

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



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Date Submitted: _____

Application #: _____

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>

Electronic Submittal Requirements (Submit in IDT)

- Small Town Character Non-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 (if proposed detached accessory structure, provide principal structure height)
- Proposed building materials (i.e. siding, trim, window trim, roofing)
- Proposed material colors (i.e. siding, trim, window trim, roofing)

Plot Plan:

- Front, side, and rear setbacks existing
- Front, side, and rear setbacks proposed
- Location of existing and proposed structures (i.e. driveways, sidewalks, patios, etc.)
- Provide the total existing built-upon area (impervious surface) percentage
- Provide the total proposed built-upon area (impervious surface) percentage

SMALL TOWN CHARACTER – NON-RESIDENTIAL APPLICATION

PROJECT INFORMATION

Owner Name:

Project Address:

City:

State:

Zip:

Telephone:

Email:

APPLICANT INFORMATION

Applicant (if different from owner):

Mailing Address:

City:

State:

Zip:

Telephone:

Email:

CONTRACTOR INFORMATION

Contractor/Builder:

Contact Name:

Mailing Address:

City:

State:

Zip:

Telephone:

Email:

#	Yes	No	Non-Residential Checklist Items
Zoning District:			
1	<input type="checkbox"/>	<input type="checkbox"/>	Is this property located within the Central Business District?
2	<input type="checkbox"/>	<input type="checkbox"/>	Is this structure located within the National Register Historic District?
3	<input type="checkbox"/>	<input type="checkbox"/>	Is this an addition of minor site elements? (i.e. awnings, HVAC units, dumpsters, etc.)
4	<input type="checkbox"/>	<input type="checkbox"/>	Is this a repair (please explain below):
5	<input type="checkbox"/>	<input type="checkbox"/>	Are you proposing to demolish structure(s)? If yes, Planning Staff must approve a demolition permit.
6	<input type="checkbox"/>	<input type="checkbox"/>	Is this an expansion, repair, or re-use of an existing structure or for non-residential use? If yes, please specify which one(s): a <input type="checkbox"/> Addition of new building/structure b <input type="checkbox"/> Enlargement of building by 25% or less c <input type="checkbox"/> Expansion of the number of parking spaces by 10 or less d <input type="checkbox"/> Enlargement of the land area used by 25% or less e <input type="checkbox"/> Other expansion, repair or re-use of existing structure. Please specify:

SMALL TOWN CHARACTER – NON-RESIDENTIAL APPLICATION

Non-Residential Checklist Items

Yes No

7 Is this a utilities and public works project? If yes, please specify which one(s):

a Road improvements

b Utility improvements

c Above ground utility boxes

d Other utility or public works project. Please specify:

8 Preliminary Testing (soil testing, soil borings, land surveying, etc.)

If yes, please specify types of testing:

Does this property have a historic preservation easement and/or a rehabilitation agreement (with Capital Area Preservation or other historic preservation group)?

Yes No

If yes, the qualified holder of historic preservation agreements as defined by NCGS Chapter 121, Article 4 will need to sign below:

Qualified Holder Signature _____ Date: _____

Print Name: _____

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: _____

I/we understand that Building Permits and/or Electrical, Mechanical, and Plumbing Permits may be required. Contact Building Inspections at 919-249-3418 after this application is approved to file the required applications.

Applicant Signature: _____ Date _____

Print Name: _____

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.

Owner Signature: _____ Date _____

Print Name: _____

