment of the Town of Clayton to approve the subject Conditional Use. I hereby certify that I have full legal right to request such action and that the statements or information made in any paper or plans submitted herewith are true and correct to the best of my knowledge. I understand this application, related material and all attachments become official records of the Planning Department of the Town of Clayton, North Carolina, and will not be returned.

Print Name

Signature of Applicant

Date

PLACE ON AGENT OR OWNER LETTERHEAD

Date

Dear Clayton Area Property Owner:

The purpose of this letter is to notify you of an application filed with the Town of Clayton for a land use proposal involving property adjacent to, or in close proximity to, property shown in your ownership by Johnston County tax records. Per Town of Clayton regulations, a neighborhood meeting will be held to provide information to area residents about the nature of the proposal. A representative of the applicant will be present to explain their application, answer questions, and solicit comments.

Meeting Date: _____

Location: _____

Time: _____

Type of Application: _____

General Description: _____

If you have any questions prior to or after this meeting, you may contact us at **Insert phone number**

Sincerely,

Applicant

cc: Clayton Planning Dept.

NEIGHBORHOOD MEETING ATTENDANCE ROSTER

Applicant: _____

Location/Date: _____

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