

Appendix K

Application Packet for Master Plan

Deadlines for January – December 2021		
Application Deadline (12pm)	Joint Public Hearing Date	Earliest Decision Date
November 16, 2020	January 21, 2021	March 8, 2021
February 15, 2021	April 15, 2021	June 14, 2021
May 17, 2021	July 15, 2021	September 13, 2021
August 23, 2021	October 21, 2021	December 13, 2021
November 22, 2021	January 20, 2022	March 14, 2022

Fee Schedule

Special Use Rezoning with Master Plan Review²: \$800.00¹

¹Plus \$10.00 per each acre for sites larger than 10 acres (example: 12 acre site plan = \$920.00 fee)

²Special Use Rezoning reviewed in conjunction with an annexation request should first calculate the standard fee and then double it to account for time spent on the fiscal analysis of the application.

Submittal Requirement Checklist for Master Plan

Staff may determine that some requirements are not applicable to all applications.

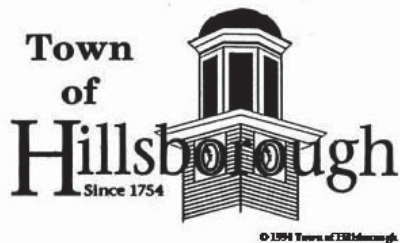
- ☐ Complete application form
- ☐ Complete site plan, 20 copies (see site plan requirements in **Appendix E**) showing the following:
 - a. Non Residential Uses
 - Location
 - Types
 - Maximum Floor Areas
 - Impervious Surface Area
 - b. Location and Orientation of the following:
 - Buildings
 - Parking Areas
 - Recreational Facilities
 - Open Spaces
 - c. Transportation Plan including:
 - Access and circulation system for vehicles
 - Access and circulation for bicycles
 - Access and circulation for pedestrians
 - d. Address the following questions:
- ☐ How the development plans to use design and architectural controls as well as screening and landscaping to ensure that the design flexibility provided in this district produces high quality development
- ☐ How the development proposes to minimize or mitigate and adverse impacts on neighboring properties and the environment, including without limitation impacts from traffic and stormwater runoff; and
- ☐ How the development proposes to satisfy the objectives of this district (below)

The purpose of this district is to provide for the development of well-planned and fully integrated projects containing a diverse mixture of commercial, office, and employment uses along the primary entrances to the Town of Hillsborough

- ☐ How the development complies with the following:
 1. Is adjacent to and has frontage along a street classified as an arterial or higher that leads into the Hillsborough area; and
 2. Is so located in relationship to existing and proposed public streets that traffic generated by the development of the tract proposed for rezoning can be accommodated without endangering the public health, safety, or welfare; and
 3. Will be served by Hillsborough water and sewer line when developed.
- ☐ Fee

Submittal Requirement Checklist for Master Plan Modifications

- ☐ Complete application form
- ☐ An amended to-scale site plan exhibiting the proposed changes.
- ☐ A written statement outlining in detail the changes proposed.
- ☐ Fee



**APPLICATION FOR
Master Plan**

Planning Department
101 E. Orange Street / P.O. Box 429
Hillsborough, NC 27278

Phone: (919) 296-9471, Fax: (919) 644-2390

Website: www.hillsboroughnc.gov

Project Title: _____

PIN #

Address: _____

Property Owner Name: _____

Phone: _____

Mailing Address: _____

E-mail: _____

City, State, Zip: _____

Applicant Name: _____

Phone: _____

Mailing Address: _____

E-mail _____

City, State, Zip: _____

Surveyor/Engineer: _____

Phone: _____

Mailing Address: _____

E-mail: _____

City, State, Zip: _____

Zoning: _____

Adjacent Zoning: _____

Acreage: _____

Phases: _____

Water Service: ☐ Public Water ☐ Well

Sewer Service: ☐ Public Sewer ☐ Septic Tank

Existing Structures: _____

Proposed Structures: _____

Critical Areas:

☐ Flood

☐ Drainage / Stream

☐ Pond

☐ Steep Slopes

☐ Cemetery

☐ Easements

☐ Historic

	Bldg A	Bldg B	Bldg C	Bldg D	Bldg E	Complies
Expected Uses						
Expected Employees						
Hours of Operation						
Phase						
Setbacks						
Impervious Surface						
Parking Spaces						
Number of Signs						
Height of Signs						
Building Height						

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

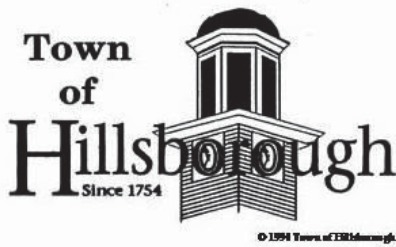
APPLICATIONS WILL NOT BE ACCEPTED WITHOUT SIGNATURE OF PROPERTY OWNER.

Applicant's signature

date

Property Owner's signature

date



**APPLICATION FOR
Master Plan Modification**

Planning Department
101 E. Orange Street / P.O. Box 429
Hillsborough, NC 27278
Phone: (919) 296-9471, Fax: (919) 644-2390
Website: www.hillsboroughnc.gov

Project Title: _____ **Permit Type:** ☐ SUP ☐ CUP
Address: _____ **PIN #:** _____

Applicant Name: _____
Mailing Address: _____ **Phone:** _____
City, State, Zip: _____ **E-mail:** _____

Property Owner Name: _____
Mailing Address: _____ **Phone:** _____
City, State, Zip: _____ **E-mail:** _____

Minor Change Requested: In the space provided below, or on a separate sheet of paper, explain the details of the proposed change(s) requested. Be as specific as possible. Also, attach a site plan indicating all proposed changes.

I, the applicant, hereby certify that the forgoing application is complete and accurate. I understand that I am bound to comply at all times with the rules and regulations of the issued Special or Conditional Use Permit issued for the property identified in this application, as well as all applicable requirements of the Town of Hillsborough Zoning Ordinance. **APPLICATIONS WILL NOT BE ACCEPTED WITHOUT SIGNATURE OF LEGAL OWNER OR OFFICIAL AGENT.**

Applicant's signature **date**

DEPARTMENT USE ONLY		Date Received: _____	SUP/CUP #: _____
Fee: \$ __.00	Receipt #: _____	Staff: _____	_____