



SITE PLAN/PRELIMINARY PLAT APPLICATION



Submission Deadline: Submittals are accepted by appointment ONLY every Tuesday and Thursday from 8 – 11 AM. Please contact Joanne Gordon at (919) 560-4137, ext. 28254 or joanne.gordon@durhamnc.gov to schedule an appointment. **Administrative plans** may be submitted any day without an appointment to the Customer Service Counter or a member of the Development Review staff.

Property Information

Case Number (STAFF ONLY):		PID(s):	
Site Address:		PIN(s) :	
Existing Zoning District(s) :		Tier:	
Watershed: <input type="checkbox"/> E-A <input type="checkbox"/> E-B <input type="checkbox"/> F/J-A <input type="checkbox"/> F/J-B <input type="checkbox"/> M/LR-A <input type="checkbox"/> M/LR-B <input type="checkbox"/> N/A		River Basin: <input type="checkbox"/> Neuse <input type="checkbox"/> Cape Fear	
Jurisdiction for Review: <input type="checkbox"/> City <input type="checkbox"/> County-Inside UGA <input type="checkbox"/> County-Outside UGA		Total Tract Acreage:	
Other Overlays: <input type="checkbox"/> MTC <input type="checkbox"/> Historic District <input type="checkbox"/> Neighborhood Protection <input type="checkbox"/> Transitional Office <input type="checkbox"/> Airport			
Prior Site Plan Case #		Development Plan Case #	

Project Summary

Project Name:	
Proposed Use(s):	
Associated Application: <input type="checkbox"/> Riparian Buffer Intrusion <input type="checkbox"/> DDRT <input type="checkbox"/> Floodplain Development Permit	
Proposed Zoning District(s):	Project Area: <input type="checkbox"/> acres <input type="checkbox"/> sq. ft.
Area of Disturbance: <input type="checkbox"/> acres <input type="checkbox"/> sq. ft.	Building Area: <input type="checkbox"/> sq. ft.
Site Plan Type: <input type="checkbox"/> Major SP <input type="checkbox"/> Minor SP <input type="checkbox"/> Large Simplified SP <input type="checkbox"/> Small Simplified SP <input type="checkbox"/> Administrative SP	
Site Plan also acting as: <input type="checkbox"/> Site Plan Amendment <input type="checkbox"/> Preliminary Plat <input type="checkbox"/> Preliminary Plat-Cluster/Conservation Sbdv	
Project Scope:	

Property Owner

Name:	Organization:
Address:	City, State, Zip:
Phone:	E-mail:
Signature of Owner (required):	
<i>This authorizes City and County Planning Staff to perform site visits related to the review of this application</i>	

Applicant (Primary Contact Person)

Name:	Organization:
Address:	City, State, Zip:
Phone:	E-mail:
Signature of Applicant (required):	

Tracking Information (Staff Only)

Date rec'd:	Received by:	Case Planner:	Comments Due:
Fee Calculation: \$ _____ Base Fee + (\$25 per lot X _____ lots = \$ _____) and/ or + (\$25/ 1,000 sf X _____ = \$ _____) = \$ _____ Subtotal A + \$ _____ Floodplain Development Permit Fee = \$ _____ Subtotal B Total Fee Required = \$ _____ Subtotal B + 4% Tech Surcharge (\$ _____) = \$ _____			