# Neighborhood Protection Overlay Application

**Submit To:**
Durham City-County Planning Department,
101 City Hall Plaza, Durham, NC 27701

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## Applicant

**Name:**

**Address:**

**City:**

**State:**

**Zip Code:**

**Phone:**

**Email:**

**Applicant Signature:** *(I We) understand that this complete application must be submitted by June 15th for consideration in the current calendar year)*

## Neighborhood Information

### Proposed Neighborhood Overlay Name:

### Proposed Boundaries:
Provide a map or description of proposed boundaries for the overlay.

### Proposed Elements to Regulate (check box if applicable):

- [ ] Use Regulations (Article 5) **Specify if known:**
- [ ] District Intensity Standards (Article 6) **Specify if known:**
- [ ] Design Standards (Article 7) **Specify if known:**
- [ ] Tree Coverage standards (Article 8) **Specify if known:**
- [ ] Landscaping and/or Buffering Standards (Article 9) **Specify if known:**
- [ ] Sign Standards (Article 11) **Specify if known:**

## The following attachments, although not required, are provided with this application (check box if attached):

- [ ] Petition of Support
- [ ] Design Elements Worksheet
- [ ] Description of Neighborhood History
- [ ] Neighborhood Outreach Materials
- [ ] Other: