

TOWN OF HOLLY SPRINGS

ZONING VESTED RIGHTS PACKET

DPM Appendix #A.05
Supplement #14
April 2018



Development Plan- Gateway, Non-Gateway, Development Options
Special Exception Use

General Information

A Concept Plan Review Meeting must be held a minimum of five (5) business days prior to the Petition Submittal. Please email hsplanning@hollyspringsnc.us to schedule a Concept Meeting. For more information, contact the Department of Planning & Zoning at (919) 557-3908.

The full review procedures for Zoning Vested Rights can be found in the *Town of Holly Springs Development Procedures Manual*.

FOR MORE INFORMATION:

Current Fee Schedule: www.hollyspringsnc.us/planning

Review Process: Town of Holly Springs Development Procedures Manual (DPM)- Section 2.06

Review Calendar: See Town of Holly Springs Development Procedures Manual (DPM) Appendix 1.

The DPM is available for purchase in the Department of Planning & Zoning or on-line at:
www.hollyspringsnc.us/planning

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>

Only complete submittals will be processed. The following items must be submitted with the Petition for Zoning Vested Rights to be deemed a complete submittal:

- Vicinity Map
- Petition Form
- Processing Fees (make check payable to: Town of Holly Springs)
- Property survey/legal description (required only if request does not include the entire tax parcel) in both hard copy and digital (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.
- Site Specific Development Plan with the following notation on the Cover Sheet:
"Approval of this plan establishes a zoning vested right under GS §160A-385.1. Unless terminated at an earlier date the zoning vested right shall be valid until _____."
- Initial submittal is to include
 - (6) 24" x 36"
 - (2) 11" x 17"
 - (1) PDF version

Please fold all plans to 9"x12" max



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

ZONING VESTED RIGHTS PETITION

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



Zoning Vested Rights Request (please be specific)

UDO Section No.: _____
Section Title: _____
Specific Vested Rights Request: _____

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

Project Information

Project Name _____
Project Number _____ Project Official Action Date _____
If this project is part of a previously approved plan, please specify
PUD/Master Plan/Subdivision _____ Shopping Center/Lot # _____
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 _____ Current Zoning _____

Contact Information

Project Applicant/Contact
(check one) Owner Owner's Agent Design Professional Developer Other: _____
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

Design Professional (if different than Applicant/Contact)
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

Developer

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 - REQUIRED

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

Certificate of Completion

I certify that all information presented in this petition is accurate to the best of my knowledge and belief. Further, I grant permission for members of the Town Council and Town Staff to visit the site in question for informational, advertisement, and inspection needs.

Signature of Applicant: _____ Date: _____