



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

## STORMWATER VARIANCE COVERSHEET

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 must 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

**VISION** | A welcoming & engaged community that cherishes its charming local character & promotes economic vitality, environmental stewardship, safety, & opportunities for all.

**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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## Stormwater Variance Application

[www.ClaytonNC.org/Fees](http://www.ClaytonNC.org/Fees)  
Applicable Fees: Variance Fee

### PROJECT & SITE INFORMATION

Name of Project: \_\_\_\_\_

Acreage of Property: \_\_\_\_\_ Current Zoning District: \_\_\_\_\_

County Tag #: \_\_\_\_\_ NC Pin #: \_\_\_\_\_

Address/Location: \_\_\_\_\_

Existing Use: \_\_\_\_\_

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. You must specify the specific code section(s) you are requesting a Variance from.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED FINDINGS OF FACT**

*Please provide a response to each Finding of Fact listed below. Attach additional sheets if necessary. A Stormwater Variance application shall be approved subject to a finding by the Board of Adjustment that:*

- 1. The applicant can secure no reasonable use or return from their property if the provisions of the Unified Development Ordinance (UDO) are strictly adhered to.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 2. The hardship results from application of the UDO to the property rather than from other factors such as deed restrictions or other hardship.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 3. The hardship is due to the physical nature of the applicant’s property, such as its location, size, shape, or topography, and compliance with provisions of the UDO would not allow reasonable use of the property.

\_\_\_\_\_  
\_\_\_\_\_

4. The applicant did not cause the hardship by knowingly or unknowingly violating the UDO;

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. The Variance is consistent with the general spirit, purpose, and intent of the State law and this Ordinance.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. In granting the Variance, the public safety and welfare have been assured, water quality has been protected, and substantial justice has been done.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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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