



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

## Administrative Adjustment Cover Sheet

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

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Check Box</b>	<b>The following checklist to be completed by applicant.</b>
	Pre-Application Meeting (Optional) on: _____  Note: If held, Pre-Application meeting must be held no more than 6-months prior to this submittal
	Neighborhood Meeting (Optional) on: _____  Note: If held, a Neighborhood meeting must be held no more than 60 days prior to this submittal.
	Review Fee
	Completed Application
	All applicable drawings and documents (see checklist requirements in application)
	Owner's Consent Form

Submit application to [PermitSubmittals@TownofClaytonNC.org](mailto:PermitSubmittals@TownofClaytonNC.org)

# Administrative Adjustment Application

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

Applicable Fees: Administrative Adjustment

## SITE INFORMATION

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

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

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

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

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

Existing Lots: \_\_\_\_\_ Proposed Lots: \_\_\_\_\_

Is this development part of an existing Conditional Zoning Concept Plan, Planned Development Master Plan, or Special Use Permit?

Yes      No

If you answered "Yes" to the question above, please specify the associated project number(s): \_\_\_\_\_

*Note: Approval documentation must be provided with your submission.*

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 provided with your submission.*

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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



# Review Criteria

*An application for an Administrative Adjustment shall be approved by the Planning Director in accordance with UDO Figure 2.3.1 and Section 2.4.7, Staff Review and Action, only upon a finding that the applicant has demonstrated that all of the following criteria are met:*

<b>Check One (required):</b>	<i>The Administrative Adjustment is consistent with the type and maximum thresholds for an Administrative Adjustment established per Table 2.3.1:</i>	
	<b>LOCATION OR TYPE OF DEVELOPMENT</b>	<b>MAXIMUM PERMITTED AMOUNT OF ADJUSTMENT</b>
	<i>Establishment of a new principal building on a non-conforming lot of record</i>	<i>50% (setbacks only)</i>
	<i>New development or redevelopment within the Downtown zoning district</i>	<i>15% maximum</i>
	<i>Redevelopment within all zoning districts except Downtown</i>	<i>10%</i>
	<i>New development within all zoning districts except Downtown</i>	<i>5%</i>
<b>Check One (required):</b>	<b>The Administrative Adjustment:</b>	
	<i>Is required to compensate for some unusual aspect of the site or the proposed development that is not shared by landowners in general, including size or shape of the lot;</i>	
	<i>Is necessary to allow for proper functioning of public or private infrastructure</i>	
	<i>Saves healthy existing trees</i>	
	<i>Helps limit the need for site grading or revision to existing drainage patterns</i>	
<i>Explain how this Administrative Adjustment is not expected to pose a danger to the public health or safety:</i>		
<i>Explain how this Administrative Adjustment will not negatively impact the function or performance of on-site wastewater or stormwater management devices:</i>		
<i>Explain how adverse impacts resulting from the Administrative Adjustment will be fully mitigated:</i>		
<i>Confirm that the development requirement being adjusted is not the subject of a previously approved Administrative Adjustment, condition of approval, or Variance on the same site:</i>		
	<b>Yes, this request is subject</b>	
	<b>No, this request is not subject</b>	

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*All applications shall be subject to the minimum requirements outlined in the below checklist. Plan submissions will be reviewed in accordance with these requirements and failure to comply with these elements may result in additional review comments.*

<b>Administrative Adjustment Application Checklist</b>			<b>Staff Use Only</b>
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.			
√, n/a, or w	<b>Application Submittal Requirement</b>		√, n/a, or w
<b>A</b>	<b>Documents to be Submitted</b>		
1	This checklist, completed by applicant		
2	Application		
3	Application fee		
4	PDF copy of all plan and supplemental materials		
5	Plan Set as specific per request		
<b>B</b>	<b>Base Information for each Plan Set Sheet</b>		
1	Name, address, telephone number, and fax number of Engineer, Architect, or Landscape Architect licensed in the State of North Carolina responsible for the plans.		
2	Date of drawing preparation and all revision dates		
3	Sheet number and title		
4	North arrow (except detail and elevation sheets)		
5	Legend		
6	All numerical references shall be rounded up to a maximum of two decimal points		
7	The scale of the drawings listed in feet per inch in both graphic and numeric scale. Engineering scale no smaller than 1” = 20’ and larger than 1” = 100’ is recommended (except detail & elevation sheets).		
8	Name of the proposed development in title block		
9	Project & file number in lower right corner of each sheet (number assigned once project submitted)		
10	A 4” x 6” box on each sheet for Planning to insert their approval stamp in the future, placed in the same location on each sheet		
<b>C</b>	<b>Plan Set:</b> to be provided at the time of initial submittal		
1	Name of proposed development, Project # (assigned by TOC after 1 <sup>st</sup> submittal), and “Administrative Adjustment” title		
2	Associated project numbers. For example, if this project is a phase of a Conditional Zoning, Planned Development, or associated with an approved Special Use Permit please indicate those project numbers on the cover sheet		
3	If this project is associated with an approved Conditional Zoning, Planned Development, or Special Use Permit, please include conditions of approval from those original approvals on the cover sheet.		
4	Vicinity map at 1” = 400’ with project boundary clearly marked. There must be sufficient detail and legibility to locate the project in reference to nearby roads.		
5	Sheet Index, if multiple sheets (Note: The plan must be in the same order as this checklist)		
6	Name of developer and/or applicant		
7	Acreage of parcel (with and without thoroughfare right-of-way dedication), each property in question		
8	Parcel Identification Number (PIN) and County TAG Number, each property in question		
9	Dimension and illustration of the proposed request		

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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 the 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*