



TOWN OF CLAYTON
 Planning Department
 111 E. Second Street, Clayton, NC 27520
 P.O. Box 879, Clayton, NC 27528
 Phone: 919-553-5002
 Fax: 919-553-1720

ADMINISTRATIVE AMENDMENT APPLICATION

Pursuant to Article 7 Section 155.714 of the Unified Development Code, an owner of land within the jurisdiction of the Town (or a duly authorized agent) may petition the Planning Director to approve an Administrative Amendment.

Application Fee: \$100.00 *All fees are due when the application is submitted.*

SITE INFORMATION

Name of Project: _____ Acreage of Property: _____

County Tag #: _____ NC PIN: _____

Address/Location: _____

Existing Use: _____ Proposed Use: _____

Zoning District: _____

Is project within a Planned Development? No
 Yes (list): _____

Is project within an Overlay District? No
 Yes (list): _____

Plan(s) to be Amended:

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

Original Plan Approval Date : _____ Existing Project Number: _____

Explanation of Request: _____

FOR OFFICE USE ONLY

Date Received: _____	Amount Paid: _____	File Number: _____
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PROPERTY OWNER INFORMATION

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

APPLICANT INFORMATION

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

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

If yes, include a wastewater allocation request.

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: _____

REQUIRED INFORMATION (to be submitted with the application)

Fill out the checklist below:

To be completed by the applicant:			To be completed by staff:		
	Yes	N/A	Yes	No	N/A
1. Site Plan Review Fee (\$100.00)	<input type="checkbox"/>				
2. Completed application (3 copies)	<input type="checkbox"/>				
3. Owner's Consent Form (3 copies) <i>Included in this application packet. Required if applicant is not property owner.</i>	<input type="checkbox"/>	<input type="checkbox"/>			
4. Revised Plan Sheet(s) (3 copies)	<input type="checkbox"/>	<input type="checkbox"/>			
5. Wastewater allocation request (if requesting additional allocation)	<input type="checkbox"/>	<input type="checkbox"/>			

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. 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 below*):

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: _____