

# ADMINISTRATIVE ADJUSTMENT APPLICATION

Town of Apex, North Carolina

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## Hard Copy Submittal Requirements: Submit to Planning Department

- Two (2) notarized copies of the Administrative Adjustment Application
- Site plan
- \$150.00 Administrative Adjustment Application Fee

## Administrative Adjustment Application Process

**REVIEW FOR SUFFICIENCY:** Planning staff checks application for sufficiency. Incomplete applications will be returned to the applicant (typically within 5 days of being submitted). Sufficiently complete applications are forwarded to the Planning Director or her designee and reviewed within 30 days.

**REVIEW BY STAFF:** The planning director or her designee reviews the application to determine whether the administrative adjustment would modify 10 percent or less of any setback, as outlined in Section 5.1. The following conditions must be met in order for the administrative adjustment to be approved:

1. Existing encroachment. The request relates to an existing encroachment into a setback.
2. One encroachment. The encroachment involves one encroachment into one required setback.
3. Construction error. The encroachment is a result of a construction error by the property owner, a predecessor in title, or someone acting on behalf of one or both of them.
4. Substantial hardship. The encroachment cannot be corrected without substantial hardship to the property owner.
5. Error made in good faith. The error is not the result of negligence, recklessness or intentional conduct.
6. Not substantially interfere with the convenient and enjoyable use of adjacent properties. The adjustment will not substantially interfere with the convenient and enjoyable use of adjacent properties, and will not impose a danger to the public health or safety.
7. Consistent with intent of this Ordinance. The adjustment is consistent with the general intent and purposes of this Ordinance.

**CONDITIONS OF APPROVAL:** Restrictions and conditions may be placed on the approval of the administrative adjustment. The purpose of these conditions is to ensure compliance with the general goals of the Unified Development Ordinance (UDO) and to prevent or minimize adverse impacts.

**CERTIFICATE OF ZONING COMPLIANCE:** A Certificate of Zoning Compliance must be applied for and approved within 12 months of the date of the approval of the administrative adjustment or the administrative adjustment will automatically become null and void.

## APPLICATION INFORMATION

Application #: \_\_\_\_\_ Submittal Date: \_\_\_\_\_

### Project Information

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

Property PIN: \_\_\_\_\_

Acreage: \_\_\_\_\_ Zoning \_\_\_\_\_

Town Limits:  Inside corporate limits  In ETJ  Outside corporate limits and ETJ

### Applicant Information

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

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### Owner Information:

Owner: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Relationship of Applicant to Property Owner: \_\_\_\_\_

Other contacts: \_\_\_\_\_

\_\_\_\_\_

**Attach a plot plan or site plan to illustrate this request.**

**APPLICATION INFORMATION**

Application #: \_\_\_\_\_

Submittal Date: \_\_\_\_\_

**TO THE APEX PLANNING DIRECTOR:**

I, \_\_\_\_\_, hereby petition the Planning Department for an **Administrative Adjustment** from the literal provisions of the Unified Development Ordinance because, under the interpretation given to me by the Zoning Enforcement Officer, I am prohibited from using the parcel of land described in this application in a manner shown by the attached plot plan. I request an **Administrative Adjustment** from the following provisions of the Unified Development Ordinance (cite the paragraph numbers):

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

so that the above-mentioned property can continue to be used in a manner indicated by the plot/site plan attached, or if the plot/site plan does not adequately reveal the nature of the administrative adjustment, as more fully described herein: (If an administrative adjustment is requested for a limited time only, specify duration requested).

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

**FACTORS RELEVANT TO THE ISSUANCE OF AN ADMINISTRATIVE ADJUSTMENT**

Administrative Adjustments shall be approved by the Planning Director only upon a finding that the applicant has demonstrated that all of the following conditions are met:

1. Existing encroachment. The request related to an existing encroachment into a setback:

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

2. One encroachment. The encroachment involves one encroachment into one required setback.

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

3. Construction error. The encroachment is a result of a construction error by the property owner, a predecessor in title, or someone acting on behalf of one or both of them.

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

4. Substantial hardship. The encroachment cannot be corrected without substantial hardship to the property owner.

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

5. Error made in good faith. The error is not the result of negligence, recklessness or intentional conduct.

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

6. Not substantially interfere with the convenient and enjoyable use of adjacent properties. The adjustment will not substantially interfere with the convenient and enjoyable use of adjacent properties, and will not impose a danger to the public health or safety.

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

**APPLICATION INFORMATION**

Application #: \_\_\_\_\_ Submittal Date: \_\_\_\_\_

7. Consistent with intent of this Ordinance. The adjustment is consistent with the general intent and purposes of this Ordinance.

I certify that all of the information presented by me in this application is accurate to the best of my knowledge, information and belief.

\_\_\_\_\_ Date \_\_\_\_\_ Signature of Petitioner or Designated Representative

STATE OF NORTH CAROLINA  
COUNTY OF WAKE

Sworn and subscribed before me, \_\_\_\_\_ a Notary Public for the above

State and County, this, the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_ Notary Public

\_\_\_\_\_ Print Name

**SEAL**

My commission expires: \_\_\_\_\_