



BOARD OF ADJUSTMENT APPLICATION FOR VARIANCE

TOWN OF STANLEY, NORTH CAROLINA

416 Hwy 27 S
PO Box 279
Stanley, NC 28164
(704) 263-4779
Fax: (704) 263-9699

The undersigned do hereby respectfully request the following be granted by support of the following facts herein shown:

Name of Applicant

Name of Owner

Address

Address

City State Zip

City State Zip

Business Telephone / Home Telephone

Business Telephone / Home Telephone

Parcel ID no. (six-digit): _____

Existing Use: _____

Proposed Use: _____

Property Size: _____

Existing Zoning: _____

Property Address / Location: _____

The following is requested:

Variance

Purpose: _____

A site plan showing the dimensions of the parcel with all existing and proposed structures along with all setbacks (existing and proposed), must be submitted with the application.

Establishment of the burden of proof relevant to the issuance of a variance:

- a. There are extraordinary and exceptional conditions pertaining to the particular piece of property in question because of its size, shape or topography that are not applicable to other lands or structures in the same district.
- b. Granting the variance requested will not confer upon the applicant any special privileges that are denied to other residents in the district in which the property is located.
- c. A literal interpretation of the provisions of Ordinance would deprive the applicant of rights commonly enjoyed by other residents of the district in which the property is located.
- d. The requested variance will be in harmony with the purpose and intent of this Ordinance and will not be injurious to the neighborhood or to the general welfare
- e. The special circumstances are not the result of the actions of the applicant
- f. The variance requested is the minimum variance that will make possible the legal use of the land, building or structure
- g. The variance is not a request to permit a use of land, building or structure which is not permitted by right or by condition in the district involved.

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

Signature(s) of Applicant(s)

Date

OFFICE USE ONLY

OFFICE USE ONLY

Application no.: _____

Date filed: _____

Permit fee: \$ _____

Date paid: _____

The Hearing was held on the _____ day of _____ 20____ .

This **Variance** is hereby granted, denied. If granted, the Board of Adjustment hereby authorizes the Land Use Administrator to issue a Zoning Permit.

Chairman, Board of Adjustment

Date

BOARD OF ADJUSTMENT CONDITIONS/COMMENTS:

