



# APPLICATION FOR ADMINISTRATIVE VARIANCE

Planning Department  
420 McKinney Pkwy  
P.O. Box 65, Lillington, NC 27546  
Phone: (910) 893-7525 Opt. 2 Fax: (910) 893-2793

**Total Fee: \$400.00**

**Date:** \_\_\_\_\_

## Applicant Information

### Owner of Record:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Phone: \_\_\_\_\_

### Applicant:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Phone: \_\_\_\_\_

## Property Description

PIN(s): \_\_\_\_\_ - - \_\_\_\_\_ Acreage: \_\_\_\_\_ acres  
Address/SR No.: \_\_\_\_\_  
Directions from Lillington: \_\_\_\_\_  
Deed Book: \_\_\_\_\_ Page: \_\_\_\_\_ Plat Book: \_\_\_\_\_ Page: \_\_\_\_\_  
Existing Zoning: \_\_\_\_\_ Township: \_\_\_\_\_

## Ordinance Text to be Varied: (attach additional sheets if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Reason/Justification for Variance: (attach additional sheets if necessary)

**Please provide a thorough response to each of the following items.**

1. The request involves only one (1) encroachment into one required yard per lot

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. The encroachment is a result of a construction error by the property owner or a person acting on his behalf

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. The encroachment cannot be corrected without substantial hardship and expense to the property owner

---

---

---

---

---

4. The encroachment, if approved, will not substantially interfere with the convenient and enjoyable use of adjacent properties and will not pose any substantial danger to the public health and safety

---

---

---

---

---

---

---

### Attachments

- Recorded map of property at scale of not less than one (1) inch = 200 feet

---

---

### Signatures

The undersigned applicant hereby certifies that, to the best of his or her knowledge and belief, all information supplied with this application is true and accurate:

\_\_\_\_\_  
Property Owner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Agent Signature

\_\_\_\_\_  
Date