

APPLICATION FOR ZONING COMPLIANCE PERMIT

Planning Department
 101 East Orange Street / P.O. Box 429
 Hillsborough, NC 27278
 Phone: (919) 732-1270
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A Zoning Compliance Permit (ZCP) is required for site or use changes regulated under the Zoning Ordinance on property in the town limits and in the extraterritorial jurisdiction (ETJ).

Every applicant must fill out the **General Information** and **Authority to File Application** sections, both of which have **black** headings. Sections with **gray** headings are project specific; most projects will require that you only fill out *one* of these five sections. Please read the project descriptions below to determine which section(s) of this application applies to your project. **The property owner must sign the Authority to File Application section on the last page for the application to be considered complete.**

<u>Project Description</u>	<u>If yes,</u>
<ul style="list-style-type: none"> Are you relocating or expanding an existing structure or constructing a new building, accessory building, manufactured home, addition, deck, fence, pool, or other structure? 	Fill out Section 1: Site Change
<ul style="list-style-type: none"> Is your business moving into an existing non-residential retail/office space? 	Fill out Section 2: Change of Use
<ul style="list-style-type: none"> Are you installing a new sign, or changing the location, sign face, or message of an existing sign? 	Fill out Section 3: Permanent Signs
<ul style="list-style-type: none"> Are you requesting temporary signs such as sandwich board signs or special event signage? 	Fill out Section 4A: Sandwich Board Signs AND/OR Section 4B: Special Event Signs
<ul style="list-style-type: none"> Are you planning to operate a business out of your personal residence? 	Fill out Section 5: Home Occupation

GENERAL INFORMATION

Project Address:

Parcel ID #: _____

Hillsborough Zoning Classification: _____

Historic District Overlay

Applicant Name:

Mailing Address:

Phone 1:

Phone 2:

E-mail:

Status of Applicant: Property Owner Contractor Legal Representative Other:

Property Owner(s) Name:

Mailing Address:

Phone 1:

Phone 2:

E-mail:

Section 1: SITE CHANGE

Select Project Type:

- New Construction
- Addition
- Accessory Building
- Deck
- Fence
- Manufactured Home
- Other: _____

Lot Size (Acres or Square Feet): _____
Number of Structures Existing/to Remain: _____
Number of New Structures Proposed: _____
Gross Floor Area
Square Footage of Existing Structure(s): _____
Square Footage of Proposed Structure(s): _____

Proposed Setbacks (ft.)
Front: _____
Rear: _____
Right Side: _____
Left Side: _____

Utilities

Water Service: Public Water Well | Sewer Service: Public Sewer Septic Tank

Parking Spaces (for Commercial Projects)

of Existing Spaces: _____ # of Proposed Spaces: _____ Total # of Parking Spaces: _____

If the project is in the Historic District, has a Certificate of Appropriateness been issued? Yes No
(If No, your completed application for Certificate of Appropriateness must accompany this form)

Estimated Total Construction Cost (Labor, Materials, Utilities, and Site Prep): \$ _____

Please explain your request in detail (2-3 sentences):

Along with this application, provide a plan drawn to scale that shows all existing structures and any proposed changes. View the sample site plan on the Town website, www.hillsboroughnc.gov, for clarification.

Section 2: CHANGE OF USE

Name of Business: _____ Business Type: _____
Previous Business Type at that Address: _____

Section 3: PERMANENT SIGNS

Sign Type: Wall-mounted (includes hanging and awning) Free-standing (includes pole or post-mounted)

Sign Dimensions: _____ ft. high x _____ ft. wide

If wall-mounted: Exterior length of wall on which the sign(s) will be mounted: _____ ft.

If free-standing: Distance of property street frontage: _____ ft. and height above grade _____ ft.

For any signs in the Historic District a Certificate of Appropriateness is required before a Zoning Compliance Permit may be issued.

PLEASE REMEMBER TO SIGN THE AUTHORITY TO FILE APPLICATION

Section 4: TEMPORARY SIGNS

Section 4A: SANDWICH BOARD SIGNS

Sign Dimensions: _____ ft. high x _____ ft. wide

Display location:

This location is in the Historic District, and I have received a Certificate of Appropriateness.

The sign is constructed of: Wood Metal

I understand that the sign may only be displayed when my business is open, and I agree to bring the sandwich board sign inside when the business is closed.

I understand that the sidewalk must have a 6-foot-wide clear, ADA compliant pedestrian path along the back of curb and my business/employees will locate this sign to maintain that clear passage.

I understand that the sidewalk must have a 4-foot-wide clear, ADA compliant pedestrian path to the front door of any businesses and my business/employees will locate this sign such that clear passage is maintained.

I understand that there must be a public sidewalk on which to place a sandwich board directly in front of my business in order for my business to be eligible to have this type of sign.

I understand that only one (1) sandwich board sign is permitted per parcel of land, and in cases where multiple tenants wish to have this type of sign, the first tenant who applies will have rights to the sign.

I understand that the maximum height of a sandwich board sign is 48 inches including the legs, and the maximum square footage of the sign face is six (6) square feet.

Section 4B: SPECIAL EVENT SIGNS

Event Sponsor:

Event Date(s):

Event Location:

Event Description:

Sign Dimensions: _____ ft. high x _____ ft. wide Total square footage requested:

Sign Message:

Sign Locations: 1)

2)

3)

4)

5) (Event site only!)

Sign install date (no more than 14 days in advance of the event):

Sign remove date (no more than 48 hours after the end of the event):

Banner Details

Banner Dimensions: _____ ft. high x _____ ft. wide

Banner Message:

Display period (put up date & take down dates):

I have entered this banner request on the website calendar

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Section 5: HOME OCCUPATION

Name of Business: _____ Business Type (Use): _____

Please explain your proposed business in detail (2-3 sentences):

Site Usage

Will the home occupation be conducted entirely within the residence? Yes No

Please indicate whether you are using Heated or Habitable floor area for the following calculations:

Total (heated/habitable) floor area of the residence: _____ sq. ft.

Total amount of (heated/habitable) floor area used for the home occupation: _____ sq. ft.

Will a detached accessory structure be used in conjunction with the home occupation? Yes No

If yes, Total square footage of detached accessory structure: _____ sq. ft.

Total amount of floor area used for the home occupation: _____ sq. ft.

Will any hazardous materials be stored or used on site? Yes No If "yes," provide a separate list.

Will there be any outside storage or display of goods or materials? Yes No

If "yes," what type of goods or materials?

Parking & Traffic

of Existing Parking Spaces: _____ # of Proposed Spaces: _____ Total # of Parking Spaces: _____

Total # of employees, including the business owner: _____

How many clients are expected to visit the business per day? _____ At any one-time? _____

Will you be making deliveries as part of your business? Yes, _____ per day No

Will you be receiving deliveries as part of your business? Yes, _____ per day No

Along with this application:

- Provide a scaled floor plan of the residence and any accessory structures, and indicate the area to be used for the home occupation.
- If you plan to receive clients on-site, please provide a scaled site plan of the property that shows existing structures, their setbacks from the property lines and street rights-of-way, and the driveway and parking area.

AUTHORITY TO FILE APPLICATION

I hereby agree to conform to all applicable laws and regulations of the Town of Hillsborough, County of Orange and State of North Carolina (as may be applicable to my request) and certify that the above information and accompanying documents are complete, true and accurate to the best of my knowledge. In addition, I acknowledge that by filing this application, representatives from the Town of Hillsborough Planning Department may enter the subject property for the purpose of investigation and analysis of this request.

APPLICATIONS WILL NOT BE ACCEPTED WITHOUT SIGNATURE OF PROPERTY OWNER.

Applicant Signature: _____

Date _____

Property Owner Signature: _____

Date _____

DEPARTMENT USE ONLY

Date Received: _____

Staff: _____

ETJ? Yes No

Legal Non-Conforming Lot? Yes No

Floodplain on Site? Yes No

Plus (+) Overlay District? Yes No

Flood Zone _____

Historic District Overlay? Yes No

Flood Map # _____

Section 4B only – Is the event in the town’s jurisdiction? Yes No

Zoning Officer’s Action on Application: Approved Approved with Conditions Denied

Conditions: _____

Comments or Reason for Denial: _____

Permit # _____

Zoning Officer: _____ (Printed Name)

_____ (Signature) Date: _____

Date Permit Picked Up: _____

Fee \$: _____

Receipt #: _____