

Town of Smithfield Planning Department

350 E. Market St. Smithfield, NC 27577 P.O. Box 761, Smithfield, NC 27577

Phone: 919-934-2116 Fax: 919-934-1134

## VARIANCE APPLICATION

Pursuant to Article 4, of the Town of Smithfield Unified Development Ordinance, an owner of land within the jurisdiction of the Town (or a duly authorized agent) may petition the Board of Adjustment for relief from a requirement of the Unified Development Ordinance and to permit construction in a manner otherwise prohibited by this Ordinance where specific enforcement would result in unnecessary hardship.

In granting variances, the Board of Adjustment may impose such reasonable conditions as will insure that the use of the property to which the variance applies will be as compatible as practicable with the surrounding properties.

Variance applications must be accompanied by a complete PDF application, 1 PDF of required plans, an Owner's Consent Form (attached) and the application fee.

SITE INFORMATION:				
Name of Project:	Acreage of property:			
Parcel ID Number:	m - TD			
Deed Book:	B 1B ()			
Address:				
Location:				
Existing Use:	Proposed Use:			
Existing Zoning District:				
Requested Zoning District				
Is project within a Planned Developme	ent: Yes No			
Planned Development District (if appli	cable):			
Variance Request (List Unified Development Code sections and paragraph numbers)				
FOR OFFICE USE ONLY				
File Number: Date Rec	eived: Amount Paid:			
OWNER INFORMATION:				

Name:	
Mailing Address:	
Phone Number:	Fax:
Email Address:	
	NODW ( WION
APPLICANT INF	ORMATION:
Applicant:	
Mailing Address:	
Phone Number:	Fax:
<b>Contact Person:</b>	
Email Address:	
DECIMPED DI A	NS AND SUDDI EMENTAL INFODMATION
REQUIRED PLA	NS AND SUPPLEMENTAL INFORMATION
The following items nall plans, except wher	nust accompany a variance application. This information is required to be present on e otherwise noted:
All required pla	ans (please see the plan requirements checklist).
Owner Consent	t form
A Statement of	Justification.
Required Findi	ng of Fact.
Other Applicab	ole Documentation:
STATEMENT OF	JUSTIFICATION
Please provide detaile	d information concerning all requests. Attach additional sheets if necessary.

## REQUIRED FINDINGS OF FACT

Article 4, Section 4.10.2.2 of the Town of Smithfield Unified Development Ordinance requires applications for a variance to address the following findings. The burden of proof is on the applicant and failure to

ography. Ha	nardship results for dships resulting for to the neighborho	rom personal ci	rcumstances, a	s well as hardshi	ps resulting from	n conditio
		esult from action	ng takan by tha	annlicant or the	property owner	The set
	ardship did not re rty with knowled s a self-created h	ge that circums	tances exist that	t may justify the	granting of a va	The act
rchasing prope	rty with knowled	ge that circums	tances exist tha	t may justify the	granting of a va	The act

adequately address the findings may result in denial of the application. Please attach additional pages if

necessary.

## APPLICANT AFFIDAVIT

, , ,	make application and petition to the Bod Variance request. I hereby certify that	3 3 3
and correct to the best of my know	ts or information made in any paper or pyledge. I understand this application, relaning Department of the Town of Smithf	ated material and all attachments
Print Name	Signature of Applicant	



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## OWNER'S CONSENT FORM

Name of Project:		Submittal Date:
OWNERS AUTHORIZATIO	ON	
required material and documen pertaining to the application(s	ts, and to attend and ) indicated above. F	(type, stamp or print submit or have submitted this application and all represent me at all meetings and public hearings furthermore, I hereby give consent to the party as which may arise as part of the approval of this
application. I understand that a agent will result in the denial, approval or permits. I acknow application. I further consent to	ny false, inaccurate of revocation or admir wledge that additional the Town of Smithficof this application for	I have an ownership interest in the subject of this or incomplete information provided by me or my nistrative withdrawal of this application, request, al information may be required to process this eld to publish, copy or reproduce any copyrighted r any third party. I further agree to all terms and oval of this application.
Signature of Owner	Print Name	Date
CERTIFICATION OF APPL	LICANT AND/OR P	ROPERTY OWNER
and correct to the best of my	y knowledge. I unde cords of the Planning	in any paper or plans submitted herewith are true erstand this application, related material and all g Department of the Town of Smithfield, North
Signature of Owner/Applicant	Print Name	Date
FOR OFFICE USE ONLY		
File Number: Dat	e Received:	Parcel ID Number: