

# CERTIFICATE OF ZONING COMPLIANCE APPLICATION INFORMATION

Town of Apex, North Carolina



## TOWN OF APEX DEPARTMENTAL CONTACT INFORMATION

<b>Planning Department:</b>	919-249-3426	<b>Fire Department:</b>	919-362-4001
<b>Building Inspections Division:</b>	919-249-3418	<b>Public Works Department:</b>	919-249-3427

**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 citizen of Apex.

**NOTE:** The applicant will receive pages 3 and 4 upon completion of the staff review.

### CZC REVIEW PROCESS: STEP 1 PLANNING DEPARTMENT APPROVAL

1. The application and all supporting documentation submitted to the Planning Department will be forwarded to the appropriate Town departments for review. Staff comments will be provided to the applicant at the end of the review process.
2. Contact the Public Works Department if it is stated in the review comments that a current backflow preventer report is not on file for the business address listed on the CZC. The backflow preventer report is due to Public Works prior to approval by Planning.

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 by the applicant, a Planning Technician and the applicant will sign the CZC. Copies will be given to the applicant and forwarded to Building Inspections.

### CZC REVIEW PROCESS: STEP 2 BUILDING OCCUPANCY APPROVALS

After Planning Department approval of the business use, 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 Inspection office for documentation requirements and Change of Tenant Permit to be issued to the business owner prior to scheduling the site inspection.

### SUBMITTAL REQUIREMENTS: REVIEW 1-PLANNING DEPARTMENT

- Submittal Fee (if applicable)
- Completed Application
- Written business plan noting primary use as well as all accessory uses and activities.
- Backflow Prevention Service Application (attached)

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This document is a public record under the North Carolina Public Records Act and may be published on the Town's website or disclosed to third parties.

### ATTACH A WRITTEN BUSINESS PLAN TO THIS PAGE.

Application #: \_\_\_\_\_ Date Received: \_\_\_\_\_  
Submittal fee: \$100.00 Form of Payment: \_\_\_\_\_

### BUSINESS INFORMATION:

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

Address/Location: \_\_\_\_\_ Suite: \_\_\_\_\_

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

Days/hours of operation: \_\_\_\_\_

Square footage of space occupied: \_\_\_\_\_

1. Change of occupancy with or without a change of 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, façade, etc.)

Yes  No

If yes, list all items here: \_\_\_\_\_  
\_\_\_\_\_

3. No fee if this is an up-fit for the first tenant within a new multi-tenant development space.

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: \_\_\_\_\_