

**ADMINISTRATIVE APPROVAL/REVIEW NON-RESIDENTIAL  
SMALL TOWN CHARACTER OVERLAY DISTRICT**  
Town of Apex, North Carolina

*Last updated May 2015*



Submittal Date: \_\_\_\_\_ Project Number: \_\_\_\_\_

**Project Information**

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

**Hard Copy Submittal Requirements – Submit to Planning Department**

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

#	Yes	No	Non-Residential Checklist Items
1			Current Zoning of Property: _____
2	<input type="checkbox"/>	<input type="checkbox"/>	Is the property located within the Central Business District? If yes, please check the appropriate item(s) below.
a	<input type="checkbox"/>	<input type="checkbox"/>	Change of use? If yes, indicate proposed use:  _____
			A change of use may require site plan approval or approval of a Certificate of Zoning Compliance.
b	<input type="checkbox"/>	<input type="checkbox"/>	Signs proposed? If yes, applicant must obtain approval of a sign permit application before installation of signs.
3	<input type="checkbox"/>	<input type="checkbox"/>	Addition of minor site elements? (i.e. awnings, HVAC units, dumpsters, etc.)  _____ _____ _____ _____

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**If any of the items below apply, an Exempt Site Plan Application is required and must meet all applicable provisions of the Unified Development Ordinance (UDO):**

#	Yes	No	Non-Residential Checklist Items
1	<input type="checkbox"/>	<input type="checkbox"/>	Expansion of an existing structure for non-residential use? Applications are subject to review and approval by the Technical Review Committee.
a	<input type="checkbox"/>	<input type="checkbox"/>	Addition of new building/structure
b	<input type="checkbox"/>	<input type="checkbox"/>	Enlargement of building by 25% or less
c	<input type="checkbox"/>	<input type="checkbox"/>	Expansion of the number of parking spaces by 10 or less
d	<input type="checkbox"/>	<input type="checkbox"/>	Enlargement of the land area used by 25% or less
e	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____
2	<input type="checkbox"/>	<input type="checkbox"/>	Utilities and public works projects
a	<input type="checkbox"/>	<input type="checkbox"/>	Road improvements
b	<input type="checkbox"/>	<input type="checkbox"/>	Utility improvements
c	<input type="checkbox"/>	<input type="checkbox"/>	Above ground utility boxes
d	<input type="checkbox"/>	<input type="checkbox"/>	Other _____
3	<input type="checkbox"/>	<input type="checkbox"/>	Preliminary Testing (soil testing, soil borings, land surveying, etc.)  Please specify types of testing: _____ _____ _____

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

**FOR OFFICE USE ONLY**

Zoning District: \_\_\_\_\_

If Conditional Use (CU) or Conditional Zoning (CZ) attach rezoning case to this document

Use Classification (see UDO Sec. 4.2.2 Use Table) \_\_\_\_\_

Are there zoning conditions or other restrictions that make this a non-conforming use or non-conforming structure?  Yes  No

If yes, note that non-conforming uses and non-conforming structures cannot be expanded.

**PLANNING APPROVAL**

This plan has been reviewed by Town of Apex staff and to the best of our knowledge and belief, meets the Town of Apex Unified Development Ordinance and does not increase any existing non-conformity. 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 Staff Signature

\_\_\_\_\_  
Date

Comments or Conditions:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_