



TOWN OF LA GRANGE APPLICATION FOR VARIANCE

Date: _____

Name of Applicant: _____ Telephone: _____

Address: _____

Owner: _____ Telephone: _____

Address: _____

Has this property been the subject of prior Town Planning Board, Board of Adjustments and/or Town Council, Zoning/ Subdivision applications? _____

If so, when? _____

I. The building or land is located at: _____

Lenoir County Tax Parcel #: _____ Zoning District: _____

II. Application is submitted for a variance from Article _____ Section _____ of the Zoning Ordinance.

III. The Board is **required** to reach three (3) conclusions before it may issue a variance (noted in A, B, and C below). In the spaces below each conclusion, indicate the evidence that is shown and the arguments that are made to convince the Board that it can properly reach these three (3) **required** conclusions.

a. **There are practical difficulties or unnecessary hardships in the way of carrying out the strict letter of the Ordinance.**

1. What evidence is presented to indicate that you can secure no reasonable return or use of the property if the ordinance is not complied with? (Rendering the property less value is not sufficient):

2. What evidence is presented to indicate that the hardship results from unique circumstances to the land? (Personal or family hardships are irrelevant) A variance runs with the land:

3. What evidence is presented to indicate that the hardship is not a result of your own actions?

b. **The variance is in harmony with the general purpose and intent of the Ordinance and preserves its spirit.**

1. What evidence is presented to indicate that the variance requested is the least variation from the ordinance that will allow the reasonable use of property and which will not substantially detract from the character of the neighborhood?

c. **The granting of the variance secures the public safety and welfare and does substantial justice.**

1. What evidence is presented to indicate that if the variance is denied, the benefit to the public will not substantially outweigh the harm suffered by you?

IV. I certify that I, the applicant, have the consent of the owner and act in his/her 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 or conditions, which may be attached; It is further understood that if said variance is not exercised within twelve (12) months from the date of approval, it shall become invalid.

Date _____

Applicant _____

Submit Application to:

Town of La Grange Planning Department
PO Box 368
203 S. Center St.
La Grange, NC 28551
Phone: (252) 566-3186
Fax: (252) 566-2201
Email: jhharrison@lagrangenc.com
Website: www.lagrangenc.com

(FOR OFFICIAL USE ONLY)

Fee Paid \$ _____

Date Public Hearing Scheduled: _____ Time: _____

Date adjoining property owners notified: _____

VARIANCE is

Approved: _____

Denied: _____

Reason:

Approved with the following Conditions:

Date

Chairman, La Grange Board of Adjustment