



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

MINOR SITE PLAN APPLICATION

Pursuant to Article 7, Section 155.707 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 a Minor Site Plan application.

Application Fee: \$250.00 + \$5.00 per acre. *All fees are due when the application is submitted.*

SITE INFORMATION

New Minor Site Plan

Minor Modification to an approved site plan
Project Modified: _____

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): _____

EXPLANATION OF PROJECT

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

FOR OFFICE USE ONLY

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

PROPERTY OWNER INFORMATION

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

APPLICANT INFORMATION

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

REQUIRED INFORMATION (to be submitted with the application)

The following items must accompany a Minor Site Plan application.

To be completed by the applicant:			To be completed by staff:		
<i>Submit 9 copies of all materials unless otherwise noted or directed by staff</i>	Yes	N/A	Yes	No	N/A
1. Site Plan Review Fee (\$250 + \$5/acre)	<input type="checkbox"/>				
2. Completed application	<input type="checkbox"/>				
3. Owner's Consent Form <i>Required if applicant is not property owner.</i>	<input type="checkbox"/>	<input type="checkbox"/>			
4. Plan sets meeting the requirements listed in the <i>Plan Requirements Checklist</i> , OR plan sets meeting requirements as directed by Planning staff	<input type="checkbox"/>	<input type="checkbox"/>			
5. Copy of plan sets in .PDF on USB flash drive	<input type="checkbox"/>	<input type="checkbox"/>			
6. Wastewater allocation request OR verification of wastewater allocation <i>For new uses or expansion of use.</i>	<input type="checkbox"/>	<input type="checkbox"/>			

Planning Department staff may require additional materials in addition to the above.

APPLICANT AFFIDAVIT

I/We, the undersigned, do hereby make application and petition to the Planning Board of the Town of Clayton to approve the subject Minor Site Plan. 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: _____