

Design Adjustment Application



DEVELOPMENT SERVICES DEPARTMENT

Development Services Customer Service Center | 1 Exchange Plaza, Suite 400 | Raleigh, NC 27601 | 919-996-2495
Litchford Satellite Office | 8320 – 130 Litchford Road | Raleigh, NC 27601 | 919-996-4200

The purpose of this request is to seek a Design Adjustment from the Development Services Director, or designee, for a specific project only and, if granted, may be approved with special conditions and provisions. This application and all further action shall be consistent with Section 10.2.18 in the Unified Development Ordinance (UDO). The consideration and decision of this request shall be based solely on the conformance of the findings, as outlined in Sec. 8.3.6, Sec. 8.4.1.E and Sec. 8.5.1.G of the UDO or the Raleigh Street Design Manual.

PROJECT	Project Name	
	Case Number	Transaction Number

OWNER	Name		
	Address		City
	State	Zip Code	Phone

APPLICANT	Name		Firm
	Address		City
	State	Zip Code	Phone

Applicant must be a Licensed Professional (Engineer, Architect, Surveyor, and/or Contractor)

DESIGN ADJUSTMENT REQUEST	Code Section Referenced:
	Justification:

*Please include any additional support (Plan sheets, aerials, etc.) along with this application. It is the responsibility of the applicant to provide all pertinent information needed for the consideration of this request.

By signing this document I hereby acknowledge the information on this application is, to my knowledge, accurate.

 Owner/Owner's Representative Signature Date

In Witness whereof, the parties signed have executed this document on this date.

 Notary Signature Date

(SEAL)