



# DETERMINATION APPLICATION FORM

Town of Laurel Park • 441 White Pine Drive • Laurel Park, NC 28739 • P. 828-693-4840 • F. 828-696-4948

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APPLICATION LAST UPDATED: 11.4.2021

## 1. THINGS TO KNOW ABOUT THE DETERMINATION PROCEDURE

1. The determination procedure is described in Section 6.3.6 of the Laurel Park Unified Development Ordinance.
2. Determinations may be requested for specific UDO provisions or terms, boundaries on the Official Zoning Map, conditions of approval, unlisted uses, or vested rights status of prior development approvals.
3. The Town maintains an official record of prior determinations available for public inspection during business hours.
4. Only those determinations made in accordance with a submitted and complete determination application form are binding and are appealable to the BOA.

## 2. GENERAL APPLICANT INFORMATION

1. Primary Point of Contact Name:

2. Mailing Address:

3. Phone:

4. Email:

## 3. DESCRIPTION OF REQUEST

*(Please complete the following)*

1. Please identify the type of determination requested:

UDO provision	Zoning map boundary	Condition of approval	Unlisted use	Vested rights status of prior application
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify below):

[Click here to enter text.](#)

2. FOR DETERMINATIONS OF UDO TEXT: please identify the provisions of the UDO that is the subject of this determination request. Be specific — identify the UDO section number, section name, and the specific language:

[Click here to enter text.](#)

*Attach additional sheets if necessary.*

3. FOR DETERMINATIONS OF THE ZONING MAP: please identify the area or portion of the Official Zoning Map that is the subject of this interpretation request. Include a copy of that portion of the map and the land's street address with your application:

[Click here to enter text.](#)

*Attach additional sheets if necessary.*



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4. FOR DETERMINATIONS OF A CONDITION OF APPROVAL: If this determination request relates to conditions of approval, please identify the project number, and list the condition(s) below:

[Click here to enter text.](#)

*Attach additional sheets if necessary.*

5. FOR DETERMINATIONS OF AN UNLISTED USE: If this determination request relates to an unlisted use type, please describe the use and its operational characteristics below (be as specific as possible):

[Click here to enter text.](#)

*Attach additional sheets if necessary.*

6. FOR DETERMINATIONS OF VESTED RIGHTS STATUS: If this determination request relates to the vested rights status of a prior development approval, please identify the development's location, date of approval, and the type of approval, along with any other relevant issues below (be as specific as possible):

[Click here to enter text.](#)

7. Provide any relevant, supporting information that would assist the Town in making the interpretation. Describe how the interpretation carries out the intent and purpose of the UDO and any applicable zoning district:

[Click here to enter text.](#)

*Attach additional sheets if necessary.*



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## 4. SUBMITTAL CHECKLIST

*(please ensure your application includes 3 paper copies and 1 digital (pdf) copy of all of the following)*

- |   |                          |
|---|--------------------------|
| 1. Determination request form   | <input type="checkbox"/> |
| 2. Application fee  | <input type="checkbox"/> |
| 3. Copies of the specific text, zoning map boundary, conditions of approval, or prior development approval to be determined, as appropriate | <input type="checkbox"/> |
| 4. Any additional information determined to be necessary by the Town  | <input type="checkbox"/> |

## 5. APPLICANT SIGNATURE

I certify that the information provided in these application materials is complete and accurate to the best of my knowledge. I hereby authorize Town officials to enter the subject property (if this request involves a particular lot or site) for the purposes of determining compliance.

*If there are multiple land owners or applicants, a signature is required for each.*

Land Owner or Authorized Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

Land Owner or Authorized Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

Land Owner or Authorized Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

### OFFICE USE ONLY

Project #:
Associated Project #:
Received By:
Filing Date:
Accepted as Complete By:
Complete Date:
Decision:
Decision By:
Decision Date:
Pre-application Conference Date (if conducted):



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Notes/Comments: