



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

REZONING APPLICATION COVER SHEET

Name of Project: _____ **Date:** _____

Applicant Name: _____

The following checklist to be completed by applicant:

- Pre-Application Meeting on: _____
- Review Fee
- Advertisement Fee
- Completed Application
- Owner's Consent Form
- Adjacent Property Owner's List
- Neighborhood Meeting Notice Letter (1 copy)
- Set of stamped, addressed, empty envelopes for adjacent property owner notification
- Signed & Sealed Boundary Survey
- Copy of signed & sealed boundary survey in PDF on USB

Reviewed by: _____



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REZONING APPLICATION

- Standard Rezoning Fee: \$500.00
- Planned Development Rezoning Fee: \$1,000 + \$5.00 per acre
- Advertisement Fee: \$200.00

SITE INFORMATION

Name of Project: _____
 Acreage of Property: _____ Zoning District: _____
 County Tag #: _____ NC Pin #: _____
 Address/Location: _____
 Existing Zoning District: _____ Proposed Zoning District: _____

APPLICANT INFORMATION

Applicant: _____
 Mailing Address: _____
 Phone Number: _____ Fax: _____
 Contact Person: _____
 Email Address: _____

PROPERTY OWNER INFORMATION

Name: _____
 Mailing Address: _____
 Phone Number: _____ Fax: _____
 Email Address: _____

OFFICE USE ONLY

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

EXPLANATION OF PROJECT

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

APPROVAL CRITERIA

All applications for a Rezoning must address the following findings:

1. Consistency with the adopted plans of the Town.

2. Suitability of the subject property for uses permitted by the current vs. the proposed district.

3. Whether the proposed change tends to improve the balance of uses, or meets specific demand in the Town.

4. The capacity of adequate public facilities and services including schools, roads, recreation facilities, wastewater treatment, potable water supply and stormwater drainage facilities is available for the proposed use.

5. It has been determined that the legal purposes for which zoning exists are not violated.

6. It has been determined that there will be no adverse effect upon adjoining property owners unless such effect can be justified by the overwhelming public good or welfare.

7. It has been determined that no one property owner or small group of property owners will benefit materially from the change to the detriment of the general public.

APPLICANT AFFIDAVIT

I/We, the undersigned, do hereby make application and petition to the Town Council of the Town of Clayton to amend the Zoning Ordinance and change the Official Zoning Map of the Town of Clayton as requested.. 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

NEIGHBORHOOD MEETING INFORMATION

Purpose:

The purpose of the Neighborhood Meeting is to inform the surrounding property owners of the nature of the proposed land use and/or development features, answer questions, respond to concerns, and solicit comments.

Meeting Date:

The meeting must be held at least ten (10) calendar days prior to the Planning Board meeting.

Meeting Time & Location:

The meeting must be held no earlier than 6:00 pm Monday through Friday, and must be held in a location generally accessible to residents within close proximity of the request. The meeting space must be able to comfortably accommodate everyone that receives an invitation.

Meeting Notice Mailing requirements:

1. The applicant must contact all adjacent property owners via first class mailing (see sample letter).
2. The mailing must include all the persons, firms, or corporations owning property within 100 feet and immediately adjacent to the subject property. Where the subject property immediately adjoins a public or private right-of-way, landscape or riparian buffer, commonly-owned private area, public property, or homeowners' association property, then letters of notification shall be sent to adjoining property owners as if they directly abut the subject property.
3. The notice must be mailed at least ten (10) calendar days but not more than twenty-five (25) days prior to the date of the Neighborhood Meeting.

Information required to be provided at the Neighborhood Meeting:

At a minimum, the following materials must be present and discussed at a Neighborhood Meeting:

1. A copy of the project application.
2. A schedule of all upcoming public meetings for the application.
3. A map at a scale that is appropriate to the project and shows neighboring properties and roads.
4. A map, drawing, or other depiction of the proposed land use change or development proposal.

Information provided to Planning Department:

Alert the Planning Department once the date, location, and time of the Neighborhood Meeting are determined. Planning staff may attend the Neighborhood Meeting to answer process/code questions.

Deliver the following items to the Planning Department at least ten (10) calendar days prior to the Planning Board meeting in electronic or hard copy format:

- Adjacent Property Owner's List (aka "mailing list")
- Copy of the letter mailed
- Attendance Roster (aka "sign-in sheet")
- Neighborhood Meeting Summary Form with minutes (see below)

SAMPLE NEIGHBORHOOD MEETING LETTER

(PLACE ON AGENT'S OR OWNER'S LETTERHEAD)

<Date>

Dear Clayton Area Property Owner:

The purpose of this letter is to notify you of an application filed with the Town of Clayton for a land use change or development proposal involving property adjacent to, or in close proximity to, property shown in your ownership by Johnston County tax records. Per Town of Clayton regulations, a Neighborhood Meeting will be held to provide information to area residents about the proposal. A representative of the applicant will be present to explain their application, answer questions, and solicit comments.

Meeting Date: _____ Meeting Time: _____

Meeting Location: _____

Type of Application: _____

Project/proposal property address: _____

Description of project/proposal: _____

Upcoming public meetings for this application (Planning Board and/or Town Council): _____

At a minimum, the following will be available for your inspection at the Neighborhood Meeting:

1. A copy of the project application.
2. A schedule of all upcoming public meetings for the application.
3. A map at a scale that is appropriate to the project and shows neighboring properties and roads.
4. A map, drawing, or other depiction of the proposed land use change or development proposal.

A map is enclosed with this letter showing the location of the property that is subject to this application for land use change and/or development proposal.

If you have any questions prior to or after this meeting, you may contact us at *<Insert phone number of applicant>* . You may also contact the Planning Department at 919-553-5002.

Sincerely,

<Applicant>

Cc: Town of Clayton Planning Department

NEIGHBORHOOD MEETING ATTENDANCE ROSTER

Project: _____

Application: _____

Location/Date: _____

	NAME	ADDRESS
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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):

(Blank lines for listing 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: