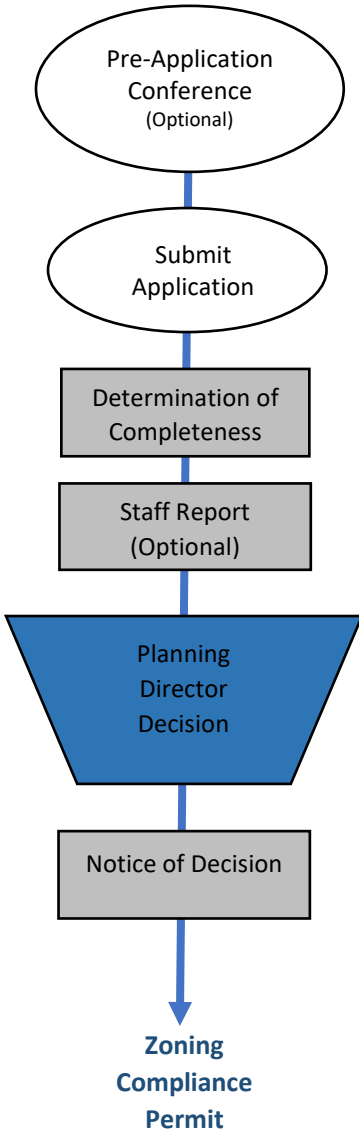




# Zoning Compliance Permit

## 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  
 Fax: 704-485-2439  
[oakboro.com/zoning\\_department.html](http://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:

- 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application within 45 calendar days after being determined incomplete will result in the application being considered withdrawn.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.

**This page left blank for formatting purposes.**



# Zoning Compliance Permit Application

office use only	
Fee: \$75-\$500	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: \_\_\_\_\_

**This page left blank for formatting purposes.**

## 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

\_\_\_\_\_  
\_\_\_\_\_



# 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 <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please fill out back
---	------------------------------	-----------------------------	------------------------------

### FEES - DUE PRIOR TO CONNECTION OF SERVICE

Inside Water Turn-On Fee: \$50	Inside Renter Deposit: \$250
Outside Water Turn-On Fee: \$75	Outside Renter Deposit: \$400
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:
------------------------------



### Automatic Draft Form

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:





# Fees Due

Copy Given To: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address for Zoning Compliance: \_\_\_\_\_

Fees Due: \_\_\_\_\_

Total Paid: \_\_\_\_\_

Date: \_\_\_\_\_

NOTES:

✓	Due	Fee	Description
		\$75-\$500	Zoning Permit
<b>IRRIGATION METER/CROSS CONNECTION FEE</b>			
		\$2000	Irrigation Meter – Inside & Outside
		\$ _____	Cross Connection – Inside & Outside – Based on Type (\$5,000 minimum)
<b>WATER – INSIDE TOWN</b>			
		\$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
<b>SEWER – INSIDE TOWN</b>			
		\$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
<b>WATER – OUTSIDE TOWN</b>			
		\$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
<b>SEWER – OUTSIDE TOWN</b>			
		\$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
<b>ROAD BORES</b>			
		\$900	Long Road Bore (Town Streets/Open Cut)
		\$4,000	Road Bore – State Road
<b>E-1 PUMP</b>			
		\$5600	E-1 Pump
<b>SDF</b>			
		\$706 and up	System Development Fees      Meter Size: _____
<b>METER CHARGES</b>			
		\$5.25	1" Meter Recurring Charge
		\$15.28	2" Meter Recurring Charge
		\$ _____	_____ " Meter Recurring Charge