

Zoning Compliance Permit

Review Process

Contact Information

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

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

Phone: 704-485-3351 Fax: 704-485-2439

oakboro.com/zoning_department.html

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:

- o 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.
- \circ $\;$ 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application within 45 calendar days after being determined incomplete will result in the application being considered withdrawn.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.

Revised 1/13/2023

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Revised 1/13/2023



Zoning Compliance Permit

Application

office use only Fee: \$75-\$500 Fee Paid: _____ Date Paid: _____

Zoning Permit No. _____

Approved Date _____

Contact Information	
APPLICANT:	PROPERTY OWNER:
Name:	Name:
Address:	Address:
Telephone:	Telephone:
Email Address:	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	o Value of Structure:
Narrative of request:	
I hereby authorize county officials to required as part of this process shall	o enter my property for purposes of determining zoning compliance. All information submitted and

Property Owner(s)/Applicant*

*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.

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Date

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Revised 1/13/2023

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		
Floo	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		
Othe	er		
7	Other documentation deemed necessary by the zoning officer		

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	B 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

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Jown of Com		Water/Sewer Service Application				
Oakboro 🔻				office	use:	
Entered into FMS File (Date)]		Date Entere			Bill Date:
Town of Oakboro - W	ater/Sev	wer/Ga	arbage S	<mark>ervice A</mark> l	<mark>pplication</mark>	
Name: FIRST	MIDDLE			LAST		
Own □ Rent □ (If renting, who is landlord?)	SSN:			Phone:	
SERVICE ADDRESS FOR WATER TO BE PROVIDED:					MOVE IN DATE	
MAILING ADDRESS:		C	ITY		STATE	ZIP
Email Address						
I would like my bill to be:	Mailed		Emailed	(You can	only choos	e one)
WOULD YOU LIKE FOR YOUR WATER	R BILL TO B	E DRAFI	ED?	YES 🗆		f yes, please fill out back
FEES - DUE	PRIOR TO		TION OF S	ERVICE		
Inside Water Turn-On Outside Water Turn-Or Commercial/Indust	n Fee: \$75	C	Inside Rent Outside Rer t: TBD Base	nter Depos	it: \$300	
	SIGN	NATURES				
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 premieses. 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 On	ly			
Fees Paid: Date Date Sees Paid: Date Deposit Entered into FMS:						
Services			Water 🛛	Sewer 🛛	Garbage 🛛	Irrigation
Inside Town Limits Yes 🗆 No 🗆	Meter Rea	nding:		[Date:	
Former Occupant Information:						



Date Entered:

Selected Email Bill

□Selected Email □Selected Draft YN □Selected Draft Bank

Town of Oakbor	0
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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:



Name: ______

Copy Given To:

Date:

_ __

Address	for Zoning (Compliance:	
Fees Due: NO			OTES:
Total Pa	id:		
Date:			
\checkmark	Due	Fee	Description
		\$75-\$500	Zoning Permit
IRRIGA	TION METER/	CROSS CONNECT	
		\$2000	Irrigation Meter – Inside & Outside
		\$	Cross Connection – Inside & Outside – Based on Type (\$5,000 minimum)
WATEF	R – INSIDE TOV	NN	
		\$1,500	Water Meter Connect Fee – Inside – In Place
		\$2,350	Water Meter Connect Fee & Tap Fee – Inside – In Place
		\$2,850	Water Meter Connect Fee & Tap Fee – Inside – Not In Place
		\$50	Water Turn-On Fee
SEWER	R – INSIDE TOV	VN	
		\$850	Sewer Connect Fee – Inside – In Place
		\$1,250	Sewer Connect Fee & Tap Fee – Inside – In Place
		\$2,400	Sewer Connect Fee & Tap Fee – Inside – Not In Place
WATEF	R – OUTSIDE T	OWN	
		\$2,000	Water Meter Connect Fee – Outside
		\$2,850	Water Meter Connect Fee & Tap Fee – Outside – In Place
		\$3,350	Water Meter Connect Fee & Tap Fee – Outside – Not In Place
		\$75	Water Turn-On Fee
SEWER	- OUTSIDE TO	OWN	
		\$1,500	Sewer Connect Fee – Outside
		\$2,350	Sewer Connect Fee & Tap Fee – Outside – In Place
		\$4,000	Sewer Connect Fee & Tap Fee – Outside – Not In Place
ROAD	BORES		
		\$900	Long Road Bore (Town Streets/Open Cut)
		\$4,000	Road Bore – State Road
E-1 PU	MP		
		\$5600	E-1 Pump
SDF			
		\$706 and up	System Development Fees Meter Size:
METER	CHARGES		
		\$5.25	1" Meter Recurring Charge
		\$15.28	2" Meter Recurring Charge
		\$	" Meter Recurring Charge
		т	Effective: January 1, 202