



TOWN OF CLAYTON
Planning Department
111 E. Second St., P.O. Box 879
Clayton, NC 27528
Phone: 919-553-5002
Fax: 919-553-1720

ADMINISTRATIVE AMENDMENT APPLICATION COVER SHEET

Name of Project: _____ Date: _____

Applicant Name: _____

The following checklist to be completed by applicant:

- Review fee
- Completed Application
- Owner's Consent Form
- Plan sheet(s) on USB flash drive in PDF

Three plan sets of the following:

- Revised plan sheet with proposed changes bubbled

Reviewed by: _____



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ADMINISTRATIVE AMENDMENT APPLICATION

Project Application Fee: \$100.00

SITE INFORMATION

Name of Project: _____

Acreage of Property: _____ **Zoning District:** _____

County Tag #: _____ **NC Pin #:** _____

Address/Location: _____

Existing Use: _____ **Proposed Use:** _____

Is project within a Planned Development? Yes No **If yes, which:** _____

Is project within an Overlay District? Yes No **If yes, which:** _____

Plan(s) to be Amended:

- Site Plan Landscape Plan Architectural Elevations
 Subdivision Plat Other: _____

Original Plan Approval Date: _____ **Existing Project Number:** _____

APPLICANT INFORMATION

Applicant: _____

Mailing Address: _____

Phone Number: _____ **Fax:** _____

Contact Person: _____

Email Address: _____

OFFICE USE ONLY

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

PROPERTY OWNER INFORMATION

Name: _____

Mailing Address: _____

Phone Number: _____ Fax: _____

Email Address: _____

EXPLANATION OF REQUEST

Use this section to describe the request. Attach additional sheets/pertinent information as necessary.

ADDITIONAL INFORMATION

Does the subject site have a valid wastewater allocation? Yes No

Will the proposed amendment require additional wastewater allocation to be granted? Yes No

Is the subject site in compliance with all original Conditions of Approval? Yes No

If no, please explain: _____

Is the site currently subject to Code Enforcement Action? Yes No

If yes, please explain: _____

APPLICANT AFFIDAVIT

I/We, the undersigned, do hereby make application and petition to the Planning Director of the Town of Clayton to approve the subject Administrative Amendment request. I hereby certify that I have full legal right to request such action and that the statements or information made in any paper or plans submitted herewith are true and correct to the best of my knowledge. I understand this application, related material and all attachments become official records of the Planning Department of the Town of Clayton, North Carolina, and will not be returned.

Print Name

Signature of Applicant

Date



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OWNER'S CONSENT FORM

Consent is required from the property owner(s) if an agent will act on their behalf. A separate form is required from each owner. Consent is valid for one year from date of notary, unless otherwise specified. All fields must be completed.

Project Name: _____ **Address or PIN #:** _____

AGENT/APPLICANT INFORMATION:

 (Name - type, print clearly)

 (Address)

 (City, State, Zip)

I hereby give **CONSENT** to the above referenced agent/applicant to act on my behalf, to submit applications and all required materials and documents, and to attend and represent me at all meetings and public hearings pertaining to the following processes (*list applicable requests*):

Furthermore, I hereby give consent to the party designated above to agree to all terms and conditions which may arise as part of the approval of this application.

I hereby certify that I have authority to execute this consent form as/on behalf of the property owner. I understand that any false, inaccurate or incomplete information provided by me or my agent will result in the denial, revocation or administrative withdrawal of this application, request, approval or permits. I further agree to all terms and conditions which may be imposed as part of the approval of this application.

OWNER AUTHORIZATION:

 (Name - type, print clearly)

 (Address)

 (Owner's Signature)

 (City, State, Zip)

STATE OF _____
COUNTY OF _____

Sworn and subscribed before me _____, a Notary Public for the above State and County, this the _____ day of _____, 20_____.

SEAL

Notary Public

My Commission Expires: _____