



Prior to submittal, refer to [UDO Section Ordinance 6.3 Small Town Character Overlay District](#)

### PLAN SUBMISSION

Applications may be submitted at any time. Allow up to 10 business days for Town staff to complete the 1<sup>st</sup> review cycle. A comment letter will be emailed to the applicant. Please note that there is typically more than 1 review cycle and each subsequent cycle is 5 business days.

**Plans may be submitted either electronically or via hard copy.**

#### Electronic Submittals:

Please upload documents as PDFs.

Need to register? Use the link below to obtain more information, register, or upload your submittal. <http://www.apexnc.org/195/Electronic-Plan-Review>

Please note: If you are unable to submit electronically, but have a PDF of the plans, please email it to [planninginfo@apexnc.org](mailto:planninginfo@apexnc.org).

#### Hard Copy Submittals:

##### USPS mail:

Town of Apex Planning Dept.  
PO Box 250  
Apex, NC 27502

##### Hand delivery or other carrier:

Town of Apex Planning Dept.  
322 N. Mason St.  
Apex, NC 27502

### Submittal Requirements:

- Small Town Character Residential Application
- Agent Authorization Form (if applicable)
- Affidavit of Ownership
- Building Elevations (all affected sides) 11" x 17"
- Materials list
- Existing site layout/conditions
- Site layout including proposed revisions or expansion
- Other requirements set by Town Departments (grading plan, tree survey, utility plan, landscape plan, etc.)

### REQUIRED SUBMITTAL INFORMATION:

Please provide the information listed below on the proposed Building Elevations and Plot Plan, as indicated. See [UDO Sec. 5.1.5](#) for permitted dimensional standards.

#### Building Elevations:

- Height of all structures (if proposed detached accessory structure, provide principal structure height)
- Proposed building materials (i.e. siding, trim, window trim, roofing)
- Proposed material colors (i.e. siding, trim, window trim, roofing)

#### Plot Plan:

- Front, side, and rear setbacks existing
- Front, side, and rear setbacks proposed
- Location of existing and proposed structures (i.e. driveways, sidewalks, patios, etc.)
- Provide the total existing built-upon area (impervious surface) percentage
- Provide the total proposed built-upon area (impervious surface) percentage

## SMALL TOWN CHARACTER – NON-RESIDENTIAL APPLICATION

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.

Date Submitted: \_\_\_\_\_ Application #: \_\_\_\_\_

### PROJECT INFORMATION

Owner Name: \_\_\_\_\_  
Project Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

### APPLICANT INFORMATION

Applicant (if different from owner): \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

### CONTRACTOR INFORMATION

Contractor/Builder: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

### # Yes No Non-Residential Checklist Items

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

- |   |                          |                          |  |
|---|--------------------------|--------------------------|--|
| 1 | <input type="checkbox"/> | <input type="checkbox"/> | Is this property located within the Central Business District?   |
| 2 | <input type="checkbox"/> | <input type="checkbox"/> | Is this structure located within the National Register Historic District?  |
| 3 | <input type="checkbox"/> | <input type="checkbox"/> | Is this an addition of minor site elements? (i.e. awnings, HVAC units, dumpsters, etc.)  |
| 4 | <input type="checkbox"/> | <input type="checkbox"/> | Is this a repair? Please explain: _____<br>_____   |
| 5 | <input type="checkbox"/> | <input type="checkbox"/> | Are you proposing to demolish structure(s)?<br>If yes, Planning Staff must approve a <a href="#">demolition permit</a> .   |
| 6 | <input type="checkbox"/> | <input type="checkbox"/> | Is this an expansion, repair, or re-use of an existing structure or for non-residential use? If yes, please specify which one(s):<br>a <input type="checkbox"/> Addition of new building/structure<br>b <input type="checkbox"/> Enlargement of building by 25% or less<br>c <input type="checkbox"/> Expansion of the number of parking spaces by 10 or less<br>d <input type="checkbox"/> Enlargement of the land area used by 25% or less |

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Date Submitted: \_\_\_\_\_

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

#	Yes	No	Non-Residential Checklist Items
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e  Other expansion, repair or re-use of existing structure. Please explain: \_\_\_\_\_

7   Is this a utilities and public works project? If yes, please specify which one(s):

a  Road improvements

b  Utility improvements

c  Above ground utility boxes

d  Other utility or public works project. Please explain: \_\_\_\_\_

8   Preliminary Testing (soil testing, soil borings, land surveying, etc.)

If yes, please specify types of testing: \_\_\_\_\_

Does this property have a historic preservation easement and/or a rehabilitation agreement (with Capital Area Preservation or other historic preservation group)?

Yes  No

If yes, the qualified holder of historic preservation agreements as defined by NCGS Chapter 121, Article 4 will need to sign below:

Qualified Holder Signature \_\_\_\_\_ Date: \_\_\_\_\_

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

I/we hereby certify that the following 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: \_\_\_\_\_

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

I/we understand that Building Permits and/or Electrical, Mechanical, and Plumbing Permits may be required. Contact Building Inspections at 919-249-3418 after this application is approved to file the required applications.

Applicant Signature: \_\_\_\_\_ Date \_\_\_\_\_

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

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.

Owner Signature: \_\_\_\_\_ Date \_\_\_\_\_

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

# AGENT AUTHORIZATION FORM

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

\_\_\_\_\_ is the owner\* of the property for which the attached application is being submitted:

- Rezoning: For Conditional Zoning and Planned Development rezoning applications, this authorization includes express consent to zoning conditions that are agreed to by the Agent which will apply if the application is approved.
- Site Plan
- Subdivision
- Variance
- Other: \_\_\_\_\_

The property address is: \_\_\_\_\_

The agent for this project is: \_\_\_\_\_

- I am the owner of the property and will be acting as my own agent

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

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

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

E-Mail Address: \_\_\_\_\_

Signature(s) of Owner(s)\*

\_\_\_\_\_

\_\_\_\_\_ Type or print name

\_\_\_\_\_ Date

\_\_\_\_\_

\_\_\_\_\_ Type or print name

\_\_\_\_\_ Date

Attach additional sheets if there are additional owners.

\*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.

Pursuant to Article 40 of Chapter 66 of the North Carolina General Statutes (the Uniform Electronic Transactions Act) this application and all documents related hereto containing an electronic or digitized signature are legally binding in the same manner as are hard copy documents executed by hand signature. The parties hereby consent to use electronic or digitized signatures in accordance with the Town's Electronic Signature Policy and intend to be bound by the application and any related documents. If electronic signatures are used the application shall be delivered in an electronic record capable of retention by the recipient at the time of receipt.

**AFFIDAVIT OF OWNERSHIP**

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

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

The undersigned, \_\_\_\_\_ (the "Affiant") first being duly sworn, hereby swears or affirms as follows:

1. Affiant is over eighteen (18) years of age and authorized to make this Affidavit. The Affiant is the sole owner, or is the authorized agent of all owners, of the property located at \_\_\_\_\_ and legally described in **Exhibit "A"** attached hereto and incorporated herein (the "Property").
2. This Affidavit of Ownership is made for the purpose of filing an application for development approval with the Town of Apex.
3. If Affiant is the owner of the Property, Affiant acquired ownership by deed, dated \_\_\_\_\_, and recorded in the Wake County Register of Deeds Office on \_\_\_\_\_, in Book \_\_\_\_\_ Page \_\_\_\_\_.
4. If Affiant is the authorized agent of the owner(s) of the Property, Affiant possesses documentation indicating the agency relationship granting the Affiant the authority to apply for development approval on behalf of the owner(s).
5. If Affiant is the owner of the Property, from the time Affiant was deeded the Property on \_\_\_\_\_, Affiant has claimed sole ownership of the Property. Affiant or Affiant's predecessors in interest have been in sole and undisturbed possession and use of the property during the period of ownership. Since taking possession of the Property on \_\_\_\_\_, no one has questioned Affiant's ownership or right to possession nor demanded any rents or profits. To Affiant's knowledge, no claim or action has been brought against Affiant (if Affiant is the owner), or against owner(s) (if Affiant is acting as an authorized agent for owner(s)), which questions title or right to possession of the property, nor is any claim or action pending against Affiant or owner(s) in court regarding possession of the Property.

This the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(seal)

\_\_\_\_\_  
Type or print name

STATE OF NORTH CAROLINA  
COUNTY OF \_\_\_\_\_

I, the undersigned, a Notary Public in and for the County of \_\_\_\_\_, hereby certify that \_\_\_\_\_, Affiant, personally known to me or known to me by said Affiant's presentation of said Affiant's \_\_\_\_\_, personally appeared before me this day and acknowledged the due and voluntary execution of the foregoing Affidavit.

\_\_\_\_\_  
Notary Public  
State of North Carolina  
My Commission Expires: \_\_\_\_\_

[NOTARY SEAL]

**AFFIDAVIT OF OWNERSHIP: EXHIBIT A – LEGAL DESCRIPTION**

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

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

**Insert legal description below.**