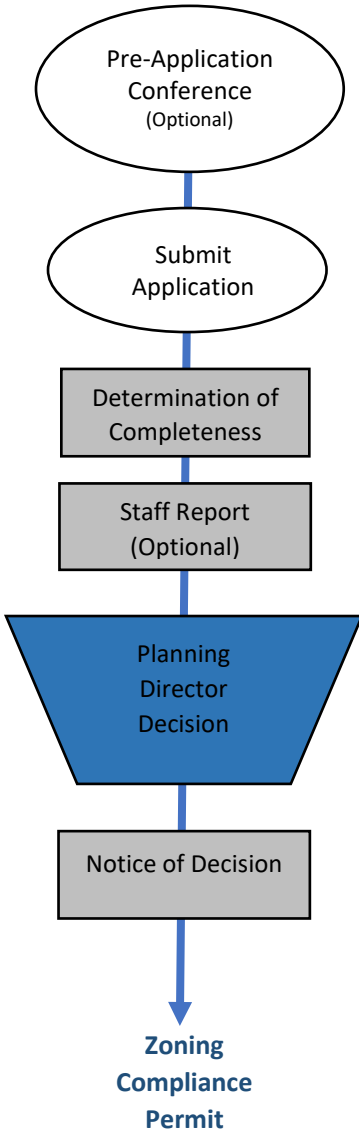




Zoning Compliance Permit

Review Process

Fees are due when this form is submitted to our office.



Contact Information

Town of Oakboro
 Planning & Zoning Department
 109A N Main Street/PO Box 610
 Oakboro, NC 28129

Phone: 704-485-3351

 oakboro.gov

Step 1: Application Submittal and Acceptance

A zoning compliance permit is required for a change in use or commencement of an activity that does not require any other specific permit as listed in the Unified Development Ordinance (UDO). The applicant may submit a complete application packet consisting of the following:

- Completed Town of Oakboro Zoning Compliance Permit Plan Application
- Site plan drawn to scale, if applicable. The plan shall include the items listed in the zoning compliance permit site plan design standards checklist.
- Any other documentation deemed necessary by the zoning officer
- Number of copies submitted:
 - 1 hard copy of ALL documents

On receiving an application, staff shall determine whether the application is complete or incomplete. A complete application contains all the information and materials listed above, and is in sufficient detail to evaluate and determine whether it complies with appropriate review standards. If an application is determined to be incomplete, the applicant may correct the deficiencies and resubmit the application for completeness determination. Failure to resubmit a complete application within 45 calendar days after being determined incomplete will result in the application being considered withdrawn. Applicants may submit applications for a site plan and building permit concurrently.

Step 2: Staff Review and Action

Once an application is determined complete, it will be distributed to appropriate staff. Staff shall review and prepare a written report that will include any outstanding concerns with the application. The applicant must address any outstanding concerns for approval. Staff shall approve subject to conditions or disapprove the application. Conditions of approval shall be limited to those deemed necessary to ensure compliance with the standards of the UDO.

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Zoning Compliance Permit Application

office use only	
Fee: \$75 +	Fee Paid: _____
	Date Paid: _____
Zoning Permit No. _____	
Approved Date _____	

Contact Information

APPLICANT:

Name: _____

Address: _____

Telephone: _____

Email Address: _____

PROPERTY OWNER:

Name: _____

Address: _____

Telephone: _____

Email Address: _____

LEGAL RELATIONSHIP OF APPLICANT TO PROPERTY OWNER: _____

Property Information

Physical Street Address: _____

Location: _____

Parcel Identification No: _____

Total Parcel(s) Acreage: _____

Existing Land Use of Property _____

Request

Project Name: _____

Proposed Use of the Property: _____

Current Value of Existing Structure: _____ Proposed Costs of Improvements: _____

Percentage of Improvement Costs to Value of Structure: _____

Narrative of request: _____

I hereby authorize county officials to enter my property for purposes of determining zoning compliance. All information submitted and required as part of this process shall become public record.

Property Owner(s)/Applicant*

Date

***NOTE: Form must be signed by the owner(s) of record, contract purchaser(s), or other person(s) having a recognized property interest. If there are multiple property owners/applicants, a signature is required for each.**

Approved by: _____ Date: _____

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Zoning Compliance Permit Design Standards Checklist

The table below depicts the design standards of the site plan for a zoning compliance application. Please make sure to include all applicable listed items to ensure all appropriate standards are reviewed.

Zoning Compliance Permit

Plan Design Standards Checklist

Date Received: _____

Project Name: _____

Applicant/Property Owner: _____

Site Plan Design Standards

General		
1	Property owner name, address, phone number, and email address	
2	Site address and parcel identification number	
3	North arrow and scale to be 1" = 100' or larger	
4	Existing zoning classification of the property	
5	Scaled drawing showing property lines, existing and proposed development, vehicular use areas and landscaping	
Flood Damage Prevention, if applicable		
6	Boundary of the Special Flood Hazard Area (SFHA), Floodway, Coastal Barrier Resource System (CBRS) Area, water course relocation, or a statement that the entire lot is within a specific SFHA	
Other		
7	Other documentation deemed necessary by the zoning officer	

Zoning Compliance Permit Design Standards Checklist

Staff will use the following checklist to determine the completeness of your application. Please make sure all of the listed items are included. Staff shall not process an application for further review until it is determined to be complete.

Zoning Compliance Permit Submittal Checklist

Date Received: _____

Project Name: _____

Applicant/Property Owner: _____

Zoning Compliance Permit Submittal Checklist

1	Completed Zoning Compliance Permit Application	
2	Site plan, if applicable	
3	Documentation deemed necessary by zoning officer	
4	1 hard copy of ALL documents	

For Staff Only

Pre-application Conference (Optional)

Pre-application Conference was held on _____ and the following people were present:

Comments



Copy Given To: _____	Date: _____
_____	_____
_____	_____

Fees Due

Name: _____

Address for Zoning Compliance: _____

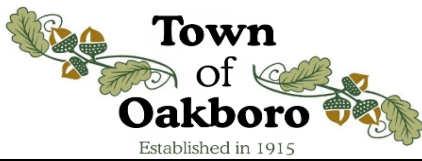
Fees Due: _____

Total Paid: _____

Date: _____

NOTES:

✓	Due	Fee	Description
		\$75 +	Zoning Permit
IRRIGATION METER/CROSS CONNECTION FEE			
		\$2,000	Irrigation Meter – Inside & Outside
		\$ _____	Cross Connection – Inside & Outside – Based on Type (\$5,000 minimum)
SUBDEVELOPER			
		\$500	Meter Fee
WATER – INSIDE TOWN			
		\$2,350	Water Meter Connect Fee & Tap Fee – Inside – In Place
		\$3,000	Water Meter Connect Fee & Tap Fee – Inside – Not In Place
		\$50	Water Turn-On Fee
SEWER – INSIDE TOWN			
		\$1,250	Sewer Connect Fee & Tap Fee – Inside – In Place
		\$3,000	Sewer Connect Fee & Tap Fee – Inside – Not In Place
WATER – OUTSIDE TOWN			
		\$2,850	Water Meter Connect Fee & Tap Fee – Outside – In Place
		\$3,500	Water Meter Connect Fee & Tap Fee – Outside – Not In Place
		\$100	Water Turn-On Fee
SEWER – OUTSIDE TOWN			
		\$2,350	Sewer Connect Fee & Tap Fee – Outside – In Place
		\$4,000	Sewer Connect Fee & Tap Fee – Outside – Not In Place
ROAD BORES			
		\$1,000	Long Road Bore (Town Streets/Open Cut)
		Market Price	Road Bore – State Road
E-1 PUMP			
		Market Price	E-1 Pump
SDF			
		\$706 and up	System Development Fees Meter Size: _____
METER CHARGES			
		\$8	1" Meter Recurring Charge
		\$25	2" Meter Recurring Charge
		\$ _____	_____ " Meter Recurring Charge



Water/Sewer Service Application

office use:

<input type="checkbox"/> Entered into FMS
<input type="checkbox"/> File (Date _____)

Date Entered:

First Bill Date:

Town of Oakboro - Water/Sewer/Garbage Service Application

Name:	FIRST	MIDDLE	LAST
-------	-------	--------	------

Own <input type="checkbox"/> Rent <input type="checkbox"/> (If renting, who is landlord? _____)	SSN:	Phone:
---	------	--------

SERVICE ADDRESS FOR WATER TO BE PROVIDED:	MOVE IN DATE
---	--------------

MAILING ADDRESS:	CITY	STATE	ZIP
------------------	------	-------	-----

Email Address	
---------------	--

I would like my bill to be: Mailed Emailed (You can only choose one)

WOULD YOU LIKE FOR YOUR WATER BILL TO BE DRAFTED? YES NO *If yes, please fill out back*

FEES - DUE PRIOR TO CONNECTION OF SERVICE

Inside Water Turn-On or Transfer Fee: \$50	Inside Renter Deposit: \$300
Outside Water Turn-On or Transfer Fee: \$100	Outside Renter Deposit: \$500
Commercial/Industrial Renter Deposit: TBD Based on Business	

SIGNATURES

Disclaimer: I understand that payment of the monthly utility bill with the Town of Oakboro is my sole responsibility while I am a tenant/resident of the above referenced property. All payments must be made by the 10th of each month. Late fees accrue on the 15th. It is my responsibility to contact Town Hall once I vacate the premises. The utility deposit (if applicable) may be applied toward the outstanding balance owed on my account. If the deposit isn't sufficient to cover the balance, then it is my responsibility to pay the remaining balance in full. If the deposit is in excess of the balance owed, the Town of Oakboro will refund the overpayment if a forwarding address is provided. If no deposit was required, then I am responsible for the entire balance upon closing of my account. I understand that my social security number is requested for debt collection purposes.

Customer	Date
Town Employee	Date

Town Use Only

Fees Paid: \$	Date Fees Paid:	Date Deposit Entered into FMS:
---------------	-----------------	--------------------------------

Services	Water <input type="checkbox"/> Sewer <input type="checkbox"/> Garbage <input type="checkbox"/> Irrigation <input type="checkbox"/>
----------	--

Inside Town Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	Meter Reading:	Date:
--	----------------	-------

Former Occupant Information:



office use:

Date Entered:	<input type="checkbox"/> Selected Email Bill <input type="checkbox"/> Selected Email <input type="checkbox"/> Selected Draft YN <input type="checkbox"/> Selected Draft Bank
---------------	---

Town of Oakboro

Utility Biling - Automatic Bank Draft Form

If you wish to begin this process & change your payment to draft, please fill out the required information below & return to Town Hall.

Your beginning draft date will depend on the date this form is received . Please also included a voided check attached to this form if possible.

Account type: Checking Savings

Bank:

Routing Number:

Account Number:

Please check one:

I wish to continue receiving my monthly bill in the mail.

I do not need a monthly bill mailed & will use my bank statement as my record.

I would like to receive an email of my bill providing my gallons used & amount due.

My email address is: _____

Name on Water/Sewer Account:

Service Address

Phone Number

By signing below, I give the Town of Oakboro permission to draft from my specified bank account the monthly bill for utility services for the Town. The draft date will be on the 10th of each month. If the 10th falls on a weekend or bank holiday, the draft will be the Monday or day after. I have attached a voided check if I have one from the account to be drafted.

Signature of Account Holder: