

EXEMPT SITE PLAN APPLICATION

Town of Apex, North Carolina

Last updated May 2015



Date Submitted: _____	Payment Method: _____
Application #: _____	Amount Paid: \$ _____

EXEMPT SITE PLAN SUBMISSION:	EXEMPT SITE PLAN FEE:
-------------------------------------	------------------------------

Applications can be turned in at any time; expect one to two weeks for the first cycle of review by the Town's Technical Review Committee Staff.	<ul style="list-style-type: none">• \$200.00 (Enlargement of structure)• \$100.00 (All other exempt site plans)
--	--

HARD COPY SUBMITTAL REQUIREMENTS: SUBMIT TO PLANNING DEPARTMENT
--

- | | |
|---|--|
| <ul style="list-style-type: none">• Exempt Site Plan Application• Development Submittal Fee• Agent Authorization Form (if applicable) | <ul style="list-style-type: none">• One hard copy, 11"x 17" or 24" x 36" of the plan set• Backflow Prevention Service Application |
|---|--|

PLAN SUBMITTAL REQUIREMENTS:

- Overall site vicinity map showing nearby roads, streams, adjacent properties, etc.
- Existing site layout/conditions.
- General site layout including proposed revisions or expansion
- Other requirements set by Town Departments (grading plan, tree survey, building elevation, utility plan, landscaping)
- Overall site vicinity map showing nearby roads, streams, adjacent properties, etc.

APPLICATION INFORMATION:

Project Name: _____

Location: _____

Property PIN: _____ Acreage/Square Feet: _____

Zoning: _____ Subdivision/Development: _____

Owner/Developer: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

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

Applicant Signature: _____ Date: _____

Describe the nature of the work: _____

Please check all that apply:

- Utilities and public works projects: _____

- Preliminary testing: _____
- Minor site elements and features: _____

- Disturbance of more than 20,000 sq. ft. of land (Soil & Erosion Plan Required)
- Disturbance of 1 acre or greater (Stormwater Plan Required)
- Work in riparian buffers as shown on the Town's Watershed Protection Overlay District Map
- Enlargement of building by 25% or less
- Expansion of the number of parking spaces by 10 or less
- Enlargement of the land area used by 25% or less
- Other: _____

Apex Staff 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.

_____ Date _____
Planning Staff

Conditions (if applicable):

I/we hereby certify that I/we have read and fully understand the conditions listed above:

_____ Date _____
Applicant Signature

_____ is the owner of the property for which the attached application is being submitted:

- Land Use Amendment
- Rezoning
- Site Plan
- Subdivision
- Variance
- Other: _____

The property is located at: _____

The agent for this project is: _____

Name: _____

Address: _____

Telephone Number: _____

Fax Number: _____

E-Mail Address: _____

Signature(s) of Owner(s):

Type or print name

Type or print name

***Owner of record as shown on the latest equalized assessment rolls of Wake County. (An option to purchase does not constitute ownership). If ownership has been recently transferred, a copy of the deed must accompany this authorization.**

TOWN OF APEX BACKFLOW PREVENTION SERVICE APPLICATION

Information on this form will be used to consider approval of the existing or proposed backflow preventer assembly (BPA) installation(s) for existing or proposed subject water services. Providing inaccurate information or changes in water-use activities at the site may result in changing the BPA installation(s). Inadequate information will necessitate requiring the installation of a reduced pressure principle backflow prevention assembly. **If submitting plan drawings to the Town of Apex Building Inspections for permitting, this form must accompany the plans.** For assistance contact the Public Works Administration at 919-249-3427. **All forms must be completed and emailed to crossconnection@apexnc.org.**

PROJECT ADDRESS

Town Physical Address _____

City _____ Zip _____ Project Name & Description (i.e. Beaver Creek- Shopping Center, Doctor's Office) _____

PROPERTY OWNER

FIRST _____ LAST _____

COMPANY _____

STREET _____ PHONE _____

CITY _____ STATE _____ ZIP _____

DEF GCB F9GDCBGA@ : CF 6: DPHGH

CONTACT PERSON (S) _____

COMPANY _____ PHONE _____

STREET _____ FAX _____

CITY _____ STATE _____ ZIP _____

YES or NO

YES NO ARE TOXIC CHEMICALS USED IN YOUR OPERATION? EXPLAIN: _____

YES NO ALTERNATE WATER SOURCE AVAIL.? SOURCE: _____ USED FOR: _____

DOMESTIC/COMBINATION or POOL SYSTEM

Not Applicable

Meter Size: _____ **Check:** New or Existing

- YES or NO
- CHEMICALS ADDED, INJECTED, OR ASPIRATED INTO THE SYSTEM (i.e. SANITIZER, POOL, DECORATIVE FOUNTAIN)
LIST: _____
 - SYSTEM USED TO MIX CHEMICALS
LIST: _____
 - TANKS, LINES OR VESSELS CARRYING SEWAGE, TOXIC OR RADIOACTIVE SUBSTANCES
LIST: _____
 - SEWAGE PUMP, WATER-OPERATED SUMP EJECTOR
 - NONPOTABLE RECIRCULATING WATER SYSTEM (i.e. BOILER, CHILLER, COOLING TOWER, BAPTISMAL POOL)
LIST: _____
 - SERVICE FOR WATER FRONT FACILITIES OF ANY TYPE
 - BOOSTER PUMP OR PRESSURE WASHER
 - ANY PIPING (50) FIFTY FEET ABOVE METER PIPING
NUMBER OF FLOORS IN FACILITY: _____
NUMBER OF UNITS: _____
 - OTHER NON-DOMESTIC WATER-USING EQUIPMENT
LIST: _____
 - TENANT OCCUPANCY IN PART OF THE FACILITY (i.e. ANY LEASED SPACE?)

Complete all items that apply to each water system involved in the backflow preventer installation(s).

FIRE PROTECTION SYSTEM

Not Applicable

- Fire Line Size:** _____ **Check:** New or Existing
- YES or NO **Fire Pump:** Yes or No New or Existing
- BYPASS METER: SIZE: _____
 - SERVES HYDRANT ONLY
 - FIRE SPRINKLER SYSTEM
 - GLYCOL OR OTHER CHEMICALS ADDED IN PART OF SYSTEM
 - WATER STORAGE TANK OR RESERVOIR
LIST: _____

IRRIGATION SYSTEM

Not Applicable

Meter Size: _____ **Check:** New Existing
 Branch off Domestic Line

Type Connection: Dedicated Serv. or Residential Split Serv.

- YES or NO
- INJECTION OR ASPIRATION OF CHEMICALS (i.e. FERTILIZER, HERBICIDE, PESTICIDE, ETC.)
 - SYSTEM USED TO MIX CHEMICALS W/ WATER
 - BOOSTER PUMP
 - WATERFALL, DECORATIVE FOUNTAIN, POND

"OWNER / TENANT" PLEASE COMPLETE - SITE BACKFLOW INFORMATION:

DOM: Make # _____ Model # _____ Size # _____
 RP DC HOT BOX MECH ROOM INSIDE

FIRE: Make # _____ Model # _____ Size # _____
 RPDA DCDA HOT BOX MECH ROOM INSIDE

FIRE: Make # _____ Model # _____ Size # _____

IRRIG: Make # _____ Model # _____ Size # _____
 RP HOT BOX NO HOT BOX

POOL: Make # _____ Model # _____ Size # _____
RP AG HOT BOX MECH ROOM INSIDE

TOWN: Approval Signature: _____ Date: _____

The undersigned hereby certifies that he/she is either the owner or the authorized agent of the owner and hereby makes application for approval and inspection of the backflow preventer installation (s) described and agrees to comply with all applicable laws regulating the work.

SIG _____ NATURE OF APPLICANT PRINT _____ NAME & PHONE NUMBER _____ DATE _____