

SMALL TOWN CHARACTER OVERLAY DISTRICT
EXEMPT SITE PLAN REVIEW - RESIDENTIAL
 Town of Apex, North Carolina



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 #: _____

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 1st 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 .	
Hard Copy Submittals:	By USPS mail: Town of Apex Planning Dept. PO Box 250 Apex, NC 27502	Hand delivered 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)
• Existing site layout/conditions	• Affidavit of Ownership
• Building Elevations (all affected sides) 11" x 17"	• Materials list
• General 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:

<input type="checkbox"/>	Height of all structures (if proposed detached accessory structure, provide principal structure height)
<input type="checkbox"/>	Proposed building materials (i.e. siding, trim, window trim, roofing)
<input type="checkbox"/>	Proposed material colors (i.e. siding, trim, window trim, roofing)

Plot Plan:

<input type="checkbox"/>	Front, side, and rear setbacks existing
<input type="checkbox"/>	Front, side, and rear setbacks proposed
<input type="checkbox"/>	Location of existing and proposed structures (i.e. driveways, sidewalks, patios, etc.)
<input type="checkbox"/>	Provide the total existing built-upon area (impervious surface) percentage
<input type="checkbox"/>	Provide the total proposed built-upon area (impervious surface) percentage

SMALL TOWN CHARACTER – RESIDENTIAL APPLICATION

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 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 house or structure located within the National Register Historic District? |
| 3 | <input type="checkbox"/> | <input type="checkbox"/> | Is a new home being proposed? |
| 4 | <input type="checkbox"/> | <input type="checkbox"/> | Is this a remodel/change to an existing home? If yes, please check the appropriate item(s) below. |
| | | | a. <input type="checkbox"/> Addition of minor site elements (i.e. HVAC units) |
| | | | b. <input type="checkbox"/> Expansion of existing home (please explain): _____ |
| | | | _____ |
| | | | c. <input type="checkbox"/> Exterior changes to existing structure (please explain): _____ |
| | | | _____ |
| | | | d. <input type="checkbox"/> Repair (please explain): _____ |
| | | | _____ |
| | | | e. <input type="checkbox"/> Attached or detached garage addition (please explain): _____ |

SMALL TOWN CHARACTER – RESIDENTIAL APPLICATION

Date Submitted: _____ Application #: _____

Yes No RESIDENTIAL CHECKLIST ITEMS

f. Attached or detached accessory structure (please explain): _____

5 Are you proposing to demolish structures?

If yes, Planning Staff must approve a [demolition permit](#).

6 Other remodel or change to an existing house (please explain): _____

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.