



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

**ALTERNATIVE PLAN
 COVERSHEET**

Name of Project: _____

Applicant Name: _____ Date: _____

The following checklist to be completed by applicant.

Pre-Application Meeting on: _____

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

- Review Fee
- Completed Application
- Owner's Consent Form
- All applicable drawings and documents (*See checklist requirements in application*)

Submit application to PermitSubmittals@TownofClaytonNC.org

ALTERNATIVE PLAN APPLICATION

Fee: Alternative Plan Fee

Visit www.ClaytonNC.org/Fees for applicable fees.

PROJECT INFORMATION

Requested Plan Type: Landscaping Parking Sign

Name of Business/Project: _____

County Tag: _____ NC Pin: _____

Address / Location: _____

Is this request associated with a Site or Subdivision Plan, or Sign permit currently under review? Yes No

If yes, to the question above, please provide the associated Project Name and Project/Permit #: _____

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: _____ Email Address: _____

Mailing Address: _____

Phone Number: _____ Contact Person: _____

PROPERTY OWNER INFORMATION

Name: _____

Mailing Address: _____

Phone Number: _____ Email Address: _____

ALTERNATIVE PLAN APPLICATION CHECKLIST

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

Alternative Landscaping Plan	
<input type="checkbox"/>	A written justification statement which details project information, modifications being requested, specific code references and proposed alternatives. <u>Please note that modifications may only be requested and considered for items specifically noted in Section 6.6.4.D.4 of the UDO.</u>
<input type="checkbox"/>	All applicable landscaping information required for the site plan that this application is requesting the modifications for.

Alternative Parking Plan	
<input type="checkbox"/>	A written justification statement which details project information, modifications being requested, specific code references and proposed alternatives. <u>Please note that modifications may only be requested and considered for items specifically noted in Section 6.9.4.B.4 of the UDO.</u>
<input type="checkbox"/>	All applicable parking information required for the site plan that this application is requesting the modifications for.
<input type="checkbox"/>	If deviating from Table 6.9.4: Minimum Off-Street Parking Requirements or Section 2.9.4.D Off-Street Parking Space Maximum of the UDO, a signed/sealed parking study is required. This study must be prepared by a professional engineer licensed in the State of North Carolina and must document how the deviation from required parking spaces will be adequate and still protect the public’s health, safety, and welfare.
<input type="checkbox"/>	If proposing offsite parking on land under separate ownership for the use it serves, a written agreement executed by the owners involved and guaranteeing the long-term availability of the off-site parking in question is required.

Alternative Sign Plan	
<input type="checkbox"/>	A written justification statement which details project information, modifications being requested, specific code references and proposed alternatives. <u>Please note that modifications may only be requested and considered for items specifically noted in Section 6.13.7.J.3 of the UDO.</u>
<input type="checkbox"/>	All applicable sign information required for the sign that this application is requesting the modifications for.
<input type="checkbox"/>	The proposed allocation of permitted sign area among tenants and any other proposed signs.
<input type="checkbox"/>	The total allowable sign face area for the project.
<input type="checkbox"/>	Sketches of generic sign design and appearance for each sign type provided in Pantone Matching System (PMS) colors, vinyl manufacturer and numbers, or comparable industry standard of color identification.
<input type="checkbox"/>	Color specifications for each sign component specified, including but not limited to sign face backgrounds lettering and the sign structure.
<input type="checkbox"/>	A plan or other graphical depiction showing where each particular sign type is proposed, with setbacks labeled for ground signs.

REVIEW CRITERIA

The applicant shall address the following Review Criteria, as required by the Unified Development Ordinance, for any Alternative Plan request. Please attach additional sheets if necessary.

- 1. The Alternative Plan request is permitted by this Ordinance, and does not seek to modify an already approved Site Plan, Subdivision, or Permit.

- 2. The Alternative Plan is proposed in response to an allowable site condition or challenge.

- 3. The type of modification or deviation is among those permitted by this Ordinance.

- 4. The application provides sufficient detail to evaluate the request in light of applicable standards.

- 5. The development anticipated by the Alternative Plan is in closer alignment with the Town’s Adopted Policy Guidance or the standards in Section 1.7, Purpose and Intent of Ordinance, than a strict application of the applicable standards.

- 6. In the case of an Alternative Sign Plan (if you are not requesting an Alternative Sign Plan, please put “N/A”):

- a. The proposed design, size, color, illumination, and placement of signage is compatible in style and character with the site, any surrounding structures, and/or the district character of the area in which it is located. _____

- b. The Alternative Plan proposed innovative, but appropriate, use of materials and design techniques in response to unique characteristics of the specific site, if applicable. _____

- c. The anticipated signage will be consistent with approved neighborhood plans, studies, or area plans. _____

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