



TOWN OF CLAYTON
PLANNING DEPARTMENT
111 E Second Street
Clayton, NC 27520
919-553-5002

**CONDITIONAL REZONING, TYPE 3 UNLIMITED W/ CONCEPT PLAN
COVER SHEET**

Name of Project: _____ Date: _____

Applicant Name: _____

The following checklist to be completed by applicant. All materials must be submitted in PDF format.

Pre-Application Meeting on: _____

Note: Pre-application meeting must be held no more than 6-months prior to submittal.

Neighborhood Meeting on: _____

Note: Neighborhood meeting required to be held no more than 60-days prior to submittal.

- Review
- Fee
- Completed Application
- Owner's Consent Form
- List of property owners within 300 feet of subject parcel(s)
- Neighborhood Meeting Materials
- Signed & sealed boundary survey
- Applicant-proposed Conditions of Approval
- Concept Plan, meeting requirements of UDO and UDO Procedures Manual
- Traffic Impact Analysis, as applicable
- Wastewater Allocation Request, as applicable

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MISSION | Dedicated & responsive public servants who provide essential services that bring people together & promote quality of life in the Clayton community.

VALUES | RESPONSIBILITY • COMMUNITY • COMMITMENT • RESPECT



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Conditional Rezoning, Type 3 Unlimited w/ Concept Plan Application

www.ClaytonNC.org/Fees

Applicable Fees: Conditional Rezoning, Unlimited with Associated Concept Plan Fee

APPLICATION TYPE

New Type 3, Conditional Rezoning

Major Modification, modifying: _____

PROJECT & SITE INFORMATION

Name of Project: _____

Acreage of Property: _____ Existing Use: _____

County Tag #: _____ NC Pin #: _____

Address/Location: _____

Existing Zoning District: _____ Proposed Zoning District: _____

Are you submitting the application under the ordinances and policies in effect at the time of the application for review by the Town of Clayton? Yes No

If you answered "No" to the question above, please specify the ordinance(s) and/or policy(ies), including version(s), under which the application is being submitted: _____

Note: Supporting documentation must be submitted with the application.

APPLICANT INFORMATION

Applicant: _____

Mailing Address: _____

Phone Number: _____ Fax: _____

Contact Person: _____

Email Address: _____

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PROPERTY OWNER INFORMATION

Name: _____

Mailing Address: _____

Phone Number: _____ Fax: _____

Email Address: _____

EXPLANATION OF PROJECT

Please provide detailed information concerning all requests. Attach additional sheets if necessary.

REVIEW CRITERIA

Please provide a response to each Review Criteria listed below. Attach additional sheets if necessary.

1. If the application is consistent with the applicable standards in Section 3.3, Conditional Zoning Districts, of the Unified Development Ordinance.

2. Whether the proposed Conditional Rezoning advances the public health, safety, or welfare.

3. Whether and the extent to which the proposed Conditional Rezoning is appropriate for its proposed location, and is consistent with the purposes, goals, objectives, and policies of the Town's adopted policy guidance.

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4. Whether an approval of the Conditional Rezoning is reasonable and in the public interest.

5. Whether and the extent to which the Concept Plan associated with the Conditional Rezoning is consistent with this ordinance.

CONCEPT PLAN REQUIREMENTS:

At minimum, the Concept Plan associated with a Type 3 Conditional Rezoning application shall include the following elements as required by the UDO. Please confirm inclusion of these items in your submittal. In addition to this checklist, please also review the UDO Procedures Manual for further information required on the Concept Plan.

Provided		
Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	General location of development areas, identified by land use(s) and/or development density or intensity.
<input type="checkbox"/>	<input type="checkbox"/>	General configuration and relationship of the principal elements of the proposed development, including general building types.
<input type="checkbox"/>	<input type="checkbox"/>	Identification of, for the entire district and each development area, the acreage, types, and mix of land uses, number of residential units (by use type), non-residential floor area (by use type), residential density, and non-residential intensity (floor area square footage).
<input type="checkbox"/>	<input type="checkbox"/>	General location, amount, and type (whether designated for active, passive, or gathering area) of open space set-aside.
<input type="checkbox"/>	<input type="checkbox"/>	The location of environmentally sensitive lands, wildlife habitat, and resource protection lands;
<input type="checkbox"/>	<input type="checkbox"/>	The on-site transportation circulation system, including the general location of all streets, existing or projected transit service, pedestrian, and vehicular circulation features, and how they will connect with existing and planned systems.
<input type="checkbox"/>	<input type="checkbox"/>	The general location of on-site potable water and wastewater facilities, and how they will connect to existing systems.
<input type="checkbox"/>	<input type="checkbox"/>	The general location of all other on-site public facilities serving the development, including but no limited to parks, schools, bus shelters, and facilities for fire protection, police protection, EMS, and solid waste management.

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<input type="checkbox"/>	<input type="checkbox"/>	The applicable dimensional standards, including consistency with the conditional zoning district dimensional requirements or any requested deviations.
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APPLICANT AFFIDAVIT

I understand that by signing this application I am legally bound to the representation, terms, and conditions herein. By signing below, I certify that I was technically able to read and had a reasonable opportunity to read this disclosure. I further acknowledge that I am authorized to submit this application, and any subsequent revisions thereto, and confirm having obtained permission from the property owner/occupant for the application and the Town’s entry onto the property, if applicable. I further authorize Town of Clayton representatives to enter the site for purpose of conducting inspections or evaluations to determine compliance with applicable laws, policies, and manuals. I hereby certify that all of the information provided in this application and any attached documents is true, accurate, and complete to the best of my knowledge. I understand that any false information may result in rejection of the application or revocation of the permit or plan. I understand this submittal with its related materials and all attachments become official records of the Town of Clayton, North Carolina, and will not be returned. I understand this application and any communication, approval, or resulting permits issued as a result of this application are subject to disclosure pursuant to the North Carolina Public Records Act. I also acknowledge that, pursuant to NCGS § 143-755(b1), failure to respond to Town comments or holding the permit application on hold for six consecutive months or more will result in the cessation of review and forfeiture of all application fees, requiring a new application under current regulations. I shall not hold the Town of Clayton, its officers, employees and agents liable for any claims, losses, liabilities, expenses, charges or damages arising from or relating to incomplete, inaccurate, or false applications, or any additional supplemental applications, with respect of any cause arising out of, resulting from, or in connection with the application or permit.

Print Name

Signature of Applicant

Date

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