

# TOWN OF HOLLY SPRINGS ZONING VESTED RIGHTS PACKET



Development Plan, Major Subdivision, Special Use Permit

## General Information

A Sketch Plan Review (Pre-Submittal) 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 [developmentservices@hollyspringsnc.gov](mailto:developmentservices@hollyspringsnc.gov) to schedule a Sketch Plan Review (Pre-Submittal) Meeting. For more information, contact Development Services at (919) 557-3908, select option 3 from the menu.

### FOR MORE INFORMATION:

Current Fee Schedule:

[www.hollyspringsnc.us/2170/Development-Services](http://www.hollyspringsnc.us/2170/Development-Services)

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

The full review procedures for Zoning Vested Rights can be found in the *Town of Holly Springs Unified Development Ordinance Chapter 11*.

## Submittal Requirements

**All information required as part of your petition must be submitted as one (1) pdf file on the Holly Springs City View Portal: <https://cityview.hollyspringsnc.us/portal>. You must register an account and then click on "Apply for a Planning & Zoning Review" underneath "Preliminary Development Approval".**

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 §160D-108.1. Unless terminated at an earlier date the zoning vested right shall be valid until \_\_\_\_\_."
- Submit the following number of copies:  
(1) PDF version, plans sized to 24" x 36"

# ZONING VESTED RIGHTS PETITION



The current Filing Fees can be found on-line in the Town of Holly Springs Fee Schedule:  
www.hollyspringsnc.us/2170/Development-Services

## Zoning Vested Rights Request (please be specific)

UDO Section No.: \_\_\_\_\_  
 Section Title: \_\_\_\_\_  
 Specific Vested Rights Request: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

For DS 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/Development 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: \_\_\_\_\_