

#### 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

## REZONING APPLICATION

Pursuant to Article 7, Section 155.704 of the Unified Development Code, an owner of land within the jurisdiction of the Town (or a duly authorized agent) may petition the Town Council to amend the Official Zoning Map.

Application Fees: Standard Rezoning Fee: \$500.00

Rezoning to Planned Development District Fee: \$1,000.00 + \$5.00 acre

**Advertisement Fee: \$100.00** 

All fees are due when the application is submitted.

Note on Planned Developments: Requests to rezone to a Planned Development District must be accompanied by a Master Plan submittal. Master Plans are approved as Preliminary Subdivision Plats – please submit a concurrent Preliminary Subdivision Plat application and Master Plan.

Name of Project:		Acreage of Property:
		_ NC PIN:
existing Zoning District:		
roposed Zoning District:		
APPLICANT INFORMA	ATION	
Applicant:		
Mailing Address:		
Phone Number:		Fax:
N44 D		
	FOR OFFICE USE	ONLY
Pate Received:	Amount Paid:	File Number:

version 1/6/2016 Page 1 of 10

### PROPERTY OWNER INFORMATION Name: Mailing Address: Fax: \_\_\_\_\_ **Phone Number: Email Address:** EXPLANATION OF PROJECT Please provide detailed information concerning all requests. Attach additional sheets if necessary. REQUIRED INFORMATION (to be submitted with the application) The following items must accompany a Rezoning application. To be completed by the applicant: For staff use only: Submit 9 copies of all materials unless otherwise noted or Yes N/A Yes No N/A directed by staff 1. A pre-application conference was held with Town of Clayton staff. Date: 2. Review Fee (\$500 for standard rezoning OR \$1,000 + \$5.00/acre for Planned Developments) and Advertisement Fee (\$100) 3. Completed application 4. Owner's Consent Form Required if applicant is not property owner. 5. A signed and sealed boundary survey (not more than a year old unless otherwise approved by the Planning Department). 6. *If property to be rezoned is a portion of a parcel:* Property legal description typed (10 pt. font or greater, and also submitted electronically in MS Word format.) Plat showing property to be rezoned, matching legal description. 7. Adjacent property owners list 8. Neighborhood meeting notice letter (1 copy) See sample letter and meeting requirements included in this packet Must be submitted after neighborhood meeting 9. Neighborhood meeting summary form (1 copy) is held and at least 10 days prior to Planning Included in this packet Board meeting. 10. Stamped, addressed, empty envelopes with no return address, using the adjacent property owner list (1 set) This for a public notice of the public hearing mailed by the Town – thus, neighbors will receive both a neighborhood meeting letter from the

version 1/6/2016 Page **2** of **10** 

applicant, and a notice of the hearing from the Town.

#### APPROVAL CRITERIA

# All applications for a Rezoning must address the following findings: 1. Consistency with the adopted plans of the Town. 2. Suitability of the subject property for uses permitted by the current vs. the proposed district. 3. Whether the proposed change tends to improve the balance of uses, or meets specific demand in the Town. 4. The capacity of adequate public facilities and services including schools, roads, recreation facilities, wastewater treatment, potable water supply and stormwater drainage facilities is available for the proposed use. 5. It has been determined that the legal purposes for which zoning exists are not violated. 6. It has been determined that there will be no adverse effect upon adjoining property owners unless such effect can be justified by the overwhelming public good or welfare. 7. It has been determined that no one property owner or small group of property owners will benefit materially from the change to the detriment of the general public.

version 1/6/2016 Page 3 of 10

## APPLICANT AFFIDAVIT

any paper or plans sub application, related man	mitted herewith are true and correct to the besterial and all attachments become official record Carolina, and will not be returned.	t of my knowledge. I understand this
hereby certify that I have	re full legal right to request such action and that	the statements or information made in
amend the Zoning Ord	inance and change the Official Zoning Map of	the Town of Clayton as requested.
I/We, the undersigned,		5 5

version 1/6/2016 Page 4 of 10

## NEIGHBORHOOD MEETING INFORMATION

#### **Purpose:**

The purpose of the Neighborhood Meeting is to inform the surrounding property owners of the nature of the proposed land use and/or development features, answer questions, respond to concerns, and solicit comments.

#### **Meeting Date:**

The meeting must be held at least ten (10) calendar days prior to the Planning Board meeting.

#### **Meeting Time & Location:**

The meeting must be held no earlier than 6:00 pm Monday through Friday, and must be held in a location generally accessible to residents within close proximity of the request. The meeting space must be able to comfortably accommodate everyone that receives an invitation.

#### **Meeting Notice Mailing requirements:**

- 1. The applicant must contact all adjacent property owners via first class mailing (see sample letter).
- 2. The mailing must include all the persons, firms, or corporations owning property within 100 feet and immediately adjacent to the subject property. Where the subject property immediately adjoins a public or private right-of-way, landscape or riparian buffer, commonly-owned private area, public property, or homeowners' association property, then letters of notification shall be sent to adjoining property owners as if they directly abut the subject property.
- 3. The notice must be mailed at least ten (10) calendar days but not more than twenty-five (25) days prior to the date of the Neighborhood Meeting.

#### **Information provided at the Neighborhood Meeting:**

At a minimum, the following materials must be present for inspection at a Neighborhood Meeting:

- 1. A copy of the project application.
- 2. A map at a scale that is appropriate to the project and shows neighboring properties and roads.
- 3. A map, drawing, or other depiction of the proposed land use change or development proposal.

#### **Information provided to Planning Department:**

Alert the Planning Department once the date, location, and time of the Neighborhood Meeting are determined. Planning staff may attend the Neighborhood Meeting to answer process/code questions.

Deliver the following items to the Planning Department at least ten (10) calendar days prior to the Planning Board meeting in electronic or hard copy format:

iting in electronic or nard copy format:		
	Adjacent Property Owner's List (aka "mailing list")	
	Copy of the letter mailed	
	Attendance Roster (aka "sign-in sheet")	
	Neighborhood Meeting Summary Form with minutes (see below)	

version 10/15/2015 Page 5 of 10

# ADJACENT PROPERTY OWNERS LIST

Project Name:		
The following are all the persons, firms, or corporations owning property within 100 feet and immediately adjacent to the property (including across street rights of way) subject to this request. Where the subject property immediately adjoins a public or private right-of-way, landscape or riparian buffer, commonly-owned private area, public property, or homeowners' association property, then letters of notification shall be sent to adjoining property owners as if they directly abut the subject property. Please use a separate sheet if necessary It is the responsibility of the applicant to correctly identify the current owner, based upon records in the Johnston County GIS Office, for all property owners of land within the required public notice radius.		
PARCEL NUMBER NAME ADDRESS		

version 10/15/2015 Page **6** of 10

# SAMPLE NEIGHBORHOOD MEETING LETTER (PLACE ON AGENT'S OR OWNER'S LETTERHEAD)

<date></date>		
Dear Clayton Area Property Owner:		
use change or development propose property shown in your ownership regulations, a Neighborhood Meeting	you of an application filed with the Town of Clayton for a land all involving property adjacent to, or in close proximity to, by Johnston County tax records. Per Town of Clayton will be held to provide information to area residents about the give of the applicant will be present to explain their application, ats.	
Meeting Date:	Meeting Time:	
Meeting Location:		
Type of Application:		
Project/proposal property address:		
Description of project/proposal:		
<ol> <li>A copy of the project applicat</li> <li>A map at a scale that is appropriate appropri</li></ol>	available for your inspection at the Neighborhood Meeting: ion. priate to the project and shows neighboring properties and roads. iction of the proposed land use change or development proposal.	
A map is enclosed with this letter showing the location of the property that is subject to this application for land use change and/or development proposal.		
If you have any questions prior to or after this meeting, you may contact us at <i><insert applicant="" number="" of="" phone=""></insert></i> . You may also contact the Planning Department at 919-553-5002.		
Sincerely,		
<applicant></applicant>		
Cc: Town of Clayton Planning Dept.		

version 10/15/2015 Page 7 of 10

# NEIGHBORHOOD MEETING ATTENDANCE ROSTER

Project:		
Application: _		
Location/Date:		
	NAME	ADDRESS
1		
2		
3		
4		
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7		
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version 10/15/2015 Page 8 of 10

# NEIGHBORHOOD MEETING SUMMARY FORM

### FILL OUT THE FOLLOWING:

Application:		
Date of Mailing:		
I hereby attest that letters were mailed to the addresses listed on the Adjacent Property Owners List (attached) ten days prior to the Neighborhood Meeting:		
Printed Name:	Signature:	
Date of Meeting:	Time of Meeting:	
Location of Meeting:		
Meeting Summary/Minutes: provide a summary of and any resolution discussed, and any changes ma	of the discussion held at the meeting, including issues raised de to the application as a result of the meeting.	

Please write clearly (or submit a typed summary). Use additional sheets if necessary.

version 10/15/2015 Page 9 of 10



## **TOWN OF CLAYTON Planning Department**

111 E. Second Street, Clayton, NC 27520 P.O. Box 879, Clayton, NC 27528

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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)
	eferenced agent/applicant to act on my behalf, to submit applications and all attend and represent me at all meetings and public hearings pertaining to the set below):
Furthermore, I hereby give consent to the part of the approval of this application.	party designated above to agree to all terms and conditions which may arise as
any false, inaccurate or incomplete inform	ecute this consent form as/on behalf of the property owner. I understand that nation provided by me or my agent will result in the denial, revocation or ion, request, approval or permits. I further agree to all terms and conditions wal of this application.
(Name - type, print clearly)	(Address)
(Owner's Signature)	(City, State, Zip)
STATE OF	
COUNTY OF	
Sworn and subscribed before me, 20	, a Notary Public for the above State and County, this
SEAL	Notary Public My Commission Expires:

version 10/15/2015 Page 10 of 10