

TOWN OF HOLLY SPRINGS REZONING, COMPREHENSIVE PLAN AMENDMENT, & UDO AMENDMENT PACKET

DPM Appendix #A.02
Supplement #15
December 2018



*General Use Rezoning, Conditional Use Rezoning, Comprehensive Plan Amendment,
and Unified Development Ordinance Amendment*

General Information

A Traffic Impact Analysis (TIA) scope determination is required from the Department of Engineering prior to scheduling a Concept Plan Review Meeting. The Request for TIA Scope, Form 8031 is available here: www.hollyspringsnc.us/engineering. Please contact the Department of Engineering at (919) 557-3938 for more information.

A Concept Plan Review Meeting must be held a minimum of five (5) business days prior to but no more than 8 weeks before the Petition Submittal Deadline as specified on the appropriate submittal calendar. Please email hsplanning@hollyspringsnc.us to schedule a Concept Meeting. For more information, contact the Department of Planning & Zoning at (919) 557-3908.

During the Concept Plan Review Meeting, it will be determined whether a request for Zoning Map Change to a General Use District or Conditional Use District will be appropriate.

Submittal Requirements

All information required as part of your petition must be provided in both hardcopy original and in PDF format to the FTP website. (i.e. transmittal, applications, maps, special studies, etc.) with each review. Please submit PDF as 1 file containing the complete submittal and name the file with the project name and date.

Link to FTP website: <http://www.hollyspringsnc.us/PlanningFTP>

Zoning Map Change:

- Submit the following number of copies:
 - (7) 8.5" x 11"
 - (1) PDF version

Comprehensive Plan Amendment:

- Submit the following number of copies:
 - (5) 8.5" x 11"
 - (1) PDF version

Zoning Map Change- General Use District:

The following items must be submitted with the Petition for Zoning Map Change to a General Use District to be deemed a complete submittal:

- Vicinity Map
- Petition Form
- Processing Fees (make check payable to: Town of Holly Springs)
- Statement of Zoning Compatibility
- Affidavit of Owner Notification (required if Applicant **is not** the property owner)
- Traffic Impact Analysis
- Property survey/legal description (required only if request does not include the entire tax parcel) in both hard copy and digital to the FTP website in Word format. Note: All legal descriptions are to contain references to inorganic monuments, and that all starting references on surveys or legal descriptions describe a course and distance from either the closest NCGS monument or Town of Holly Springs monument, regardless of the distance thereto.
- Waiver Request Forms (if being requested in conjunction with Zoning Map Change Petition)

FOR MORE INFORMATION:

Current Planning & Zoning Petition Fee Schedule:
<http://www.hollyspringsnc.us/planning>

Review Process: Town of Holly Springs Development Procedures Manual (DPM)-
Zoning Map Change- Section 2.
Comprehensive Plan Amendment- Section 2.05

Review Calendar: See Town of Holly Springs Development Procedures Manual (DPM) Appendix 1.
General Use Rezoning Schedule
Conditional Use Rezoning Schedule

The DPM is available for purchase in the Department of Planning & Zoning or on-line at:

Zoning Map Change- Conditional Use District/PUD:

The following items must be submitted with the Petition for Zoning Map Change to a Conditional Use District to be deemed a complete submittal:

- Vicinity Map
- Petition Form
- Processing Fees (make check payable to: Town of Holly Springs)
- Statement of Zoning Compatibility
- Affidavit of Owner Notification (required if Applicant **is not** the property owner)
- Traffic Impact Analysis
- Conditional Use Permit Restrictions Statement
- Property survey/legal description (required only if request does not include the entire tax parcel) in both hard copy and digital to the FTP website in Word format. Note: All legal descriptions are to contain references to inorganic monuments, and that all starting references on surveys or legal descriptions describe a course and distance from either the closest NCGS monument or Town of Holly Springs monument, regardless of the distance thereto.
- Affidavit of Owner's Consent (if required)
- Waiver Request Forms (if being requested in conjunction with Zoning Map Change Petition)

Comprehensive Plan Amendment:

The following items must be submitted with the Petition for Comprehensive Plan Amendment to be deemed a complete submittal:

- Vicinity Map
- Petition Form
- Processing Fees (make check payable to: Town of Holly Springs)
- Statement of Comprehensive Plan Future Land Use Plan Compatibility
- Property survey/legal description (required only if request does not include the entire tax parcel) in both hard copy and digital to the FTP website in Word format. Note: All legal descriptions are to contain references to inorganic monuments, and that all starting references on surveys or legal descriptions describe a course and distance from either the closest NCGS monument or Town of Holly Springs monument, regardless of the distance thereto.

UDO Text Amendment:

The following items must be submitted with the Petition for UDO Text Amendment to be deemed a complete submittal:

- Petition Form
- Processing Fees (make check payable to: Town of Holly Springs)
- Statement of Justification including:
 - Existing UDO language
 - Proposed UDO language (**bold** additions to the text and ~~strikethrough~~ text to be removed)
 - Justification for the amendment

Submittal Specifications:

Statement of Zoning Compatibility: (Zoning Map Change)

A written statement that includes a description of the proposed area for zoning map change and its relationship to the surrounding land uses and zoning; the compatibility of the request with the Vision Holly Springs: Town of Holly Springs Comprehensive Plan, Future Land Use Plan and associated objectives; and any other supporting information regarding the request. The statement must provide evidence, not hearsay, on how the current zoning is not the highest and best use for the property and that the proposed zoning is the highest and best use for the property.

Statement of Comprehensive Plan Future Land Use Plan Compatibility: (Land Use Plan Amendment)

A written statement that includes a description of the proposed area for land use designation modification and its relationship to the surrounding future and existing land uses; the compatibility of the request with the vision, intent and goal of Vision Holly Springs: Town of Holly Springs Comprehensive Plan, Future Land Use Plan and associated objectives; and any other supporting information regarding the request. The statement must provide evidence on how the current land use designation is not the highest and best use for the property and

that the proposed designation would result in a land use pattern that will enhance the quality of life and its appropriateness to the Town's growth and development.

Traffic Impact Analysis:

A Traffic Impact Analysis (TIA) may be required to verify that there are adequate transportation facilities for the proposed development. This report must be submitted, reviewed, and approved prior to the project being scheduled for review by the Planning Board and Town Council.

Affidavit of Owner Notification:

If the Applicant for the proposed Zoning Map Change (either General Use or Conditional Use) is not the property owner, in accordance with NCGS §160A-384, the Applicant shall certify to the Town Council that all record owners of the property as shown on the Wake County tax listing has received actual notice of the proposed Zoning Map Change request and a copy of the notice of public hearing. The person(s) mailing such notices required to provide this notice shall certify to the Town Council that proper notice has been provided.

Property Survey/Legal Description:

If the proposed Zoning Map Change Petition is only for a portion of an existing parcel of land, a recent property survey map (not exceeding 24" X 36") and written metes and bounds description of the area to be considered for Zoning Map Change is to accompany the Petition at time of submittal in both a hard copy and digital (Word) version. All legal descriptions are to contain references to inorganic monuments, and that all starting references on surveys or legal descriptions describe a course and distance from either the closest NCGS monument or Town of Holly Springs monument, regardless of the distance thereto.

Conditional Use Permit Restriction Statement:

In accordance with UDO Section 9.07 Conditional Use Districts and Conditional Use Permits and UDO Exhibit "A" Conditional Use Permit, each petition for a zoning map change to a conditional use district shall be accompanied by a written statement, signed by the owner of the parcel of property, which shall detail the additional use or development standard restrictions offered. Such additional development standard restrictions must be greater or more restrictive than the Town's zoning regulations. In accordance with NCGS §160A-382, conditions and site-specific standards imposed shall be limited to those that address the conformance of the development and use of the site to town ordinances and the Vision Holly Springs: Town of Holly Springs Comprehensive Plan, Future Land Use Plan and those that address the impacts reasonably expected to be generated by the development or the use of the site.

Affidavit of Owner's Consent:

If the proposed Zoning Map Change Petition is for a Conditional Use District and/or Conditional Use Permit, all record owners of the property (i.e. both husband and wife; if the record owner is deceased, then applicant shall provide a title opinion written by a licensed attorney indicating all owners of the property, with an affidavit from each owner) as shown on the Wake County tax listings must sign the Petition and the Conditional Use Permit. If the Property Owner(s) are granting authority to a designated agent, an Affidavit of Owner's Consent must accompany the Petition at time of submittal.

Neighborhood Meeting:

Before a public hearing is held on the Petition, the Petitioner must hold at least one (1) neighborhood meeting and submit to the Department of Planning & Zoning a written report of the neighborhood meeting. The purpose of the neighborhood meeting is to educate neighbors about the proposed Petition, to receive neighborhood comments, and to address concerns about the Petition. At least one neighborhood meeting shall be scheduled and held by the Petitioner or Petitioner's Agent.

The neighborhood meeting shall be held at a place and time that is generally accessible to those property owners who will be notified of the Public Hearing as specified in the Development Procedures Manual Section 1.02. The neighborhood meeting shall not be held prior to the Concept Meeting for the submittal of the Development Petition or less than 15 days prior to the Public Hearing.

A minimum of fourteen (14) days prior to the scheduled Public Hearing on the Petition, the Petitioner shall submit a report about the Neighborhood Meeting(s) to the Department of Planning & Zoning. The report will be forwarded by the Department of Planning & Zoning to the Town Council as part of the agenda item.

Waivers:

According to the Unified Development Ordinance, certain waivers of specific development requirements may be requested at time of consideration of a Zoning Map Change Petition as follows:

- Waiver of Architectural and Site Design Requirements for the Town Village (TV) District (UDO Section 3.02, D.),
- Waiver of Architectural and Site Design Requirements for the Commercial/Mixed Use Districts (UDO Section 3.08, C.),
- Waiver of Architectural and Site Design Requirements for the Industrial Districts (UDO Section 4.05, C.),
- Waiver of Sign Regulations (UDO Section 7.03, H.), and
- Waiver of Pedestrian Circulation and Vehicular Area Design Requirements (UDO Section 7.09, C.)

If any such waivers are being requested as part of a Petition for Zoning Map Change, a separate Waiver Request form must be submitted for each waiver requested. See UDO Waiver Request Packet for additional information.



Town of Holly Springs

128 S. Main Street
P.O. Box 8
Holly Springs, NC 27540

Department of Planning & Zoning
919.557.3908
www.hollyspringsnc.us/planning

Department of Engineering
919.557.3938
www.hollyspringsnc.us/engineering

Department of Parks & Recreation
919.557.3930
www.hollyspringsnc.us/parks

REZONING, COMPREHENSIVE PLAN/ UDO AMENDMENT PETITION



The current Filing Fees can be found on-line in the Town of Holly Springs Fee Schedule: <http://www.hollyspringsnc.us/planning>

Petition Type (check one- each request must be on separate petitions)

- Zoning Map Change: General Use District **or** Conditional Use District/Permit
- Comprehensive Plan Amendment (check all that apply)
 - Text Amendment
 - Future Land Use Plan Map Amendment
 - Area/Corridor Plan Map Amendment / Name: _____
- UDO Amendment (UDO Section: _____)

For DPZ Use only
 Project # _____
 Fees Paid: \$ _____
 Date Received: _____

Initial Revised Final

Project Information

Project Name: _____
 Project Location: _____
Use street address. If none, use the closest intersection

Within Corporate Limits Within Holly Springs ETJ Pending Annexation

PIN: _____ Real Estate ID: _____

Project Acreage: (Rounded to nearest tenth) _____ Partial Parcel: No Yes

Scoping Meeting Date : _____ Concept Meeting Date: _____
If the Concept Meeting Date is not within 8 weeks of the submittal date, another Concept Meeting is required prior to submittal.

Petition Request

Current Zoning: _____ Proposed Zoning: _____
 Current Future Land Use Designation: _____
 Proposed Future Land Use Designation: _____
 Area Plan Designation (if applicable): _____
 Waivers Requested: No Yes- Specify UDO Section Number(s): _____
If yes, complete and attach appropriate Waiver Petition(s) from Waiver Packet

Petition Contact Information (complete each contact in its entirety- please print or type)

Project Applicant/Contact

(check one) Owner Owner's Agent Design Professional Developer Other _____
 Is the applicant applying on behalf of the property owner(s)? Yes No If yes, please complete the Affidavit of Property Owner Consent form and attach. If applicant contact is not the Owner or representing the Owner(s), please complete Property Owner Notification Affidavit and attach.

Name _____ Company _____
 Mailing Address _____
 City _____ State _____ Zip _____
 Telephone # () _____ E-Mail _____
 How would you like to receive staff review comments? E-Mail US Mail
 How would you like to receive Official Action Notices? E-Mail US Mail- Certified

Property Owner(s) if different than Applicant/Contact-REQUIRED *attach additional sheets if necessary*

Name _____ Company _____
 Mailing Address _____
 City _____ State _____ Zip _____
 Telephone # () _____ E-Mail _____
 How would you like to receive staff review comments? E-Mail US Mail
 How would you like to receive Official Action Notices? E-Mail US Mail- Certified

Owner's Authorization (Required for Conditional Use Zoning or Conditional Use Permit)

Owner's Signature(s) _____ PIN/REID _____ Date _____

PLAN CONSISTENCY STATEMENT



Describe how the proposed Zone Map Change request is consistent or supported by the objectives and policies of *Vision Holly Springs: Town of Holly Springs Comprehensive Plan* and how it is inconsistent with the Plan.

You must respond to each section; please type or print legibly in blue or black ink

Project Information:

Project Name: _____

Proposed Zoning District: _____

Proposed Land Use/Density: _____

Future Land Use Plan Map Designation: _____

Future Land Use Plan Designation Land Use/Density: _____

For DPZ Use only

Project # _____

Date Received:

Plan Consistency Statement:

In accordance with NCGS §160A-383 prior to adopting or rejecting any zoning amendment, the Town Council shall adopt a statement of zoning consistency or inconsistency. Please include as much detailed information about the proposed zoning change and developer offered conditions (if any) or unique conditions associated with this request that support the Town's comprehensive plan objectives and/or policies and why the proposed zoning change is reasonable and in the public interest. If the proposed zoning amendment is not in compliance with the comprehensive plan, the Town Council is required to determine why the proposed zoning change is reasonable and in the public interest if approved. Please provide detailed documentation to assist the Council in making their determination. *Attach Additional Sheets as needed*

| Petitioner's Response | Staff's Evaluation |
|---|---|
| <p>Executive Summary</p> | <p><input type="checkbox"/> Agree <input type="checkbox"/> Disagree</p> |
| <p>Section 1: Future Land Use & Community Character</p> | <p><input type="checkbox"/> Agree <input type="checkbox"/> Disagree</p> |
| <p>Section 2: Transportation / Comprehensive Transportation Plan</p> | <p><input type="checkbox"/> Agree <input type="checkbox"/> Disagree</p> |

| | |
|---|---|
| Section 3: Parks, Recreation & Open Space/Beyond the Green: A Parks & Recreation Master Plan | <input type="checkbox"/> Agree <input type="checkbox"/> Disagree |
| Section 4: Community Facilities | <input type="checkbox"/> Agree <input type="checkbox"/> Disagree |
| Section 5: Infrastructure and Utilities | <input type="checkbox"/> Agree <input type="checkbox"/> Disagree |
| Section 8: Natural Resources | <input type="checkbox"/> Agree <input type="checkbox"/> Disagree |

Plan Consistency Response Prepared by:

Preparer's Signature(s)

Date

NEIGHBORHOOD MEETING REPORT



A minimum of fourteen (14) days prior to the scheduled Public Hearing on the Petition, the Petitioner shall submit a report about the Neighborhood Meeting(s) to the Department of Planning & Zoning.

Neighborhood Meeting Date: _____
Time: _____
Location: _____

For DPZ Use only
Project # _____
Date Received:

Notification of Owners:

1. The Petitioner or Petitioner's Agent shall prepare a Neighborhood Meeting Notification to be sent via first class mail to the owner(s) of the land specified on the Petition, owner of land abutting that parcel(s) of land, any homeowners association or property owners association that represents any parcels within that area as shown on the county tax listings and to the Town of Holly Springs Department of Planning & Zoning.
2. The Notice shall include the date, time, and location of the Neighborhood Meeting; the name of the Petitioner; the location of the proposed request (address, tax property identification number, or metes and bounds description); and an explanation of the nature of the request.
3. The Notice shall be deposited in the mail not less than ten (10) days nor more than 25 days before the date of the Neighborhood Meeting.

Complete Incomplete

Date of Notification Mailing: _____

Conduct of Meetings:

At the Neighborhood Meeting, the Petitioner shall explain the proposal and petition, answer any questions, respond to concerns neighbors have about the petition and proposed resolutions to these concerns. Town Staff will not attend the Neighborhood Meeting.

Summary of Issues:

Attach Additional Sheets as needed

Changes made to the Petition by the Petitioner as a result of the meeting:

Attach Additional Sheets as needed

Additional attachments required for the report:

- A listing of those persons and organizations that were sent notification about the Neighborhood Meeting.
- A copy of the signed attendance list that includes names and addresses of those in attendance.

Neighborhood Meeting Report Prepared by:

Preparer's Signature(s)

Date

AFFIDAVIT OF OWNER NOTIFICATION



The following Affidavit of Owner Notification shall be provided at time of petition submittal if the Applicant is requesting a Zoning Map Change for property(s) he/she does not own at the time of the petition submission.

The following form or a separately prepared document in substantially the same form may be used for submitting the Notice of the requested Zoning Map Change and the public hearing in association with a request for a Zoning Map Change to the property owner(s). The form must be sent to the owner(s) via certified mail. This Affidavit is to be signed by the Applicant of the requested Zoning Map Change and have attached thereto the USPS green certified mail receipt and a copy of the form sent to the owner(s) to ensure that all record owners of the property have been notified by the Applicant(s).

| |
|--|
| <p>For DPZ Use only Project # _____ Date Received:</p> |
|--|

AFFIDAVIT

STATE OF NORTH CAROLINA
COUNTY OF WAKE

I hereby certify to the Town of Holly Springs that the owner of the property described by Wake County Real Estate ID _____ and PIN _____ was served the notification attached to this Affidavit indicating the requested zoning map change petition and public hearing date and time. As evidence of the service of the notification, I hereby attach the return receipt from the certified mailing of this notice.

This the _____ day of _____, 20_____.

Applicant Signature _____

Printed name of Applicant _____

NOTARY STATEMENT

Sworn to and subscribed before me the _____ day of _____, 20_____.

Notary Public in and for the State of North Carolina. My Commission expires: _____

_____/_____
Notary Public Printed

Seal

NOTIFICATON TO PROPERTY OWNER

Dear Property Owner,

I am requesting the Holly Springs Town Council to rezone your property described by:

Wake County Real Estate ID# _____

and PIN _____

located at _____

from _____ (existing zoning district) to

_____ (proposed zoning district).

The public hearing before the Holly Springs Town Council on the matter will

be heard on _____ (date) at 7:00 PM.

Additional information can be obtained by contacting the Holly Springs Department of Planning & Zoning at (919) 557-3908.

Thank you,

Signature of Applicant:

Date:

Name _____ Company _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone # () _____ Fax # () _____ E-Mail _____

AFFIDAVIT OF OWNER CONSENT



If the Owner(s) of the subject property is giving authorization for another person to apply for a Conditional Use District and/or Conditional Use Permit on their property, this affidavit must be completed and signed by all record owners of the subject property.

The persons listed below do hereby appear before a Notary Public and swear or affirm that they are the legal owners of the described property, and further give authorization to

_____ of _____
(Name of Representative) (Name of Company)

to submit a Petition for Zoning Map Change to a Conditional Use District and/or for a Conditional Use Permit for my (our) property from

_____ to _____
(Current Zoning District) (Proposed Zoning District)

and to offer additional use and/or standard restrictions as a part of the request for a Conditional Use Permit.

For DPZ Use only
Project # _____
Date Received:

Signature of Owner(s):

Wake County PIN/REID:

State of _____

County of _____

Sworn to and subscribed before me the _____ day of _____, 20_____.

Notary Public in and for the State of North Carolina. My Commission expires: _____

_____/_____
Notary Public Printed

Seal

CONDITIONAL USE PERMIT

The following Conditional Use Permit form or a separately prepared document in substantially the same form may be used for submitting the Conditional Use Permit Restrictions Statement in association with a request for a Conditional Use District. The attached form is intended to meet the recording standards of the Wake County Register of Deeds.



If there are no changes to the Conditional Use Permit at the Public Hearing, the Department of Planning & Zoning will have the Review Officer sign the Permit and return it to the Applicant for recording in accordance with the Town of Holly Springs Development Procedures Manual.

If there are minor changes to the Conditional Use Permit approved at the Public hearing, the Applicant must modify the Permit to reflect the changes that were made and return the revised Permit to the Department of Planning & Zoning within ten (10) business days for Review Officer signature prior to recording in accordance with the Town of Holly Springs Development Procedures Manual.

An additional public hearing shall be required If the changes being required or requested are of such a substantial nature as to effect any of the following: the type of use, greater than 10% change in the overall density, significant alterations to site access, or hours of operation. If an additional public hearing is required, then the Petitioner shall modify the permit and cover the cost of republishing public notice.

Standard Document Criteria

A standard document meets the following criteria. If a document fails to meet any one of these criteria, the non-standard document fee will be added.

- Paper size is 8.5" x 11" or 8.5" x 14"
- Blank margin of 3" at top of first page.
- Blank margin of at least 1/4" on remaining sides of first page and on all sides of subsequent pages.
- Typed or printed in black on white paper in a legible font.
- A font size no smaller than 9 point shall be considered legible.
- Blanks in an instrument may be completed in pen and corrections to an instrument may be made in pen.
- One-sided only.
- Instrument type is stated at center of first page.

Prepared By: _____

Returned To: Town of Holly Springs Department of Planning & Zoning
P.O. Box 8
Holly Springs, NC 27540

Instrument Type: Other – Conditional Use Permit

TOWN OF HOLLY SPRINGS
ZONING PETITION

DPM Appendix #A.02
Supplement #15
November 2018

CONDITIONAL USE PERMIT



In accordance with the Town of Holly Springs Unified Development Ordinance, the Owner of the real estate located in the Town of Holly Springs, North Carolina, or its extra-territorial jurisdiction, which is described below, offers the following use and development standard restrictions for the following described parcel of real estate:

LEGAL DESCRIPTION:

Property Owner:
Property Descriptions:
PIN(s):

WRITTEN STATEMENT / TERMS OF CONDITIONAL USE PERMIT:

- 1.
- 2.
- 3.
- 4.
- 5.

The terms and conditions contained in this instrument shall run with the land, be binding on the Owner of the above-described real estate, subsequent owners, heirs, devisees, grantees, lessees, and licensees of the above-described real estate and other persons acquiring an interest therein. The terms of this conditional use permit may be modified or terminated by a decision of the Town of Holly Springs Town Council made at a public hearing after proper notice has been given and in connection with a petition for zoning map change.

The terms and conditions contained in this instrument shall be effective upon the approval of the conditional use district on the subject real estate and the approval of this Conditional Use Permit by the Town Council pursuant to the Town of Holly Springs Unified Development Ordinance, and shall continue in effect until modified or terminated by the Town of Holly Springs Town Council.

The terms and conditions of this instrument may be enforced by the Town of Holly Springs Town Council.

This Conditional Use Permit shall be retained in the office of the Department of Planning & Zoning of the Town of Holly Springs, North Carolina and shall constitute additional restrictions on the use and development of the subject real estate.

IN WITNESS WHEREOF, Owner has executed this instrument this _____ day of _____ 20_____,

(Individual Owner)

Signature _____ (Seal)

Signature _____ (Seal)

Printed _____

Printed _____

(Individual Acknowledgment)

STATE OF _____)

) SS:

COUNTY OF _____)

Before me, a Notary Public in and for said County and State, personally appeared _____, Owner(s) of the real estate described above who acknowledged the execution of the foregoing instrument and who, having been duly sworn, stated that any representations therein contained are true.

Witness my hand and Notarial Seal this _____ day of _____, _____.

Signature _____

Printed _____

My Commission expires: _____

(Organization Owner)

Signature _____ (Seal)

By _____

Printed _____

Title _____

(Organization Acknowledgment)

STATE OF _____)

) SS:

COUNTY OF _____)

I, a Notary Public for said County and State, certify that _____ personally came before me this day and acknowledged that he/she is the _____ of _____, a (corporation, limited liability company, partnership) (strike inapplicable) and that by authority duly given as the act of the corporation the foregoing instrument was signed in its name by its _____ sealed with its corporate seal, and attested by himself/herself as its _____.

Witness my hand and Notarial Seal this _____ day of _____, _____.

Signature _____

Printed _____

My Commission expires: _____

This instrument was prepared by _____.

CERTIFICATION FOR RECORDING

I hereby certify that the Written Statement / Terms of Conditional Use Permit contained herein was approved by the Town Council of the Town of Holly Springs, North Carolina, on the ___day of _____, _____, in connection with a request for conditional use zoning district pursuant to zoning map change petition #_____, and that this Conditional Use Permit has been approved for recording in the Office of the Wake County Register of Deeds.

Signature

Date

Printed

Title

**STATE OF NORTH CAROLINA
COUNTY OF WAKE**

I, _____, Review Officer of Wake County, certify that the Conditional Use Permit to which this Certification is affixed meets all statutory requirements for recording.

Review Officer

Date

TERMINATION OF CONDITIONAL USE



The following Notice of Termination of Conditional Use Permit form or a separately prepared document in substantially the same form may be used for submitting the Termination of Conditional Use Permit in association with a request to modify or terminate a Conditional Use District. The attached form is intended to meet the recording standards of the Wake County Register of Deeds.

Standard Document Criteria

A standard document meets the following criteria. If a document fails to meet any one of these criteria, the non-standard document fee will be added.

- Paper size is 8.5" x 11" or 8.5" x 14"
- Blank margin of 3" at top of first page.
- Blank margin of at least 1/4" on remaining sides of first page and on all sides of subsequent pages.
- Typed or printed in black on white paper in a legible font.
- A font size no smaller than 9 point shall be considered legible.
- Blanks in an instrument may be completed in pen and corrections to an instrument may be made in pen.
- One-sided only.
- Instrument type is stated at center of first page.

Prepared By: _____

Returned To: Town of Holly Springs Department of Planning & Zoning
P.O. Box 8
Holly Springs, NC 27540

Instrument Type: Other – Notice of Termination of Conditional Use Permit

TOWN OF HOLLY SPRINGS
ZONING PETITION

DPM Appendix #A.02
Supplement #15
December 2018

TERMINATION OF CONDITIONAL USE



This Notice of Termination of Conditional Use Permit confirms that the restrictions, terms, and conditions contained in the Conditional Use Permit recorded in Book _____ page _____, Wake County Registry have changed, are now null and void, and have no binding force of effect due to a rezoning of the parcels of property described below as confirmed in the Town of Holly Springs zoning map change petition # _____ - REZ - _____ which was approved by the Holly Springs Town Council on or about the _____ day of _____, _____.

The parcels of real property are identified as follows:

(Legal Description, or, Real Estate ID, PIN, & Acreage)

The undersigned current property owner and the Town of Holly Springs request that this Notice of Termination of Conditional Use Permit be recorded with the Wake County Register of Deeds and give notice that the above-referenced parcels of real property are released from all of the restrictions, terms, and conditions contained in the Conditional Use Permit.

IN WITNESS WHEREOF, Owner has executed this instrument this _____ day of _____ 20 _____,

(Individual Owner)

Signature _____ (Seal)

Signature _____ (Seal)

Printed _____

Printed _____

(Individual Acknowledgment)

STATE OF _____)

) SS:

COUNTY OF _____)

Before me, a Notary Public in and for said County and State, personally appeared _____, Owner(s) of the real estate described above who acknowledged the execution of the foregoing instrument and who, having been duly sworn, stated that any representations therein contained are true.

Witness my hand and Notarial Seal this _____ day of _____, _____.

Signature _____

Printed _____

My Commission expires: _____

(Organization Owner)

Signature _____ (Seal)

By _____

Printed _____

Title _____

(Organization Acknowledgment)

STATE OF _____)

) SS:

COUNTY OF _____)

I, a Notary Public for said County and State, certify that _____ personally came before me this day and acknowledged that he/she is the _____ of _____, a (corporation, limited liability company, partnership) (strike inapplicable) and that by authority duly given as the act of the corporation the foregoing instrument was signed in its name by its _____ sealed with its corporate seal, and attested by himself/herself as its _____.

Witness my hand and Notarial Seal this _____ day of _____, _____.

Signature _____

Printed _____

My Commission expires: _____

This instrument was prepared by _____.

