



TOWN OF CLAYTON
 PLANNING DEPARTMENT
 111 E Second Street
 Clayton, NC 27520
 919-553-5002

**SPECIAL USE PERMIT
COVERSHEET**

Name of Project: _____ Date: _____

Applicant Name: _____

The following checklist to be completed by applicant. All materials must be submitted in PDF format.

Pre-Application Meeting on: _____
Note: Pre-application meeting must be held no more than 6-months prior to submittal.

Neighborhood Meeting on: _____
Note: Neighborhood meeting must be held no more than 6-months prior to submittal.

- Review Fee
- Completed Application
- Owner’s Consent Form
- List of property owners within 300 feet of subject parcel(s)
- Traffic Impact Analysis, as applicable
- Wastewater Allocation, as applicable
- Neighborhood Meeting Materials
- Signed & sealed boundary survey
- Concept Plan, depicting the proposed use and site configuration, as well as any changes or extensions proposed to public infrastructure. Please review UDO Procedures Manual for complete Concept Plan checklist.



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**Special Use Permit
 Application**

www.ClaytonNC.org/Fees
 Applicable Fees: Special Use Permit Fee

APPLICATION TYPE

New Special Use Permit

Major Modification of: _____

PROJECT & SITE INFORMATION

Name of Project: _____

Acreeage of Property: _____ Current Zoning District: _____

County Tag #: _____ NC Pin #: _____

Address/Location: _____

Existing Use: _____ Proposed Use: _____

Are you submitting the application under the ordinances and policies in effect at the time of the application for review by the Town of Clayton? Yes No

If you answered "Yes" to the question above, please provide the associated Project #: _____

Are you submitting the application under the ordinances and policies in effect at the time of the application for review by the Town of Clayton? Yes No

If you answered "No" to the question above, please specify the ordinance(s) and/or policy(ies), including version(s), under which the application is being submitted: _____

Note: Supporting documentation must be submitted with the application.

APPLICANT INFORMATION

Applicant: _____

Mailing Address: _____

Phone Number: _____ Fax: _____

Contact Person: _____

Email Address: _____

VISION | A welcoming & engaged community that cherishes its charming local character & promotes economic vitality, environmental stewardship, safety, & opportunities for all.

MISSION | Dedicated & responsive public servants who provide essential services that bring people together & promote quality of life in the Clayton community.

VALUES | RESPONSIBILITY • COMMUNITY • COMMITMENT • RESPECT

www.TownofClaytonNC.org

PROPERTY OWNER INFORMATION

Name: _____

Mailing Address: _____

Phone Number: _____ Fax: _____

Email Address: _____

EXPLANATION OF PROJECT

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

REQUIRED FINDINGS OF FACT

Please provide a response to each Finding of Fact listed below. Attach additional sheets if necessary. A Special Use Permit shall be approved upon Finding of Fact by the Board of Adjustment that the proposed special use is compliant with the following:

- 1. Is subject to a Concept Plan that accurately depicts the proposed use’s configuration and addresses public infrastructure if changes to or extension of public infrastructure are required as part of the application.

- 2. Complies with all required standards, conditions, and specifications of the Unified Development Ordinance, including all zoning district dimensional requirements and use-specific standards.

3. Will not materially endanger the public health or safety.

4. Will not substantially injure the value of the abutting land, or the special use is a public necessity.

5. Will not include or result in such additional traffic volume so as to strain the flow of traffic on the streets and roads of the Town.

6. Will be in harmony with the intensity, scale, and character of existing or planned development in the area in which it is to be located.

APPLICANT AFFIDAVIT

I understand that by signing this application I am legally bound to the representation, terms, and conditions herein. By signing below, I certify that I was technically able to read and had a reasonable opportunity to read this disclosure. I further acknowledge that I am authorized to submit this application, and any subsequent revisions thereto, and confirm having obtained permission from the property owner/occupant for the application and the Town’s entry onto the property, if applicable. I further authorize Town of Clayton representatives to enter the site for purpose of conducting inspections or evaluations to determine compliance with applicable laws, policies, and manuals. I hereby certify that all of the information provided in this application and any attached documents is true, accurate, and complete to the best of my knowledge. I understand that any false information may result in rejection of the application or revocation of the permit or plan. I understand this submittal with its related materials and all attachments become official records of the Town of Clayton, North Carolina, and will not be returned. I understand this application and any communication, approval, or resulting permits issued as a result of this application are subject to disclosure pursuant to the North Carolina Public Records Act. I also acknowledge that, pursuant to NCGS § 143-755(b1), failure to respond to Town comments or holding the permit application on hold for six consecutive months or more will result in the cessation of review and forfeiture of all application fees, requiring a new application under current regulations. I shall not hold the Town of Clayton, its officers, employees and agents liable for any claims, losses, liabilities, expenses, charges or damages arising from or relating to incomplete, inaccurate, or false applications, or any additional supplemental applications, with respect of any cause arising out of, resulting from, or in connection with the application or permit.

Print Name

Signature of Applicant

Date

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