



VARIANCE APPLICATION
PITT COUNTY, NORTH CAROLINA

1717 W. 5th Street
Greenville, NC 27834-1696
Phone: (252) 902-3250
Fax: (252) 830-2576

Staff Use Only
Parcel #: _____
Appl. #: _____

OWNER/APPLICANT INFORMATION

DATE: _____

OWNER: _____ APPLICANT: _____
PHONE #: _____ PHONE #: _____
ADDRESS: _____ ADDRESS: _____

PROPERTY INFORMATION

PROPERTY LOCATION (Address or Description): _____

CURRENT ZONING: _____

ZONING ORDINANCE SECTION FOR WHICH VARIANCE IS REQUESTED: _____

DESCRIPTION OF VARIANCE: _____

NAMES, ADDRESSES AND LAND USES OF PROPERTIES WITHIN 100 FEET OF REZONED PROPERTY (attach separate sheet if necessary): _____

A variance may be granted by the Board of Adjustment if it concludes that strict enforcement of this Article would result in practical difficulties or unnecessary hardships for the applicant and that, by granting the variance, the spirit of this Article will be observed, public safety and welfare secured, and substantial justice done. It may reach these conclusions if it finds that the applicant meets certain criteria. In the spaces provided below, please provide evidence that you meet the listed criteria in order to aid the Board in making its findings.

- 1) If the applicant complies strictly with the provisions of the Article, he can make no reasonable use of his property.
2) The hardship of which the applicant complains is one suffered by the applicant rather than by neighbors or the general public.
3) The hardship relates to the applicant's land, rather than personal circumstances.

4) The hardship is unique, or nearly so, rather than one shared by many surrounding properties.

5) The hardship is not the result of the applicant's own actions.

6) The variance will neither result in the extension of a nonconforming situation in violation of Section 13.0 nor authorize the initiation of a nonconforming use of land.

Application must be completed in full and returned with the full application fee to the Planning prior to consideration by the Board of Adjustment. The undersigned states that all information given herein is true and authorize county staff to enter onto the property to ensure all applicable rules and regulations are being met.

VARIANCE REQUEST	Fee Amount _____ Date Paid _____
OWNER SIGNATURE: _____	DATE: _____
APPLICANT SIGNATURE: _____	DATE: _____
BOARD OF ADJUSTMENT DECISION: APPROVED <input type="checkbox"/>	MEETING DATE: _____
DENIED <input type="checkbox"/>	
ZONING OFFICER SIGNATURE: _____	DATE: _____
CONDITIONS/COMMENTS: _____	

