

# ADMINISTRATIVE ADJUSTMENT APPLICATION FORM

Town of Laurel Park • 441 White Pine Drive • Laurel Park, NC 28739 • P. 828-693-4840 • F. 828-696-4948

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APPLICATION LAST UPDATED: 11.4.2021



## 1. THINGS TO KNOW ABOUT THE ADMINISTRATIVE ADJUSTMENT PROCEDURE

1. The administrative adjustment review procedure is described in Section 6.3.2 of the Laurel Park Unified Development Ordinance (UDO).
2. This application form may be used for requesting more than one administrative adjustment associated with the same development.
3. In cases where an administrative adjustment is filed with other applications, the administrative adjustment application shall be decided prior to other applications.
4. Administrative adjustment applications may not accompany an application for a rezoning, a planned development, or variance application.
5. Some UDO requirements, like allowable residential density, may not be adjusted.

## 2. GENERAL APPLICANT INFORMATION

### A. Parcel Information

1. Street Address:
2. Parcel Identification Number:
3. Lot Area/Acreage:
4. Base Zoning District Classification:
5. Overlay Zoning District(s) (if applicable):

### B. Primary Point of Contact Information

1. Primary Point of Contact Name:
2. Mailing Address:
3. Phone:
4. Email:

## 3. DESCRIPTION OF REQUEST

*(Please complete the following)*

1. Please provide a written description of the standard(s) or requirement(s) in the unified development ordinance that you are asking to adjust and the extent (percentage) of the adjustment (maps, sketches, or illustrations may also be attached on separate pages):

*Attach additional sheets if necessary.*

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2. Please identify which of the following reasons an administrative adjustment is being requested (choose all that apply):

- The adjustment is needed to compensate for some unusual or unique aspect of the site.
- The adjustment is necessary for properly functioning of on-site wastewater or stormwater facilities.
- The adjustment saves healthy existing trees.
- The adjustment limits the need for site grading or revision to existing drainage patterns.
- The adjustment will not pose a danger to public health or safety.
- Other (please specify below).

*Attach additional sheets if necessary.*

3. Please describe any anticipated adverse impacts that may result from the adjustment, and how these impacts will be mitigated:

*Attach additional sheets if necessary.*

4. Please clarify if the site is already subject to an approved administrative adjustment or variance or if the requested adjustment impacts any applicable conditions of approval:

*Attach additional sheets if necessary.*

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5. Please provide any additional information you feel is relevant or necessary for the Town's consideration:

*Attach additional sheets if necessary.*

## 4. SUBMITTAL CHECKLIST

*(Please ensure your application includes 3 paper copies and 1 digital (pdf) copy of all of the following)*

- |   |                          |
|---|--------------------------|
| 1. Administrative adjustment application form   | <input type="checkbox"/> |
| 2. Application fee  | <input type="checkbox"/> |
| 3. Scaled drawing showing existing structures, proposed adjustments to structures, boundaries of property, and structures and use types of buildings on adjacent properties   | <input type="checkbox"/> |
| 4. A copy of a plan demonstrating that the proposed administrative adjustment does not exceed the maximum percent of a standard according to the administrative adjustment standards in the unified development ordinance | <input type="checkbox"/> |
| 5. A tree survey, prepared by a qualified professional, when an administrative adjustment is requested to protect existing trees  | <input type="checkbox"/> |
| 6. Elevations required if the administrative adjustment involves deviation from a design standard in the unified development ordinance or a design standard applied as a condition of approval                            | <input type="checkbox"/> |
| 7. Any additional information determined to be necessary by the Town  | <input type="checkbox"/> |

## 5. APPLICANT SIGNATURE

I certify that the information provided in these application materials is complete and accurate to the best of my knowledge. I hereby authorize Town officials to enter the subject property for the purposes of determining compliance.

*If there are multiple land owners or applicants, a signature is required for each.*

Land Owner or Authorized Signature: \_\_\_\_\_

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

Land Owner or Authorized Signature: \_\_\_\_\_

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

Land Owner or Authorized Signature: \_\_\_\_\_

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

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## ***OFFICE USE ONLY***

Project #:

Associated Project #:

Received By:

Filing Date:

Accepted as Complete By:

Complete Date:

Decision:

Decision By:

Decision Date:

Pre-application Conference Date (if conducted):

Notes/Comments: