



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

**CONDITIONAL REZONING, TYPE 2 LIMITED STANDARD
 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 the 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
- Written Description of proposed standards
- Applicant-proposed Conditions of Approval
- Traffic Impact Analysis, as applicable
- Wastewater Allocation Request, as applicable



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

Conditional Rezoning, Type 2 Limited Standard Application

www.ClaytonNC.org/Fees

Applicable Fees: Conditional Rezoning, Limited Standard Fee

APPLICATION TYPE

New Type 2, Conditional Rezoning Major Modification, modifying: _____

PROJECT & SITE INFORMATION

Name of Project: _____

Acreeage 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: _____

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.

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

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