

Design Adjustment Application



DEVELOPMENT SERVICES DEPARTMENT

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
CONTACT	Name		Firm
	Address		City
	State	Zip Code	Phone
REQUEST	I am seeking a Design Adjustment from the requirements set forth in the following:		
	UDO Art. 8.3 Blocks, Lots, Access	- See page 2 for findings	
	UDO Art. 8.4 New Streets	- See page 3 for findings	
	UDO Art. 8.5 Existing Streets	- See page 4 for findings	
	Raleigh Street Design Manual	- See page 5 for findings	
	Provide details about the request; (please attach a memorandum if additional space is needed):		

It is the responsibility of the applicant to provide all pertinent information needed for the consideration of this request. Applicant must be the Property Owner.

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

Owner/Owner's Representative Signature

Date

CHECKLIST

Signed Design Adjustment Application	Included
Page(s) addressing required findings	Included
Plan(s) and support documentation	Included
Notary page (page 6) filled out; Must be signed by property owner	Included
First Class stamped and addressed envelopes with completed notification letter	Included

Submit all documentation, with the exception of the required addressed envelopes and letters to designadjustments@raleighnc.gov.

Deliver the addressed envelopes and letters to:
 Development Services, Development Engineering
 One Exchange Plaza, Suite 500
 Raleigh NC, 27601

For Office Use Only	RECEIVED DATE:	DA -	-
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Article 8.3, Blocks, Lots, Access

Administrative Design Adjustment Findings



DEVELOPMENT
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The Development Services Director may in accordance with *Sec. 10.2.18*. approve a design adjustment, subject to all of the following findings. Describe how each item is met:

- A. The requested design adjustment meets the intent of this Article;

- B. The requested design adjustment conforms with the Comprehensive Plan and adopted City plans;

- C. The requested design adjustment does not increase congestion or compromise Safety;

- D. The requested design adjustment does not create any lots without direct street Frontage;

- E. The requested design adjustment is deemed reasonable due to one or more of the following:
 - 1. Topographic changes are too steep;
 - 2. The presence of existing buildings, stream and other natural features;
 - 3. Site layout of developed properties;
 - 4. Adjoining uses or their vehicles are incompatible;
 - 5. Strict compliance would pose a safety hazard; or
 - 6. Does not conflict with an approved or built roadway construction project
 - 7. adjacent to or in the vicinity of the site.

Raleigh Street Design Manual

Administrative Design Adjustment Findings



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The Development Services Director may in accordance with *Sec. 10.2.18*, approve a design adjustment, subject to all of the following findings. Describe how each item is met:

A. The requested design adjustment meets the intent of the Raleigh Street Design Manual;

B. The requested design adjustment conforms with the Comprehensive Plan and adopted City plans;

C. The requested design adjustment does not increase congestion or compromise safety;

D. The requested design adjustment does not create additional maintenance responsibilities for the City; and

E. The requested design adjustment has been designed and certified by a Professional Engineer.

Individual Acknowledgement



**DEVELOPMENT
SERVICES
DEPARTMENT**

STATE OF NORTH CAROLINA
COUNTY OF _____

INDIVIDUAL

I, _____, a Notary Public do hereby certify that
_____ personally appeared before me this day and
acknowledged the due execution of the forgoing instrument.

This the _____ day of _____, 20__.

(SEAL)

Notary Public _____

My Commission Expires: _____