



City of Salisbury
Development Services
132 North Main Street
Salisbury, NC 28144
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ALTERNATE METHODS OF COMPLIANCE (AMDC)

SHADED AREAS FOR STAFF USE ONLY

FILING DATE

CASE #

PLAN REVIEW CASE # (IF APPLICABLE):

AMDC REVIEW FEE

\$50

* FEES PER CITY OF SALISBURY BUDGET ORDINANCE

SUBMITTAL REQUIREMENTS:

*1 ELECTRONIC SET (PDF) PLANS

☐ SCHEMATIC OR MASTER PLAN

☐ BUILDING DESIGN PLAN

AMDC (LDO Sec. 15.17)

Check all that apply:

☐ Sec. 2.4.D.1: Building Design Standards for LI & HI

☐ Sec. 5.6.A: Building Placement & Orientation

☐ Sec. 5.10.B, 5.12.B, 5.13.B: Design Element

Provisions for Residential, Mixed-Use, & Commercial

☐ Sec. 5.11.A-B: Mixed Use/Commercial Cladding

☐ Sec. 10.4: Off-Street Parking Design

☐ Sec. 11.4: Non-Residential Lighting Design

☐ Sec. 12.16: Special Sign Permits

PROPERTY & CONTACT INFORMATION

Rowan County Parcel ID(s):

Address or Site Location:

Applicant:

Address:

Email:

Best Phone:

Owner (if different than applicant):

Address:

Email:

Daytime Phone:

** Representation in your absence requires submittal of a notarized Agent Form **

Agent (representative):

Address:

Email:

Best Phone:

SIGNATURE

I certify that all the information presented by me in this application is accurate and complete to the best of my knowledge, information and belief.

Applicant:

Agent:

FINDINGS OF FACTS

GENERAL FINDINGS CRITERIA REQUIRED (LDO SEC. 15.7.C):

- ☐ **Equal or Superior Means:** The alternate method of compliance meets or exceeds the applicable Ordinance provision.
- ☐ **Design Characteristics:** Physical design characteristics unique to the proposed or existing building or site making strict compliance with the applicable Ordinance provision(s) impractical or unreasonable.
- ☐ **Redevelopment or Additions to Existing Development:** The alternate method of compliance considers the site and/or building design of the existing development and strives to preserve or enhance those existing design characteristics that meet or exceed the applicable Ordinance provision.

DESCRIPTION OF REQUEST

Describe your request for an Alternate Method of Compliance detailing your proposal for alternate measures: *(please print clearly)*:

DEPARTMENT USE ONLY

Case/Project Title: _____

Zoning: _____ Overlay: _____ Local Historic Overlay? ☐ Yes ☐ No

Present Use: _____

Number, type, and condition of any existing structures:

List any known nonconformities:

Other & Notes: