



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

ZONING COMPLIANCE PERMIT COVERSHEET

Name of Project: _____

Applicant Name: _____ Date: _____

The following checklist to be completed by applicant.

- Review Fee
- Completed Application
- Owner's Consent Form
- Sketch Plan (required for fences, accessory structures, patios, etc.)
- Wastewater Allocation, if applicable
- Application materials in PDF format

Submit application to PermitSubmittals@TownofClaytonNC.org

STAFF APPROVAL:

ZONING COMPLIANCE PERMIT APPLICATION

Applicable Fees: Zoning Compliance Permit Fee

Note: A fire inspection is required for a Change of Utility. In addition to the Zoning Compliance Permit fee, a Fire Inspection fee will be charged. This fee will be calculated based on square footage provided and invoiced to the applicant. Visit www.ClaytonNC.org/Fees for more information

PERMIT TYPE

Change of Utility or New Tenancy, provide square footage: _____

Accessory Structure, provide dimensions: _____

Note: A Zoning Compliance Permit application is not required for structures that require a Building Permit. Zoning Compliance review is done as a part of the Building Permit application.

Fence

Other, please specify: _____

PROJECT & SITE INFORMATION

Name of Development or Business: _____

Acreage of Property: _____ Zoning District: _____

County Tag #: _____ NC Pin #: _____

Address/Location: _____

Existing Use: _____ Proposed 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.

OFFICE USE ONLY

Date Received: _____ Amount Paid: _____ File Number: _____

APPLICANT INFORMATION

Applicant: _____

Mailing Address: _____

Contact Person: _____

Email Address: _____ Phone: _____

PROPERTY OWNER INFORMATION

Property Owner*: _____

Mailing Address: _____

Email Address: _____ Phone: _____

*If the property owner is someone other than the applicant, you **must provide an Owner's Consent Form.**

EXPLANATION OF PROJECT

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

ZONING COMPLIANCE SKETCH PLAN CHECKLIST

The applicant is required to provide, at minimum, the information outlined in the checklist below and complete their section of the checklist. Staff will review in accordance with this checklist and any missing items will be indicated in the first review.

For each listed item, check (✓) if provided, write "n/a" if the feature does not exist or is not proposed, and write "w" if a waiver from the requirement is justified because it is unnecessary in the particular case to determine compliance with applicable regulations.

Plan drawn to scale (not required to be professionally drawn)

Location of principal structure(s)

Location Open-air uses of land

Required setbacks and allowable encroachments identified

<input type="checkbox"/>	Location of existing potable water wells, septic tanks, drain fields, and reserve or back-up drain field locations, as applicable
<input type="checkbox"/>	Location of required tree save areas, if applicable
<input type="checkbox"/>	Location of stormwater control measures, if applicable
<input type="checkbox"/>	Location and dimensions of proposed uses, structures, or development activity associated with the Zoning Compliance Permit request.
<input type="checkbox"/>	If you are requesting a permit for a new fence, please provide alongside the sketch plan an image of the proposed fence with height and material specified.

All applications, plans, and supporting documents should be emailed to PermitSubmittals@TownofClaytonNC.org

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