



**TOWN OF CLAYTON**  
Planning Department  
111 E. Second St., P.O. Box 879  
Clayton, NC 27528  
Phone: 919-553-5002  
Fax: 919-553-1720

# VARIANCE APPLICATION COVER SHEET

**Name of Project:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

*The following checklist to be completed by applicant:*

- Pre-Application Meeting on: \_\_\_\_\_
- Application Review fee
- Advertisement Fee
- Completed Application
- Owner's Consent Form
- Adjacent Property Owner's List
- Set of stamped, addressed, empty envelopes for adjacent property owner notification
- Copy of plan sets in PDF on USB

*11 plan sets of the following:*

- Preliminary plan sheet depicting the variance request
- Signed and sealed Boundary Survey

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



**TOWN OF CLAYTON**  
Planning Department  
111 E. Second St., P.O. Box 879  
Clayton, NC 27528  
Phone: 919-553-5002  
Fax: 919-553-1720

## VARIANCE APPLICATION

**Application Fee: \$250.00**  
**Advertisement Fee: \$200.00**

*Please note if a variance is sought "after the fact", the application fee is \$500.00*

### SITE INFORMATION

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

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

County Tag #: \_\_\_\_\_ NC Pin #: \_\_\_\_\_

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

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

Is project within a Planned Development?  Yes  No If yes, which: \_\_\_\_\_

Is project within an Overlay District?  Yes  No If yes, which: \_\_\_\_\_

### APPLICANT INFORMATION

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

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

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

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

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

### FOR OFFICE USE ONLY

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

**PROPERTY OWNER INFORMATION**

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

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

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

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

**BURDEN OF PROOF / EXPLANATION OF REQUEST**

**Variance(s) Requested:** *List each requested variance. Attach additional pages if necessary.*

Code Section: \_\_\_\_\_

Code Requirement: \_\_\_\_\_

Variance Sought (*describe specific request*): \_\_\_\_\_

*Use this section to describe the request. An applicant seeking a variance has the burden of presenting evidence sufficient to allow the Board of Adjustment to reach conclusions for the Required Findings of Fact. Attach additional sheets/pertinent information as necessary.*

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

**REQUIRED FINDINGS OF FACT**

*Section 155.716(F)(2) of the Unified Land Development Code requires applications requesting a Variance to address the following findings. The burden of proof is on the applicant and failure to adequately address the findings may result in denial of the application. Please attach additional pages if necessary.*

1. Unnecessary hardship would result from the strict application of the ordinance. It shall not be necessary to demonstrate that, in the absence of the variance, no reasonable use can be made of the property.

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

2. The hardship results from conditions that are peculiar to the property, such as location, size, or topography. Hardships resulting from person 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..

---

---

---

---

---

---

---

---

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 shall not be regarded as a self-created hardship.

---

---

---

---

---

---

---

---

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

---

---

---

---

---

---

---

---

**APPLICANT AFFIDAVIT**

*I/We, the undersigned, do hereby make application and petition to the Board of Adjustment of the Town of Clayton to approve the subject Variance request. 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 Planning Department of the Town of Clayton, North Carolina, and will not be returned.*

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

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

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



**TOWN OF CLAYTON**  
 Planning Department  
 111 E. Second St., P.O. Box 879  
 Clayton, NC 27528  
 Phone: 919-553-5002  
 Fax: 919-553-1720

**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:** \_\_\_\_\_

# Town of Clayton Variance Process Flow Chart



*This application will run concurrently with an associated site plan (see separate flow charts for site plan processes). If the site plan is minor, a separate application will not be required. If the site plan is considered major, a separate application will be required to run concurrently with the Variance.*

