



Map #: \_\_\_\_\_

Variance #: \_\_\_\_\_

Parcel #: \_\_\_\_\_

Fee: \$ \_\_\_\_\_ Receipt # \_\_\_\_\_

Zoning District \_\_\_\_\_

Granite Quarry Town Hall, 143 N. Salisbury Avenue, Granite Quarry, NC 28146 - Telephone: (704) 279-5596

### Variance Application

Site Address: \_\_\_\_\_

Land Area (ac. or sq. ft.): \_\_\_\_\_

Sub-division Name (if applicable): \_\_\_\_\_

Property Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

#### **VARIANCE INFORMATION**

**Ordinance Section:** Please state the specific section(s) of the Granite Quarry Development Ordinance from which you are requesting a variance - \_\_\_\_\_

**Detailed Description of Request:** Clearly describe the proposed project and the exact nature of the variance you are seeking - \_\_\_\_\_

**Justification for Variance:** Please describe the unique conditions of the property that warrant a variance and explain how the conditions prevent the reasonable use of your property as compared to other properties in your zoning district (Attach additional sheets if necessary)

**Signature of the Owner:** \_\_\_\_\_

**Signature of the Applicant** (if different than owner): \_\_\_\_\_

**By signing this document I assure all information provided by me is true and accurate. Date:** \_\_\_\_\_, 20\_\_\_\_

FOR OFFICIAL USE ONLY BELOW THIS LINE

Variance: ☐ Approved ☐ Denied ☐ Appealed

Signature of Planning, Zoning & Subdivision Administrator: \_\_\_\_\_ Date: \_\_\_\_\_, 20\_\_\_\_