



Case No. \_\_\_\_\_

Date \_\_\_\_\_

# Variance Application

## Contact Information

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

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Developer \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

## Property Information

Address \_\_\_\_\_

Wake County PIN(s) \_\_\_\_\_

Current Zoning District \_\_\_\_\_ Total Acreage \_\_\_\_\_

Requested Variance \_\_\_\_\_

## Owner Signature

*I hereby certify that the information contained herein is true and completed. I understand that if any item is found to be otherwise after evidentiary hearing before the Town Board of Commissioners, that the action of the Board may be invalidated.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

STATE OF NORTH CAROLINA

COUNTY OF \_\_\_\_\_

*I, a Notary Public, do hereby certify that \_\_\_\_\_*

*personally appeared before me this day and acknowledged the due execution of the foregoing instrument. This*

*the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_ .*

*My commission expires \_\_\_\_\_.*

Signature \_\_\_\_\_ Seal

**Town of Rolesville Planning**

**PO Box 250 / Rolesville, North Carolina 27571 / RolesvilleNC.gov / 919.554.6517**



# Variance Application

## Applicant Statement

Provide justification for each statement. If necessary, attach a separate sheet.

1. Unnecessary hardship would result from the strict application of the Unified Development Ordinance.

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2. The hardship results from conditions that are peculiar to the property, such as location, size, or topography. The hardships is not the result of personal circumstances or conditions common to the neighborhood or the public.

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3. The hardship did not result from the actions taken by the applicant or the property owner.

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4. The requested variance is consistent with the spirit, purpose, and intent of the Unified Development Ordinance, such that public safety is secured, and substantial justice is achieved.

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