



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

## REZONING APPLICATION

*Pursuant to Article 7, Section 155.704 of the Unified Development Code, an owner of land within the jurisdiction of the Town (or a duly authorized agent) may petition the Town Council to amend the Official Zoning Map.*

*Rezoning 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 \$400.00 for a rezoning to a Standard District. A rezoning to a Planned Development District requires a fee of \$500.00 +\$5.00 per lot or unit for residential uses or \$500.00 +\$5.00 per acre for non residential uses. All fees are due when the application is submitted.*

*If the rezoning request is to a Planned Development District, the application must be accompanied by a Major Site Plan application and associated fees.*

*Please note that Section 155.702(B) of the Unified Development Code requires a Neighborhood Meeting for all Rezoning Petitions.*

### 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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**APPROVAL CRITERIA**

*All applications for a Rezoning must address the following findings:*

- 1. Consistency with the adopted plans of the Town.

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- 2. Suitability of the subject property for uses permitted by the current vs. the proposed district.

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- 3. Whether the proposed change tends to improve the balance of uses, or meets specific demand in the Town.

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- 4. The capacity of adequate public facilities and services including schools, roads, recreation facilities, wastewater treatment, potable water supply and stormwater drainage facilities is available for the proposed use.

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5. It has been determined that the legal purposes for which zoning exists are not violated.

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6. It has been determined that there will be no adverse effect upon adjoining property owners unless such effect can be justified by the overwhelming public good or welfare.

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7. It has been determined that no one property owner or small group of property owners will benefit materially from the change to the detriment of the general public.

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**APPLICANT AFFIDAVIT**

*I/We, the undersigned, do hereby make application and petition to the Town Council of the Town of Clayton to amend the Zoning Ordinance and change the Official Zoning Map of the Town of Clayton as requested. 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: \_\_\_\_\_

	NAME	ADDRESS
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