



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

ZONING COMPLIANCE PERMIT

Pursuant to Article 7, Section 155.709 of the Unified Development Code, it is unlawful to move, construct alter or repair (except ordinary repairs) any building or structure (including accessory structures) until the Planning Department has issued a Zoning Permit. Further, it is unlawful to change the type of use of land (including land disturbing activities), occupancy of a building, or to extend any use or any lot on which there is a nonconforming use until the Planning Department issues a Zoning Permit for the intended use, including a determination that the proposed used in all respects, conforms with the provisions of the Unified Development Code.

Zoning Compliance Permit applications must be accompanied by one (1) copy of the application, one (1) copy of any supplemental information, an Owner's Consent Form (attached) and the application fee. The application fee is \$30.00. The application fee is due when the permit is issued.

Please note that a Zoning Compliance Permit expires if the permitted activity is discontinued for one (1) year or more.

ZONING COMPLIANCE PERMIT TYPE:

Check all that apply:

- | | | | |
|------------------------------------------------|----------------------------------------------|---------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Privilege License | <input type="checkbox"/> Change of Utilities | <input type="checkbox"/> Up-Fit | <input type="checkbox"/> Structural Addition |
| <input type="checkbox"/> Structural Relocation | <input type="checkbox"/> New Construction | <input type="checkbox"/> Mobile Home | <input type="checkbox"/> Occupancy Change |
| <input type="checkbox"/> Use Change | <input type="checkbox"/> Fence | <input type="checkbox"/> Other: _____ | |

SITE INFORMATION:

Development Name: _____ Lot #: _____

Parcel ID Number: _____ Tax ID: _____

Address: _____

Location: _____

Property Owners Name: _____

Existing Zoning District _____

Existing Use: _____

Flood Plain: _____

FOR OFFICE USE ONLY

File Number: _____	Date Received: _____	Amount Paid: _____
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APPLICANT/CONTRACTOR INFORMATION:

Applicant*: _____

Mailing Address: _____

Phone Number: _____ **Fax:** _____

Contact Person: _____

Email Address: _____

**If the applicant is the general contractor, please provide Contractor License No.:* _____

SPECIFIC USE INFORMATION:

Previous/Existing Use Description: _____

Proposed Use Description: _____

Tenant/Business Name: _____

Cost of Construction: _____

ZONING COMPLIANCE SUPPLEMENTAL INFORMATION

The following items must be submitted to the Planning Department to support a Zoning Compliance Permit application. Please note that all drawings must be to a readable engineering scale.

Included

Yes No N/A

A signed and sealed boundary survey (**not more than a year old unless otherwise approved by the Planning Department**) with the azimuth or courses and distances of every property line shown. Distances shall be in feet or meters and decimals thereof. The number of decimal places shall be appropriate to the class of survey required. The survey must include any and all easements of record (referenced by Deed Book and Page) and must be prepared by a surveyor registered in the State of North Carolina.

A soil erosion control plan (*if the proposed site is greater than one acre*) approved by North Carolina Department of Environment and Natural Resources.

Flood zone elevation certification.

A site plan which identifies project boundaries and lot dimensions, acreage, structures (size and location), setbacks, parking and circulation, impervious surface area and percentage of lot coverage.

A utility plan identifying the location of existing utilities (including inverts of pipes, rim elevations, wells and septic tanks, etc.) within 100 feet of project site.

For mobile homes, list the make, model, year and size (square footage) of home below.

Year: _____ Make/Model: _____ Size: _____

APPLICANT AFFIDAVIT

I/We, the undersigned, do hereby make application and petition to the Planning Department of the Town of Clayton to approve the subject Zoning Compliance Permit. I hereby certify that all activities will be carried out in compliance with the Unified Development Code and understand that violations will result in a Code Enforcement action and fine. I further 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

ZONING COMPLIANCE STAFF ANALYSIS

Specific Zoning Requirements:

	Required	Provided
Lot Size		
Lot Width		
Setbacks:		
Front		
Side		
Rear		
Corner		

	Required	Provided
Building Separation		
% of Lot Coverage		
% of Impervious Surface		

Watershed Protection Area? Yes No

Specific Watershed Requirements: _____

ZONING COMPLIANCE PERMIT APPROVAL

This Zoning Compliance Permit for _____ is approved by the Town of Clayton Planning Department and subject to any conditions listed below. All activities authorized by this permit with expire within six (6) months of the approval date unless approved activities commence (UDC Section 155.709(E)).

List Case if Applicable: _____

Conditions:

 Planning Director/Designee

 Date

 Permit #

