

SMALL TOWN CHARACTER OVERLAY DISTRICT
EXEMPT SITE PLAN REVIEW - RESIDENTIAL
 Town of Apex, North Carolina



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Date Submitted: _____ Application #: _____

Electronic Submittal Requirements (Submit in IDT):

- Small Town Character Residential Application
- Building Elevations (all affected sides) 11" x 17"
- Agent Authorization Form (if applicable)
- All documents needed for Hard Copy Submittal below

Need to register? Use the link below to obtain more information, register, or upload your submittal.
<http://www.apexnc.org/195/Electronic-Plan-Review>

Please note: If you are unable to submit electronically, but have a PDF of the plans, please email it to
brenda.johnson@apexnc.org.

Hard Copy Submittal Requirements – Submit to Planning Department

Prior to submittal, refer to UDO Section Ordinance 6.3 Small Town Character Overlay District

<http://www.apexnc.org/DocumentCenter/View/553/Small-Town-Character-Overlay-District-PDF?bidId=>

- Existing site layout/conditions
- General site layout including proposed revisions or expansion
- Building elevations (all affected sides)
- Materials list
- Other requirements set by Town Departments (grading plan, tree survey, utility plan, landscape plan, etc.)

Required Submittal Information:

Please provide the information listed below on the proposed Building Elevations and Plot Plan, as indicated. See UDO Sec. 5.1.5 for permitted dimensional standards.

Building Elevations:

- Height of all structures
- Proposed building materials

Plot Plan:

- Front, side, and rear setbacks proposed
- Existing and proposed built-upon area
- Footprint of proposed structure
- All proposed impervious surfaces (driveways, sidewalks, patios, etc.)

APPLICATION INFORMATION:

Project Name: _____

Project Address: _____

Applicant Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

PROJECT INFORMATION

Owner/Developer: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

SMALL TOWN CHARACTER – RESIDENTIAL APPLICATION

#	Yes	No	Residential Checklist Items
			Zoning District: _____
1	<input type="checkbox"/>	<input type="checkbox"/>	New home
2	<input type="checkbox"/>	<input type="checkbox"/>	Is this a remodel/change to an existing home? If yes, please check the appropriate item(s) below.
	<input type="checkbox"/>	<input type="checkbox"/>	Expansion of existing home (please explain below)
	<input type="checkbox"/>	<input type="checkbox"/>	Exterior changes to existing structure (please explain below)
	<input type="checkbox"/>	<input type="checkbox"/>	Repair (please explain below)
	<input type="checkbox"/>	<input type="checkbox"/>	Attached or detached garage addition
3	<input type="checkbox"/>	<input type="checkbox"/>	Are you proposing to demolish structures? If yes, Planning Staff must approve a demolition permit.
4	<input type="checkbox"/>	<input type="checkbox"/>	Other. Please specify.
5	<input type="checkbox"/>	<input type="checkbox"/>	Does the new or existing structure meet setbacks?

I/we hereby certify that the following information is true and correct and that the building or land will not be used for any other purpose than indicated in this application.

Applicant Signature: _____ Date: _____

Print Name: _____

Building Permits and/or Electrical, Mechanical, and Plumbing Permits maybe required. Contact Building Inspections at 919-249-3418 after this application is approved to file the required applications.

Date

Signature of Applicant

PLANNING DEPARTMENT DETERMINATION

This plan has been reviewed by the Town of Apex Technical Review Committee and to the best of our knowledge and belief, meets the Town of Apex Unified Development Ordinance and does not increase any existing nonconformity. This signature does not constitute a variance from any requirements of an originally approved subdivision or site plan, or any federal, state or local code, law, specification, rule, guideline, or ordinance, such as but not limited to grading and building permits. It is the sole responsibility of the owner/developer, or any of his agents or contract professionals to ensure that this plan meets all the aforementioned requirements.

Planning Departmental Approval: _____ Date: _____

Print Name: _____

Conditions/Comments/Restrictions: _____

