



TOWN OF CLAYTON

Planning Department

111 E. Second Street, Clayton, NC 27520

P.O. Box 879, Clayton, NC 27528

Phone: 919-553-5002

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), change the 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.

Application Fee: \$50.00. Fees are due at time of submittal.

Issued Permit: Once a Zoning Compliance Permit has been issued, all activities pursuant to such permit shall be commenced within six months.

Expiration: 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"/> New Construction | <input type="checkbox"/> Mobile Home | <input type="checkbox"/> Fence | <input type="checkbox"/> Accessory Structure |
| <input type="checkbox"/> Use Change/Up-Fit | <input type="checkbox"/> Change of Utility | <input type="checkbox"/> Structural Addition | <input type="checkbox"/> Other: _____ |

APPLICANT/CONTRACTOR INFORMATION

Applicant: _____

Mailing Address: _____

Phone Number: _____ **Fax:** _____

Contact Person: _____

Email Address: _____

SITE INFORMATION

Development Name: _____ **Lot #:** _____

Address/Location: _____

Property Owner's Name: _____

Previous Use Description: _____

Proposed Use Description: _____

Business Name: _____

Brief Description of Request: _____

FOR OFFICE USE ONLY

Date Received: _____ Amount Paid: _____ Permit Number: _____

REQUIRED INFORMATION (to be submitted with the application)

The following items must accompany a Zoning Compliance Permit application (if not applicable, check “n/a.”)

To be completed by the applicant:			To be completed by staff:		
	Yes	N/A	Yes	No	N/A
1. Permit Review Fee (\$50.00 - check or exact amount)	<input type="checkbox"/>				
2. Completed application	<input type="checkbox"/>				
3. Owner's Consent Form <i>Required if applicant is not the property owner.</i>	<input type="checkbox"/>	<input type="checkbox"/>			
4. A copy of a current site plan and/or survey to scale which identifies project boundaries and lot dimensions, acreage, structures (size and location), setbacks, parking and circulation, impervious surface area and percentage of lot coverage. Please note that an incomplete plan will result in a delay in the processing of the permit. <i>Required for site improvements (new buildings, decks, pools, fences, etc)</i>	<input type="checkbox"/>	<input type="checkbox"/>			
5. Approval of the Flood Plain Administrator if the development request will take place within a floodplain.	<input type="checkbox"/>	<input type="checkbox"/>			
6. For mobile homes, list the make, model, year and size (square footage) of home below. Year: _____ Make/Model: _____ Size: _____	<input type="checkbox"/>	<input type="checkbox"/>			
7. Verification of received or current Wastewater Allocation.	<input type="checkbox"/>	<input type="checkbox"/>			

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

STAFF ANALYSIS *(completed by staff)*

Site Plan Application Number: _____

Approval Date: _____

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

	Required	Provided
Building Separation		
% of Lot Coverage		
% of Impervious Surface		
Minimum House Size		
Acreage		
Zoning District		
TAG Number		

Watershed Protection Area? Yes No

Specific Watershed Requirements: _____

Staff Comments: _____
