

# VARIANCE APPLICATION

**TOWN OF OAK ISLAND**  
**Planning Department**  
4601 E. Oak Island Drive  
Oak Island, NC 28465



Fee \$ \_\_\_\_\_

## Submittal Information and Procedures:

The applicant will submit to the Development Services staff the application form and all necessary documentation prior to the Board of Adjustment hearing date.

Supplementary information is considered a required part of the application. Applications will not be considered accepted for review unless all required information is provided.

A fee in accordance with the town's adopted fee schedule must accompany the application.

The applicant is expected to attend the hearing to present evidence and answer questions of the Board. The applicant must be prepared to be cross examined concerning evidence or testimony provided. The absence of the applicant is grounds to warrant deferral of action by the Board of Adjustment.

## Section A: Applicant Information

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

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

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

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

Property Owner Information (if different from the applicant):

Name(s): \_\_\_\_\_

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

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

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

**Section B: Property Information**

Address of site:

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

Property Identification Number: \_\_\_\_\_

Lot/Block/Section: \_\_\_\_\_

Zoning District: \_\_\_\_\_

Required setbacks:      Front: \_\_\_\_\_      Side: \_\_\_\_\_      Rear: \_\_\_\_\_

Total Site Area: \_\_\_\_\_

Flood Zone: \_\_\_\_\_

**Section C: Hearing Type (Please Circle One)**

- A. Variance
- B. Appeal
- C. Interpretation

**Section D: Required Justifications/Attachments**

If you checked item A. above, please attach an explanation of how you intend to prove that the Board can reasonably find all of the following five (5) items to be true:

1. There is unnecessary hardship resulting from strict application of the ordinance.
2. The hardship of which the applicant suffers is unique to the subject property in question and is not suffered by neighboring properties.
3. The hardship results from conditions peculiar to the property.
4. The hardship suffered is not self-imposed.
5. The variance request is consistent with the spirit and intent of the ordinance.

If you check items B or C above, please attach a justification narrative of the details of your appeal or request for interpretation.

Any attachments must be clear and legible and contain only factual information pertinent to the hearing.

**Section E: Supplemental Information**

Copies of the site plan (preferably 11"x17"). The site plan must be clear and legible. See Section F. below for the minimum required information to be contained on the site plan.

List of names of owners, their addresses and tax parcel numbers of the properties within one hundred (100) feet of the subject property including those separated by a street right of way.

**Section F: Required Site Plan Data**

- Title Box including the project name, applicant name, and address of property
- The present zoning classification
- Property lines and dimensions
- The names of the owners of record of the adjacent properties
- The location and names of all adjacent street rights of way
- The total area of the property
- The location of all existing buildings on the property
- All existing easements, reservations, or rights of way

**Section G: Certification**

In filling this application to the Board of Adjustment, I hereby certify that all of the information presented in the application is accurate to the best of my knowledge, information, and belief.

\_\_\_\_\_

Signature of Applicant(s)

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Applicant (if jointly applying)

**Section H: Addendum to Application**

I have received, read, and fully understand Chapter 18, Article 2, Division 13, Section 18-334, Zoning Board of Adjustment as it pertains to my application. I have also read and understand the application to the Board of Adjustment. The items I did not understand, if any, have been explained to my satisfaction by an employee of the Town of Oak Island Development Services Department.

I understand the Board of Adjustment, being quasi-judicial in nature, will receive only competent evidence concerning my application. I understand that I have the right to cross examine witnesses presented and that I may be cross examined on matters pertaining to the evidence and testimony that I present.

I further understand that the decision of the Board of Adjustment are subject to review in superior court by proceedings in the nature of certiorari and that I have only thirty (30) days from the date of the filing of the Board's decision in the office of the clerk to the Board of Adjustment or the date that the decision is served upon be or any other person who has requested a copy of such decision, whichever is later to file for such review.

\_\_\_\_\_

Signature of Applicant(s)

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Applicant (if jointly applying)

**Appointment of Authorized Agent**

I, \_\_\_\_\_, the owner of the property subject to the Application to the Town of Oak Island Board of Adjustment, do hereby appoint \_\_\_\_\_, as my authorized agent regarding this application, to provide testimony and evidence and respond to testimony and evidence on my behalf and to represent me regarding this application. If chosen to have a third party representation at the evidentiary hearing, representation must be a registered attorney.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Agent Signature

\_\_\_\_\_  
Date