



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

## ADMINISTRATIVE AMENDMENT APPLICATION COVER SHEET

Name of Project: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

*The following checklist to be completed by applicant:*

- Review fee
- Completed Application
- Owner's Consent Form
- Plan sheet(s) on USB flash drive in PDF

*Three plan sets of the following:*

- Revised plan sheet with proposed changes bubbled

Reviewed by: \_\_\_\_\_



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

**ADMINISTRATIVE AMENDMENT APPLICATION**

**Project Application Fee: \$100.00**

**SITE INFORMATION**

**Name of Project:** \_\_\_\_\_

**Acreage of Property:** \_\_\_\_\_ **Zoning District:** \_\_\_\_\_

**County Tag #:** \_\_\_\_\_ **NC Pin #:** \_\_\_\_\_

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

**Existing Use:** \_\_\_\_\_ **Proposed Use:** \_\_\_\_\_

**Is project within a Planned Development?**  Yes  No **If yes, which:** \_\_\_\_\_

**Is project within an Overlay District?**  Yes  No **If yes, which:** \_\_\_\_\_

**Plan(s) to be Amended:**

- Site Plan                       Landscape Plan                       Architectural Elevations  
 Subdivision Plat                       Other: \_\_\_\_\_

**Original Plan Approval Date:** \_\_\_\_\_ **Existing Project Number:** \_\_\_\_\_

**APPLICANT INFORMATION**

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

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

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

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

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

**OFFICE USE ONLY**

**Date Received:** \_\_\_\_\_ **Amount Paid:** \_\_\_\_\_ **File Number:** \_\_\_\_\_

## PROPERTY OWNER INFORMATION

Name: \_\_\_\_\_

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

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

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

## EXPLANATION OF REQUEST

*Use this section to describe the request. Attach additional sheets/pertinent information as necessary.*

---

---

---

---

---

---

---

---

## 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

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: \_\_\_\_\_

## 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 request. 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*



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

**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*):

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

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

# Town of Clayton Administrative Amendment Process Flow Chart

