

**APPLICATION FOR VARIANCE EVIDENTIARY HEARING
BEFORE THE BOARD OF ADJUSTMENT
County of Edgecombe**



Staff Use Only

Date: _____

Case No. _____

I (We), the undersigned, do hereby make application for a variance request as herein described from the requirements of Section _____ of the Edgecombe County Unified Development Ordinance:

1. Describe the variance being requested:

2. Provide a description (*property address and county tax PIN*) of the applicant's property:

3. Provide the current zoning classification and a description of the existing use of the property:

4. On a separate sheet of paper, provide a response to **each** of the following questions(typed):

- Would an unnecessary hardship result from the strict application of the Ordinance?
- Does the hardship results from conditions that are peculiar to the property, such as location, size, or topography?
- Did actions taken by the applicant or property owner cause the hardship?
- Is the variance requested the minimum necessary to make possible the reasonable use of the land, building, or structure?
- Is the requested variance consistent with the spirit, purpose, and intent of the Ordinance, such that public safety is secured and substantial justice is achieved?

I (We) certify that all information furnished in this application is accurate to the best of my (our) knowledge.

Name of Applicant(s):

(Signature)

(Signature)

(Signature)

(Signature)

Applicant's Mailing Address: _____

Applicant's Telephone: _____

Note: *The owner of the property affected by the variance request must sign as an applicant. The applicant or applicant's representative must attend the hearing to answer questions concerning the variance request. Failure to attend the hearing can result in deferral of action by the Board of Adjustment. Please review Section 2.3.26 of the UDO for specific regulations and procedures. **By signing this application, you give consent for county staff to access your property to post sign(s) and take pictures for the variance case.***