

DEVELOPMENT REVIEW APPLICATION FORM



Town of Elon Development Services

**P.O. Box 595
104 S. Williamson Avenue
Elon, NC 27244 (336) 584-2859**

PLAN TYPE:	REVIEW FEE:
Preliminary Subdivision Plan Review	\$500.00 + \$10 per lot
Site Plan Review	Multifamily = \$1,000; Non-Residential = \$500 + \$50 per 1,000 SF of Gross Floor Area
Site Plan Review for Parking Lots/Structures	\$500 + \$5 per space
Special Use Permit	\$500.00
Rezoning or Text Amendment (see application)	\$500.00
Conditional Rezoning (see application)	\$800.00
Final Plat (Major)	\$200.00
Final Plat (Minor)	\$100.00 (Exempt s/d, recombination, or easement plats = \$50.00)
Technical Review Committee (TRC) Review	\$800.00 (includes two resubmittals); \$200.00 (per each submittal over two)
Traffic Impact Analysis Review	\$800.00
Construction Plan Submittal	To be determined by engineer upon plan review.
Zoning Verification Letter	\$50.00

Submit three (3) printed copies and an electronic set of plans to the Planning Office for review.

PROJECT SUMMARY:

A. Project Name: _____

B. Type of Plan: _____ Rezoning/Conditional Rezoning _____ Special Use _____ Construction Plans
 _____ Final Plat _____ TRC Review _____ Traffic Impact Analysis _____ Schematic Design (Pre-application review)
 _____ Other

C. Property Street Address: _____

Property Description: _____

D. Owner/Applicant: _____

E. Report Comments: _____

Telephone Number: _____ Fax Number: _____

E-Mail: _____

Telephone Number: _____ Fax Number: _____

E-Mail: _____

F. Tax Map / Block / Parcel # (s): _____

G. Total Tract Acreage: _____

H. Zoning District: _____

I. Flood Plain: _____ yes _____ no (A Floodplain Development Permit may also be required if property is in the Floodplain)

J. Proposed Use: _____

K. Number of Lots: _____

L. Multifamily Developments: # of Units _____

Type: _____ Apartments _____ Townhomes _____ Condominiums

M. Non-Residential Developments: Existing Gross Floor Area (GFA): _____ Proposed GFA: _____

N. Amount of Existing Built-upon Area (BUA): _____ Amount of Proposed BUA: _____

PLAN SUBMISSION GUIDELINES *Please see the updated online meeting schedule*

I have read, understood, and completed the attached plan to the best of my knowledge and ability.

Applicant Signature: _____ Phone: _____ Date: _____