



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.

Administrative Amendment applications must be accompanied by this application, three (3) copies of amended plan(s), an Owner's Consent Form (attached) and the application fee. The application fee is \$100.00 and is due when the application is submitted.

PLAN INFORMATION:

Name of Project: _____ Acreage of Property: _____

TAG #: _____ Existing Use: _____

Site Plan Approval Date : _____ Existing Project Number: _____

Plan(s) to be Amended: Site Plan Landscape Plan Architecture Other:

REQUEST:

Summarize the proposed amendment. Address any applicable standards in the UDC, proposed uses (primary and accessory), existing and proposed site conditions, proposed internal and external improvements, etc. (Attach additional sheets if necessary):

FOR OFFICE USE ONLY

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

ADDITIONAL INFORMATION:

Does the subject site have a valid Wastewater Allocation? Yes No

Will the proposed amendment require additional allocation to be granted? Yes No

If yes, include new allocation request: _____

Is subject site in compliance with all Conditions of Approval? Yes No

If no, please explain: _____

Is the site currently subject to Code Enforcement Action? Yes No

If yes, please explain: _____

OWNER INFORMATION:

Name: _____

Mailing Address: _____

Phone Number: _____ Fax: _____

Email Address: _____

APPLICANT INFORMATION:

Applicant: _____

Mailing Address: _____

Phone Number: _____ Fax: _____

Contact Person: _____

Email Address: _____

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