



Town of Garland  
190 South Church  
Avenue Garland,  
North Carolina 28441

# VARIANCE APPLICATION

Name of Project: \_\_\_\_\_

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

Applicant Name: \_\_\_\_\_

*The following checklist to be completed by applicant:*

Application Fee, \$250.00

Advertisement Fee, \$200.00

*Submit 1 hardcopy and 1 digital copy of each of the following:*

Completed Application

Owner's Consent Form

Adjacent Property Owner's List

Associated Site Plan

Reviewed by: \_\_\_\_\_



Town of Garland  
190 South Church  
Avenue Garland,  
North Carolina 28441

# VARIANCE APPLICATION

## SITE INFORMATION

Name of Project: \_\_\_\_\_

Acreage of Property: \_\_\_\_\_ Zoning District: \_\_\_\_\_

Pin #: \_\_\_\_\_

Address/Location: \_\_\_\_\_

Existing Use: \_\_\_\_\_ Proposed Use: \_\_\_\_\_

## APPLICANT INFORMATION

Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Email Address: \_\_\_\_\_

## PROPERTY OWNER INFORMATION

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

## OFFICE USE ONLY

Date Received: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ File Number: \_\_\_\_\_



2. The hardship results from conditions that are peculiar to the property, such as location, size, or topography. Hardships resulting from personal circumstances, as well as hardships resulting from conditions that are common to the neighborhood or the general public, may not be the basis for granting a variance. A variance may be granted when necessary and appropriate to make reasonable accommodation under the Federal Fair Housing Act for a person with a disability.

---

---

---

---

---

---

---

---

3. The hardship did not result from actions taken by the applicant or the property owner. The act of purchasing property with knowledge that circumstances exist that may justify the granting of a variance is not a self-inflicted hardship.

---

---

---

---

---

---

---

---

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

---

---

---

---

---

---

---

---

**APPLICANT AFFIDAVIT**

*I/We, the undersigned, do hereby make an application and petition to the Board of Adjustment of the Town of Garland to approve the subject Variance. I hereby certify that I have full legal right to request such action and that the statements or information made in any paper or plans submitted herewith are true and correct to the best of my knowledge. I understand this application, related material and all attachments become official records of the Town of Garland, North Carolina, and will not be returned.*

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date





Town of Garland  
190 South Church  
Avenue Garland,  
North Carolina 28441

# OWNER'S CONSENT FORM

*Consent is required from the property owner(s) if an agent will act on their behalf. A separate form is required from each owner. Consent is valid for one year from date of notary, unless otherwise specified. All fields must be completed.*

Project Name: \_\_\_\_\_

Address or PIN #: \_\_\_\_\_

### AGENT/APPLICANT INFORMATION:

\_\_\_\_\_  
(Name - type, print clearly)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, Zip)

I hereby give **CONSENT** to the above referenced agent/applicant to act on my behalf, to submit applications and all required materials and documents, and to attend and represent me at all meetings and public hearings pertaining to the following processes (*list applicable requests*):

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

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

Furthermore, I hereby give consent to the party designated above to agree to all terms and conditions which may arise as part of the approval of this application.

I hereby certify that I have authority to execute this consent form as/on behalf of the property owner. I understand that any false, inaccurate or incomplete information provided by me or my agent will result in the denial, revocation or administrative withdrawal of this application, request, approval or permits. I further agree to all terms and conditions which may be imposed as part of the approval of this application.

### OWNER AUTHORIZATION:

\_\_\_\_\_  
(Name - type, print clearly)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Owner's Signature)

\_\_\_\_\_  
(City, State, Zip)

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

Sworn and subscribed before me \_\_\_\_\_, a Notary Public for the above State and County, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

SEAL

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_