



# Land Use / Major Site Plan Application

## OFFICIAL USE ONLY:

UDO Number: \_\_\_\_\_ Zoning Dist.: \_\_\_\_\_  
Date Filed: \_\_\_\_\_ Flood Zone: \_\_\_\_\_  
Received By: \_\_\_\_\_ Watershed (Y/N): \_\_\_\_\_  
Application Fee: \_\_\_\_\_ LLC current(Y/N): \_\_\_\_\_  
Storm Water Fee: \_\_\_\_\_

### Contact Information

PROPERTY  
OWNER

APPLICANT

AGENT

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

LEGAL RELATIONSHIP OF APPLICANT TO PROPERTY OWNER: \_\_\_\_\_

DOCUMENTATION OF PROPERTY OWNER GIVING CONSENT TO APPLICANT (Y/N/NA): \_\_\_\_\_

### Project/Property Information

Project/Business Name: \_\_\_\_\_

Physical Street Address \_\_\_\_\_

General Location Description: \_\_\_\_\_

Parcel ID Number(s): \_\_\_\_\_

Deed Book / Page Number and/or Plat Cabinet / Slide Number: \_\_\_\_\_

Total Acreage of Parcel: \_\_\_\_\_ Total area of land disturbing activity \_\_\_\_\_

Existing Land Use of Property \_\_\_\_\_ Proposed Use \_\_\_\_\_

Existing Impervious Surface \_\_\_\_\_ Proposed Impervious Surface \_\_\_\_\_

Existing Total Floor area \_\_\_\_\_ Proposed Total Floor Area \_\_\_\_\_

Describe Water Availability/Approval (Existing, Well, County) \_\_\_\_\_

Perc Test (Y,N,NA): \_\_\_\_\_ County Approval Sewer Connection (Y,N,NA): \_\_\_\_\_

Is Special Use Permit Required? (Y,N,NA) \_\_\_\_\_ If yes UDO# and status \_\_\_\_\_

### Building and Site Design

Does the Commercial Design Meet Standards of UDO Article 5.1.2? \_\_\_\_\_

### Meeting

Date Neighborhood Meeting Held: \_\_\_\_\_ Meeting Location: \_\_\_\_\_

Proposed Date of Planning Board Meeting \_\_\_\_\_

**Documents (If Applicable-Yes, No, NA)**

County Storm water Management Plan Review/Approval \_\_\_\_\_

State Erosion & Sediment Control Permit \_\_\_\_\_

State Stormwater Permit \_\_\_\_\_

Is lot served by NCDOT maintained road? \_\_\_\_\_ NCDOT Approval \_\_\_\_\_

Does the plan shall clearly indicate the steps that will be taken for restoring a Stormwater Management Facility to design specifications if a failure occurs? \_\_\_\_\_

Stormwater Maintenance Performance Guarantee \_\_\_\_\_

**Additional Fees**

Water Fee Paid (Y,N,NA): \_\_\_\_\_ Sewer Fee Paid (Y,N,NA): \_\_\_\_\_

**Brief Description of Construction Activities`**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*I, the undersigned, do certify that all of the information presented in this application is accurate to the best of my knowledge, information, and belief. Further, I hereby authorize county officials to enter my property during reasonable business hours for purposes of determining zoning compliance. All information submitted and required as part of this application process shall become public record.*

\_\_\_\_\_  
Property Owner(s)/Applicant\*

\_\_\_\_\_  
Date

**\*Note: Forms must be signed by the owner(s) of record, contract purchaser(s), or other person(s) having a recognized property interest. If there are multiple property owners/applicants, a signature is required for each.**

01/21/2025