

APPLICATION FOR VARIANCE

Planning Department 420 McKinney Pkwy P.O. Box 65, Lillington, NC 27546

Phone: (910) 893-7525 Opt. 2 Fax: (910) 893-2793

Total Fee: \$400.00 Receipt: Permit: Date:			
Applicant Informatio Owner of Record: Name: Address: City/State/Zip: E-mail: Phone:		City/State/Zip: E-mail: Phone:	
Property Description PIN(s): Address/SR No.: Directions from Lillington:		Acreage: acres	
Deed Book: Page: Existing Zoning:		Plat Book: Township:	Page:
		ach additional sheets if necessary) Ce: (attach additional sheets if neces	sary)
 Attachments Written description of pro Recorded map of property 		ded deed ess than one (1) inch = 200 feet	
Signatures The undersigned applicant herebinformation supplied with this ap		o the hest of his or her knowledge and accurate:	l belief, all
Property Owner Signature	Date	Authorized Agent Signature	Date

Findings of Fact (The Planning Board will evaluate the application to ensure the following provisions are fulfilled)

- 1. 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.
- **2.** Granting the variance requested **will not** confer upon the applicant any special privileges that are denied to other residents of the district in which the property is located.
- **3.** A literal interpretation of the provisions of the Ordinance **would** deprive the applicant of rights commonly enjoyed by other residents of the district in which the property is located.
- **4.** 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.
- **5.** The special circumstances **are not** the result of the actions of the applicant.
- **6.** The variance requested **is** the minimum variance that will make possible the legal use of the land, building or structure.