

FOR PLANNING DEPARTMENT USE ONLY:

CASE NUMBER: _____

DATE RECEIVED: _____

FEE PAID: _____

BOARD MEETING DATE: _____

**SITE PLAN APPLICATION
AND SUBMITTAL CHECKLIST**

Please check one:

☐ Minor Site Plan

☐ Major Modification to approved site plan

Permit Number _____

Property Location: _____

The following checklist indicates the minimum requirements for this application to be considered complete. Please initial each item in the following checklist for completion. Write N/A for items not applicable.

Applicants Initials	Required Items for Application	Staff Initials
	Three (3) paper copies of the site plan no larger than 24x36 FOLDED to 8 ½" x 11" and One (1) copy in pdf format.	
	Please note if applicable: <ul style="list-style-type: none"> • Traffic Impact Analysis • Stormwater Management Plan (submission to NCDEQ-Fayetteville) • Erosion Control Plan (submission to NCDEQ-Fayetteville) 	
	Site Plan Application completely filled out. <i>(If found to be incomplete it will be returned to me to make the corrections before it will be reviewed or considered)</i>	
	Zoning information completely filled out.	
	Proposed uses listed including adjacent properties zoning, uses	
	Landscaping, buffers and parking	
	Original signatures are included in the Owner's Certification. Copies are not accepted.	

I understand that no application will be held that is considered incomplete. Alle information contained in this Site Plan application is complete and accurate to the best of my knowledge and ability. I have read and understood the entire Site Plan application.

Applicant Signature: _____

Date: _____

Print Name: _____

SITE PLAN APPLICATION

Name of Project: _____

Acreage of Property: _____ Zoning District: _____

Address/Location of Property: _____

Existing Use: _____ Proposed Use: _____

Existing Built Upon Area (ac): _____ Proposed Built Upon Area (ac): _____

Proposed disturbed area (ac): _____ Total Impervious: _____

APPLICANT INFORMATION

Applicant Name: _____

Mailing Address: _____

Phone Number: _____ Contact Person: _____

Email Address: _____

PROPERTY OWNER INFORMATION

Applicant Name: _____

Mailing Address: _____

Phone Number: _____ Contact Person: _____

Email Address: _____

Please Review the site plan requirements located on the City of Dunn's Planning and Zoning page.

SITE PLAN REVIEW PROCESS

Plans will be submitted to the Planning department for distribution to the following Technical Review Committee (TRC) members for review:

- Public Utilities Department
- Building Inspections
- Fire Marshall
- NCDOT
- Planning

Once the Planning Department staff has received comments and concerns from each TRC member, notification will be sent to the Site Plan designer. If revisions are requested, the site designer shall make the requested changes and submit three (3) copies of the revised site plan to the Planning Department. Once the reviews are complete, the Planning Department approves the site design, then a Site Plan Approval Letter is sent to the applicant. Site Plan Approval is valid for two (2) years from the date of approval.

SITE DEVELOPMENT

NO SITE DEVELOPMENT SHALL TAKE PLACE PRIOR TO SITE PLAN APPROVAL, TO INCLUDE CLEARING, GRUBBING, AND GRADING.

All required site and off-site improvements, such as landscaping, turn lanes, stormwater detention basins, and water and/or sewer facilities must be completed prior to the operation of the use.

CERTIFICATE OF APPLICANT AND/OR PROPERTY OWNER

I certify that all information presented in this Site Plan is accurate to the best of my knowledge, information and belief. Further, I understand that no site activity can take place until this site plan is approved and a Land Use Permit is issued. Additionally, I allow the City of Dunn and its Agents access to the property while conducting a review of this application.

OWNER(S) SIGNATURE

DATE

APPLICANT(S) SIGNATURE

DATE

OWNERS CONSENT

Consent is required from the property owner(s) if an agent will act on their behalf. A separate form is required from each owner. All fields must be completed.

Project Name: _____

Address or PIN #: _____

AGENT/APPLICANT INFORMATION: PLEASE PRINT

(Name – type, print clearly)

(Address)

(City, State, Zip)

i hereby give CONSENT to the above referenced agent/applicant to act on my behalf, to submit applications and all required materials and documents, and to attend and represent me at all meetings and public hearings pertaining to the following processes (list applicable requests).

(Name – type, print clearly) (Address) (City, State, Zip)

Furthermore, I hereby give consent to the party designated above to agree to all terms and conditions which may arise as part of the approval of this application.

I hereby certify that I have authority to execute this consent form as/on behalf of the property owner. I understand that any false, inaccurate or incomplete information provided by me or my agent will result in the denial, revocation or administrative withdrawal of this application, request, approval or permits. I further agree to all terms and conditions which may be imposed as part of the approval of this application.

OWNER AUTHORIZATION:

(Name – type, print clearly)

(Address)

(City, State, Zip)

(Owner's Signature)

STATE OF _____ COUNTY OF _____

Sworn and subscribed before me _____, a Notary Public for the above State and County, this the _____ day of _____, 20____.

SEAL

Notary Public

My Commission Expires: _____