



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

SPECIAL USE PERMIT APPLICATION COVER SHEET

Name of Project: _____ Date: _____

Applicant Name: _____

The following checklist to be completed by applicant:

- Pre-Application Meeting on: _____
- Application Review fee

Submit 1 hardcopy and 1 digital (via email or USB) of each of the following:

- Completed Application
- Owner's Consent Form
- Adjacent Property Owner's List
- Neighborhood Meeting Notice Letter (1 copy)
- Wastewater Allocation Request Form (if applicable)
- Adjacent Property Owner's List - Include Names, Full Mailing Addresses & Parcel/NC Tag #
- Associated Site Plan

Reviewed by: _____



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SPECIAL USE PERMIT APPLICATION

Application Fee: \$750.00

Public Noticing Fees (Mailing & Sign) will be confirmed/invoiced by town staff prior to payment.
 Mailed Notice: \$1.00 per mailed notice / Public Notice Signs: \$20.00 per posted sign

New Special Use Permit

Major Modification to an approved SUP
Permit Modified: _____

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: _____

APPLICANT INFORMATION

Applicant: _____

Mailing Address: _____

Phone Number: _____ Fax: _____

Contact Person: _____

Email Address: _____

OFFICE USE ONLY

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

2. That the application meets all required specifications and conforms to the standards and practices of sound land use planning and the Town Code of Ordinances and other applicable regulations.

3. That the application will not substantially injure the value of adjoining or abutting property, and will not be detrimental to the use or development of adjacent properties or other neighborhood uses.

4. That the application will not adversely affect the adopted plans and policies of the Town, or violate the character of existing standards for development of the adjacent properties.

APPLICANT AFFIDAVIT

I/We, the undersigned, do hereby make an application and petition to the Town Council of the Town of Clayton to approve the subject Special Use Permit. 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