



# 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

## ZONING COMPLIANCE PERMIT

*Pursuant to Article 7, Section 155.709 of the Unified Development Code, it is unlawful to move, construct alter or repair (except ordinary repairs) any building or structure (including accessory structures) until the Planning Department has issued a Zoning Permit. Further, it is unlawful to change the type of use of land (including land disturbing activities), change the occupancy of a building, or to extend any use or any lot on which there is a nonconforming use until the Planning Department issues a Zoning Permit for the intended use, including a determination that the proposed used in all respects, conforms with the provisions of the Unified Development Code.*

**Application Fee:** \$100.00. Fees are due at time of submittal.

**Issued Permit:** Once a Zoning Compliance Permit has been issued, all activities pursuant to such permit shall be commenced within six months.

**Expiration:** A Zoning Compliance Permit expires if the permitted activity is discontinued for one (1) year or more.

### ZONING COMPLIANCE PERMIT TYPE

Check all that apply:

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> New Construction  | <input type="checkbox"/> Mobile Home       | <input type="checkbox"/> Fence               | <input type="checkbox"/> Accessory Structure |
| <input type="checkbox"/> Use Change/Up-Fit | <input type="checkbox"/> Change of Utility | <input type="checkbox"/> Structural Addition | <input type="checkbox"/> Other: _____        |

### APPLICANT/CONTRACTOR INFORMATION

**Applicant:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

### SITE INFORMATION

**Development Name:** \_\_\_\_\_ **Lot #:** \_\_\_\_\_

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

**Property Owner's Name:** \_\_\_\_\_

**Previous Use Description:** \_\_\_\_\_

**Proposed Use Description:** \_\_\_\_\_

**Business Name:** \_\_\_\_\_

**Brief Description of Request:** \_\_\_\_\_

### FOR OFFICE USE ONLY

Date Received: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Permit Number: \_\_\_\_\_

**REQUIRED INFORMATION (to be submitted with the application)**

*The following items must accompany a Zoning Compliance Permit application (if not applicable, check “n/a.”)*

To be completed by the applicant:			To be completed by staff:		
	Yes	N/A	Yes	No	N/A
1. Permit Review Fee (\$50.00 - check or exact amount)	<input type="checkbox"/>				
2. Completed application	<input type="checkbox"/>				
3. Owner’s Consent Form <i>Required if applicant is not the property owner.</i>	<input type="checkbox"/>	<input type="checkbox"/>			
4. A copy of a current site plan and/or survey to scale which identifies project boundaries and lot dimensions, acreage, structures (size and location), setbacks, parking and circulation, impervious surface area and percentage of lot coverage. <b>Please note that an incomplete plan will result in a delay in the processing of the permit.</b> <i>Required for site improvements (new buildings, decks, pools, fences, etc)</i>	<input type="checkbox"/>	<input type="checkbox"/>			
5. Approval of the Flood Plain Administrator if the development request will take place within a floodplain.	<input type="checkbox"/>	<input type="checkbox"/>			
6. For mobile homes, list the make, model, year and size (square footage) of home below.  Year: _____ Make/Model: _____ Size: _____	<input type="checkbox"/>	<input type="checkbox"/>			
7. Verification of received or current Wastewater Allocation.	<input type="checkbox"/>	<input type="checkbox"/>			

**APPLICANT AFFIDAVIT**

*I/We, the undersigned, do hereby make application and petition to the Planning Department of the Town of Clayton to approve the subject Zoning Compliance Permit. I hereby certify that all activities will be carried out in compliance with the Unified Development Code and understand that violations will result in a Code Enforcement action and fine. I further 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*

