DATE: _____

FEE: _____

P.O. Box 2475, Surf City, NC 28445
Phone (910) 328-4131 Fax (910) 328-4132
www.townofsurfcity.com comdev@townofsurfcity.com

VARIANCE APPLICATION

NAME OF PROJECT: _____

ADDRESS OF PROPERTY: _____

TAX PARCEL #: _____

REASON FOR REQUETING A VARIANCE: _____

_____

_____

_____

_____

_____

_____

_____

The property owner and agent (if applicable) this variance is being requested by:

Name of Agent: _____ Phone #: _____Fax# _____

Agent Address: _____

Signature: _____ Date: _____

Name of Property Owner: _____ Phone #: _____Fax# _____

Owners Address: _____

Signature: _____ Date: _____

PLEASE SUBMIT SITE PLAN WITH APPLICATION

PLEASE QUALIFY THE FOLLOWING FINDINGS OF FACTS:
(Use separate sheets if needed.)

1. That special conditions and circumstances exist which are peculiar to the land, structure, or building involved and which are not applicable to other land, structures or buildings in the same district.

_____

_____

_____

_____

2. That literal interpretation of the provisions of this ordinance would provide the applicant of rights commonly enjoyed by other properties in the same district under the terms of this ordinance.

_____

_____

_____

_____

3. That the special conditions and circumstances do not result from the actions of the applicant.

_____

_____

_____

_____

4. That granting the variance requested will not confer on the applicant any special privilege that is denied by this ordinance to other land, structures or buildings in the same district.

_____

_____

_____

_____

The board shall not grant a variance from the terms of the zoning ordinance unless and until the above conditions are met.

NOTE: The board may prescribe appropriate conditions and safeguards in conformity with the Town of Surf City zoning ordinance