

# PETITION FOR A ZONING VARIANCE

To be reviewed by Board of Adjustment

Form last updated on 7/1/02

Date:	APPLICATION # V-	
Applicant's Name:	Phone:	Fax:
Mailing Address:		
Owner's Name:	Phone:	Fax:
Mailing Address:		

Address Of Variance Request:

Zoning District Of Variance Request: \_\_\_\_\_ Wake County PIN Number: \_\_\_\_\_

This Application Is Submitted For A Variance From The Terms Of The Wendell Zoning Ordinance To Allow: *(Please Label as Attachment A if cannot fit the information on the lines below)*

\_\_\_\_\_

\_\_\_\_\_

What Mitigating Condition(s) Justify This Application *(Please Label as Attachment B if cannot fit the information in the lines below)*

\_\_\_\_\_

\_\_\_\_\_

Intended Use Of the Land Or Structure *(Please Label as Attachment C if cannot fit the information in the lines below)*

\_\_\_\_\_

\_\_\_\_\_

**NOTE: The Board of Adjustment does not have the power to grant a variance permitting the use of land or structures not permitted by the Town Of Wendell Zoning Ordinance in the district in which the land or structure is located.**

I certify that I am the owner or have the consent of the owner and act in his behalf in applying for this variance. I agree that this variance, if granted, is authorized on the presentation made herein and may be revoked in the event of any breach of representation of conditions which may be attached. It is further understood that if said variance is not exercised within six (6) months from the date of approval, it shall become invalid. Fees are nonrefundable. It is the responsibility of the applicant to present their position to the town.

\_\_\_\_\_  
Applicant's Signature \_\_\_\_\_  
Date

**OFFICE USE ONLY** Fee Paid: \_\_\_\_\_ Date Paid: \_\_\_\_\_

**BOARD OF ADJUSTMENT** Date Public Hearing Scheduled: \_\_\_\_\_ Date Sign Erected: \_\_\_\_\_

Dates Public Hearing Advertised: (#1): \_\_\_\_\_ in \_\_\_\_\_ AND (#2): \_\_\_\_\_ in \_\_\_\_\_

Board of Adjustment Decision : Approval  Denial

Reasons and Conditions (if none listed then see associated order granting/denying the conditional use permit) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Chairperson of Board of Adjustment's Signature \_\_\_\_\_  
Date