

Town of Garland 190 South Church Avenue Garland, North Carolina 28441

VARIANCE APPLICATION

Name of Project:

Date:

Applicant Name: _____

The following checklist to be completed by applicant:

Application Fee, \$250.00 Advertisement Fee, \$200.00 *Submit 1 hardcopy and 1 digital copy of each of the following:*

Completed Application Owner's Consent Form Adjacent Property Owner's List Associated Site Plan

Reviewed by:



VARIANCE APPLICATION

SITE INFORMATION

Name of Project:			
Acreage of Property:	Zoning District:		
Pin #:			
Address/Location:			
Existing Use:	Proposed Use:		

APPLICANT INFORMATION

Applicant:		
Mailing Address:		
Phone Number:	Fax:	
Contact Person:		
Email Address:		

PROPERTY OWNER INFORMATION

Name:		
Mailing Address:		
Phone Number:	Fax:	
Email Address:		

OFFICE USE ONLY

Date Received: _____

Amount Paid: _____

File Number:

EXPLANATION OF PROJECT

Please provide detailed information concerning all requests. You must include the exact language from the zoning ordinance that you are requesting a variance from, and reference the code section. Attach additional sheets if necessary.

REQUIRED FINDINGS OF FACT

Section 152.179(2) of the Town of Garland Zoning Ordinance requires applications for a Variance to address the following findings. The burden of proof is on the applicant and failure to adequately address the findings may result in denial of the application. Please attach additional pages if necessary.

1. Unnecessary hardship would result from the strict application of the regulation. It is not necessary to demonstrate that, in the absence of the variance, no reasonable use can be made of the property.



3 of 10

2. The hardship results from conditions that are peculiar to the property, such as location, size, or topography. Hardships resulting from personal circumstances, as well as hardships resulting from conditions that are common to the neighborhood or the general public, may not be the basis for granting a variance. A variance may be granted when necessary and appropriate to make reasonable accommodation under the Federal Fair Housing Act for a person with a disability.

3. The hardship did not result from actions taken by the applicant or the property owner. The act of purchasing property with knowledge that circumstances exist that may justify the granting of a variance is not a self-inflicted hardship.

4. The requested variance is consistent with the spirit, purpose, and intent of the regulation, such that public safety is secured, and substantial justice is achieved.

APPLICANT AFFIDAVIT

I/We, the undersigned, do hereby make an application and petition to the Board of Adjustment of the Town of Garland to approve the subject Variance. I hereby certify that I have full legal right to request such action and that the statements or information made in any paper or plans submitted herewith are true and correct to the best of my knowledge. I understand this application, related material and all attachments become official records of the Town of Garland, North Carolina, and will not be returned.

Print Name

Signature of Applicant

ADJACENT PROPERTY OWNERS LIST

Project Name: _____

The following are all the persons, firms, or corporations owning property within 100 feet and immediately adjacent to the property (including across street rights of way) subject to this request. Where the subject property immediately adjoins a public or private right-of-way, landscape or riparian buffer, commonly-owned private area, public property, or homeowners' association property, then letters of notification shall be sent to adjoining property owners as if they directly abut the subject property. Please use a separate sheet if necessary

It is the responsibility of the applicant to correctly identify the current owner, based upon records in the Sampson County GIS Office, for all property owners of land within the required public notice radius.

PARCEL NUMBER	NAME	ADDRESS



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OWNER'S CONSENT FORM

Consent is required from the property owner(s) if an agent will act on their behalf. A separate form is required from each owner. Consent is valid for one year from date of notary, unless otherwise specified. All fields must be completed.

Project Name:

Address or PIN #:

AGENT/APPLICANT INFORMATION:

(Name - type, print clearly)

(Address)

(City, State, Zip)

I hereby give **CONSENT** to the above referenced agent/applicant to act on my behalf, to submit applications and all required materials and documents, and to attend and represent me at all meetings and public hearings pertaining to the following processes (*list applicable requests*):

Furthermore, I hereby give consent to the party designated above to agree to all terms and conditions which may arise as part of the approval of this application.

I hereby certify that I have authority to execute this consent form as/on behalf of the property owner. I understand that any false, inaccurate or incomplete information provided by me or my agent will result in the denial, revocation or administrative withdrawal of this application, request, approval or permits. I further agree to all terms and conditions which may be imposed as part of the approval of this application.

OWNER AUTHORIZATION:

	My Commission Expires:
SEAL	Notary Public
Sworn and subscribed before me, 20	, a Notary Public for the above State and County, this
STATE OF	
(Owner's Signature)	(City, State, Zip)
(Name - type, print clearly)	(Address)