



Town of Aberdeen Planning & Inspections Department

Office: (910) 944-7024



VARIANCE - APPLICATION

ALL sections of this application *MUST* be filled out, or will be deemed incomplete and rejected by the Planning & Inspections Department.

APPLICATION DATE : ___/___/___ **LOCATION / ADDRESS :** _____

APPLICANT : _____

Phone Number : _____ Email Address : _____

Status of Applicant : Property Owner Developer Legal Representative Other : _____

VARIANCE REQUEST (using Aberdeen UDO Section 2.5.16.B.1) : Density Variance Setback Variance
 Sign Variance (height or location only) Other : _____

VARIANCE REVIEW STANDARDS (provide site plan, answer all questions fully, use additional sheets if needed) :

How would an unnecessary hardship result from the strict application of the ordinance ? _____

Does the hardship result from conditions that are peculiar to the property, such as location, size or topography ? _____

How is the hardship not a result of actions taken by the applicant or the property owner ? _____

How is the requested variance consistent with the spirit, purpose, and intent of the ordinance, such that public safety is secured, and substantial justice is achieved ? _____

ACKNOWLEDGEMENT : I hereby certify that all information in this application is correct and all work will comply with the State Building Code and other applicable State and local laws, ordinances and regulations. The Planning & Inspections Department will be notified of any changes in the approved plans and specifications for the project permitted herein. I understand if this application is incomplete, a permit will not be issued and no inspections will be performed on the project. By signing below I attest that I have obtained all property owners permission and subcontractors permission to obtain these permits.

APPLICANT NAME : _____ DATE : ___/___/___

APPLICANT SIGNATURE : _____