

## City of Whiteville Variance Application Guidelines

- 1. A complete application for variance must be received by the Planning Director by the 15<sup>th</sup> of the prior month in which the case will be heard before the Board of Adjustment.
- 2. All applications must be submitted with:
  - A. A non-refundable application fee per City of Whiteville Fee Schedule. (\$350)
  - B. A plat of survey or other map showing the location and dimensions of the subject property.
- 3. The Board of Adjustment meetings are normally held the 1<sup>st</sup> Monday of the month at 12:30 am at City Hall as needed.
- 4. Attendance of the applicant or his/her Representative at the Board of Adjustment public hearing is required.

## CITY OF WHITEVILLE APPLICATION FOR A VARIANCE

Case Number:	Fee: \$350
Name:	Date:
Address:	Phone #:
TO THE CITY OF WHITEVILL	E BOARD OF ADJUSTMENT:
the interpretation given to me by to fland located at	, hereby petition the Board of Adjustment for a isions of the Whiteville City Zoning Ordinance because, under the Zoning Administrator, I am prohibited from using the parcel wing provisions of the ordinance (cite paragraph numbers):
request a variance from the folio	wing provisions of the ordinance (cite paragraph numbers):
FACTORS RELEVANT TO THE	E ISSUANCE OF A VARIANCE:
a variance. Under the State Enable the four criteria below. In the spa	does not have unlimited discretion in deciding whether to grant ling Act, the Board is required to reach conclusions based on ces provided below, indicate the <u>facts</u> that you intend to show to make to convince the Board that it can properly reach these
STRICT LETTER OF A ZONING	SHIPS WOULD RESULT FROM CARRYING OUT THE GORDINANCE, THE BOARD OF ADJUSTMENT SHALL ONS OF THE ORDINANCE UPON A SHOWING OF ALL
	would result from the strict application of the ordinance. It rate that, in the absence of the variance, no reasonable use can
Applicant's Comments:	

. ,	re peculiar to the property, such as location, size,
	nal circumstances, as well as hardships resulting orhood or the general public, may not be the basis
for granting a variance.	offices of the general part and, and
Applicant's Comments:	
Staff Comments:	
(3) The hardship did not result from acti The act of purchasing property with knowledge granting of a variance shall not be regarded as s	
Applicant's Comments:	
(4) The requested variance is consistent ordinance, such that public safety is secured, an	with the spirit, purpose, and intent of the nd substantial justice is achieved.
Applicant's Comments:	
Staff Comments:	
I certify that all of the information prese	ented by me in this application is accurate to the
best of my knowledge, information, and belief.	*
Applicant's Signature:	Date:
Zoning Administrator's Signature:	Date:

## **Owner's Authorization for Agent**

NOTE: IF THE APPLICANT REQUESTING DEVELOPMENT APPROVALS OR PERMITS FOR A PARTICULAR PIECE OF PROPERTY IS NOT THE ACTUAL OWNER OF THE PROPERTY, THE ACTUAL OWNER MUST COMPLETE THIS FORM. IF THE PERSON WHO IS REQUESTING THE APPLICATION IS THE OWNER, PLEASE DISREGARD THIS FORM.

I am	(We are) the owner(s) of the property local	ted at
I (We	e) HEREBY AUTHORIZE	TO ACT ON
MY/0	OUR BEHALF to appear with my consent	before the Whiteville City Council, Whiteville
Zonir	ng Board of Adjustment, and/or Whiteville	Planning Board in order to request approval(s)
for de	evelopment and/or use of those lands descr	ibed within the attached application, and as
descr	ibed in the attached deed or other such pro	of of ownership as may be required, or other
action	n pursuant to one or more of the following	:
	[ ] Rezoning Request	[ ] Administrative Appeal
	[ ] Conditional Use Permit	[ ] Zoning Variance
	[ ] Text Amendment	
there or by	norize you to advertise and present this mat are any questions, you may contact me at telephone at	
BY:	Signature of Owner	
	Signature of Owner	
	Print Name	Telephone Number
	Signature of Owner	
-	Print Name	Telephone Number
	County, North Carolina ify that the following person(s) personally owledging to me that he or she signed the f	
D /	, , , , , , , , , , , , , , , , , , ,	f principal(s)
Date:	<u> </u>	Official Signature of Notary Public
(seal)		
		Notary's printed or typed name
		My commission expires: