

CERTIFICATE OF ZONING COMPLIANCE APPLICATION INFORMATION

Town of Apex, North Carolina



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TOWN OF APEX DEPARTMENTAL CONTACT INFORMATION

Planning Department	919-249-3426	Fire Department	919-362-4001
Building Inspections & Permits Dept.	919-249-3418	Water Resources Dept.	919-362-8166

PURPOSE: A Certificate of Zoning Compliance (CZC) is required to ensure that all proposed businesses comply with the Town of Apex zoning standards and applicable ordinances, protecting the public health, safety, and welfare of the citizens of Apex.

CZC REVIEW PROCESS: STEP 1 OBTAIN PLANNING DEPARTMENT APPROVAL

1. The application and all supporting documentation submitted to the Planning Department will be routed to the Town's Technical Review Committee (TRC) members. Each TRC review cycle is, on average, (5) business days and there may be multiple reviews. A TRC comment letter will be provided to the applicant at the end of the review process (typically an email). Please allow a minimum of (10) business days for the TRC review / Planning Dept. determination.

2. Contact the Water Resources Department with questions regarding the backflow prevention service application or any backflow prevention review comments.

Note: The actual backflow preventer device will be evaluated at the time of site inspection to confirm/correct the type, placement, and recertification.

3. Once all comments have been responded to satisfactorily, the applicant and a Planning Dept. Staff Member will sign the CZC. Copies will be given to the applicant and the Building Inspections Dept.

CZC REVIEW PROCESS: STEP 2 BUILDING OCCUPANCY APPROVALS

After the Planning Department approves the CZC, the applicant is required to do the following:

1. Schedule a fire inspection; Fire Department contact information will be provided with staff comments.
2. Contact the Building Inspections & Permits Dept. with questions regarding their requirements for construction plan approval / permit issuance prior to scheduling the site inspection.

CZC CHECKLIST – SUBMIT TO THE PLANNING DEPARTMENT

- Submittal Fee. (Forms of payment: Pay in person with Visa / Master Card, Cash – Exact Amount and Check payable to 'Town of Apex'.

Or mail check to: **Town of Apex Planning Dept., PO Box 250 / 73 Hunter St., Apex, NC 27502.**

- Completed Application.
- Written business operations plan noting primary use as well as all accessory uses and activities.
- Backflow Prevention Service Application.

<http://www.apexnc.org/DocumentCenter/View/2995/Backflow-Service-Application>

Application #: _____ Date Received / Processed: _____
Submittal fee: \$100.00 Form of Payment: _____

BUSINESS INFORMATION:

**** SUBMIT A WRITTEN BUSINESS/OPERATIONS PLAN WITH THE CZC ****

Business Name: _____

Address/Location: _____ Suite: _____

If the address is within a multi-tenant development, provide the name (e.g. shopping / business center):

Days/hours of operation: _____

Total square footage of space occupied: _____

1. Change of Occupancy with or without a change of business use. (E.g. restaurant to restaurant).

Previous use at this location: _____

Proposed use at this location: _____

2. Are there any exterior changes/additions planned at this location? (E.g. landscaping, dumpster, HVAC, parking, painting, and façade changes, etc.)

Yes No If yes, list all items here:

3. Is this an up-fit for the first tenant within a new multi-tenant development space? If yes, then the application fee is waived.

Yes No

BUSINESS OWNER INFORMATION:

Name: _____

Mailing Address: _____

Email: _____ Phone: _____

PROPERTY OWNER INFORMATION (IF NOT THE APPLICANT):

Name: _____

Mailing Address: _____

Email: _____ Phone: _____

OWNER/AUTHORIZED AGENT STATEMENT

I hereby certify that the foregoing 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: _____

Applicant Print Name: _____

BUSINESS INFORMATION

Address: _____ Business Name: _____

PIN # _____ Zoning District: _____

If this is a conditional zoning district, do any conditions apply to use? Yes No

If yes, list conditions: _____

Use Classification, per the UDO Use Table: _____

Do any supplemental standards apply to use? Yes No

If yes, list supplemental standards: _____

Is this a Change of Use? Yes No

Current Class of Use: _____ Previous Class of Use: _____

Total Parking Spaces: _____ Parking required per the UDO: _____

OTHER DEPARTMENTAL REVIEW AND/OR INSPECTIONS (STEP 2):

If a department is indicated below, additional conditions and restrictions may apply other than those listed by the Planning Department.

Building Inspections & Permits Department: Main Number (919) 249-3418

Occupancy Classification:

- First Tenant to Occupy Space:** A building permit is required before occupying this space. Please submit plans to include, at a minimum: scaled floorplan with all spaces labelled as to use, life safety and exiting plan, Appendix B document, and details of any modifications to the interior and/or building systems (electrical, mechanical, plumbing, sprinklers) to be included in an upfit for this tenant.
- Occupancy Classification Change:** This new use represents a change in Occupancy Classification, as defined in the Building Code. The following documents will be required to be submitted to the inspections department for plan review and permit approval: Approved Certificate of Zoning Compliance, Building Code Summary Sheet (Appendix B), Building Key Plan, Exit Plan, scaled use layout of space, and any modifications shown on plans.
- Occupancy Classification Unchanged:** This is not a Change of Occupancy Classification and no permit or inspection will be required from the Building Inspections Department unless interior modifications are planned for the space. If interior modifications are planned then plans shall be submitted prior to the work beginning. This would include any construction or demolition of existing walls and any repair, replacement, or modification to a building system (mechanical, electrical, plumbing).

Fire Department / Fire Marshal Inspection:

Applicant calls to schedule a fire inspection after Planning Department approval. Contact:

David Dillon	Phone: 919-291-0648	Email: david.dillon@apexnc.org
Karl Huegerich	Phone: 919-291-9646	Email: karl.huegerich@apexnc.org

Stormwater & Engineering: Backflow preventer(s) - installation or test due.

Please complete the backflow survey form and send it to crossconnection@apexnc.org. Link for more information / application: [Backflow Prevention / Cross-Connection](#)

Contact:

Steve Miller	Phone: 919-249-3357	Email: steve.miller@apexnc.org
Lindley Paynter	Phone: 919-249-3356	Email: lindley.paynter@apexnc.org

Address: _____ Business Name: _____

PLANNING DEPARTMENT DETERMINATION

This application has been reviewed for a proposed use request. Based on the information contained herein, along with the standards found in the Town of Apex Unified Development Ordinance (UDO) and any additional information obtained from an actual site inspection or other sources, the following determination has been made:

Approved Approved/w Conditions Denied

Conditions/Comments/Restrictions:

Planning Departmental Approval: _____ Date: _____

To be signed after applicant signature is obtained.

Print Name: _____

APPLICANT AGREEMENT

I/we certify that I/we have read, understand and will adhere to the comments and restrictions contained in this application. I further understand that this document does not give approval for occupancy of the space or building for the business owner, employees, or the general public. Authorization for occupancy of the building or space will be granted by the Fire Department and Building Inspection office after a site inspection has been conducted and all site conditions have been accepted and approved. I understand I must contact the Fire Department and Building Inspections & Permits Department to provide required documentation, apply for all applicable permits and pay assessed fees as required.

Applicant Signature: _____ Date: _____

To be signed after Planning Dept. Determination.

Print Name: _____

Date staff received signature page: _____