



CITY OF HENDERSON  
DEVELOPMENT SERVICES

134 ROSE AVENUE  
HENDERSON NC 27536  
252-430-5723 phone  
252-492-7935 fax  
[www.ci.henderson.nc.us](http://www.ci.henderson.nc.us)

**VARIANCE APPLICATION**  
**\$450 FEE**

**Application Instructions:** Complete all applicable sections. No application will be processed by the Development Services Department until a complete application and all required documents are received. **A scaled site plan must be submitted with this application.**

<b>Owner's Name (As Listed on Tax Records):</b>	<b>Applicant's Name:</b>
Street Address:	Property Address:
City, State Zip	City, State Zip
Contact phone #:	Contact phone #:
Email Address:	Email Address:

**PLEASE ANSWER THE FOLLOWING GENERAL QUESTIONS:**

The Zoning Board of Adjustment will hear this case based on the following factors:

**Section 802.3.2 – Variance:**

1. Is the hardship caused by unique physical circumstances relating to the land, and not to general conditions in the district, such circumstances typically relate to size, shape or topography? **Circle YES or NO. Please describe.** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Was the hardship not reasonably discernible at the time the lot was created, and the applicant has not taken any action that has caused the extraordinary condition or made it worse? **Circle YES or NO. Please describe.** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. If the applicant complies with the Zoning Ordinance, the applicant can secure no reasonable return or make no reasonable use of their property. **Circle YES or NO.**
4. The applicant complies with the Zoning Ordinance and other significant public policy objectives will be lost or seriously compromised. **Circle YES or NO.**

5. Can the hardship be overcome by any reasonable alternative actions other than a variance? **Circle YES or NO.**
  
6. Will the relief proposed impair the use of adjacent property, detrimentally affect the public welfare, or alter the character of the neighborhood. **Circle YES or NO.**
  
7. Describe the variance request? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  
8. If any, what are the proposed conditions offered by the applicant? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**I certify that all of the statements made in this application and any attached documents are true, complete and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized City of Henderson representatives are granted right of entry to make evaluations or inspections and to release information upon public request.**

\_\_\_\_\_  
**Owner Signature or Authorized Agent**

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

\_\_\_\_\_  
**Applicant Signature**

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

**FOR DEVELOPMENT SERVICES STAFF ONLY:**

Received By: _____	Proposed Use: _____
Fee: _____ Date Paid: _____	PIN #: _____
How Paid: _____ Check #: _____	City or ETJ: _____ Zoning: _____
Receipt#: _____	Front Setback: _____ Side Setback: _____
Special Use Permit Case # _____	Rear Setback: _____ Lot Width: _____
Board of Adjustment Date: _____	Board of Adjustment Action: _____