



CITY OF HENDERSON

PLANNING & COMMUNITY DEVELOPMENT

P.O. Box 1434 / 134 Rose Avenue • Henderson, NC 27536 • Phone: (252) 430-5723 • Fax: (252) 492-7935



APPLICATION FOR SPECIAL USE PERMIT AND/OR VARIANCE

***Fees:** Special Use Permit: \$350.00 Variance: \$350.00 Technical Review Committee Review: \$200.00

Date _____ Case # _____

Permit or Relief Request: _____ Special Use Permit _____ Variance _____ TRC Review

Purpose of permit and/or or relief request: _____

"By order of Board of Adjustment, no application will be accepted later than ten (10) days prior to the meeting date."

**Note: Attach site plan in accordance with Section 903.2 to illustrate request. The Zoning Board of Adjustment requires that all site plans be drawn to scale.*

Applicant Name:	Property Owner Name:
Mailing Address:	Street Address:
City, State Zip	City, State Zip
Contact phone #:	Contact phone #:
Email Address:	Email Address:

Legal relationship of applicant to property owner _____

Is the application a request for a rehearing? _____

If yes, explain the substantial changes in the facts, evidence or conditions _____

SITE INFORMATION

Property Location _____

PIN # _____ Lot Size _____ Zoning District _____ City _____ ETJ _____

Proposed/Existing Front Stbk _____ Proposed/Existing Side Stbk-L _____ R _____ Proposed/Existing Rear Stbk _____

Number of Proposed/Existing Building(s) _____

Gross Floor Area of Proposed/Existing Building(s) _____

Proposed/Existing Parking Spaces _____

CERTIFICATION OF APPLICANT AND/OR PROPERTY OWNER

I certify on this date _____ that all the information presented to me in this petition/application is accurate to the best of my knowledge, information, and belief. Further, I understand that, should this petition/application be approved, no site activity can take place until a site plan and/or any other land development permits are issued.

Applicant Print Name _____

Applicant Signature _____

Owner Print Name _____

Owner Signature _____

OFFICE USE ONLY OFFICE USE ONLY OFFICE USE ONLY

Fee: _____ How Paid: _____ Rec'd By: _____ Date Paid: _____ Check#: _____ Receipt#: _____

Date of Board Action: _____ Board Action: _____

Comments _____

Zoning Administrator

Date



Board of Adjustment Schedule 2014

3:30 pm – City Hall Council Chambers

(This Board meets on the first Tuesday of each month.)

MEETING DATES DEADLINE DATES

January 7, 2014	December 17, 2013
February 4, 2014	January 14, 2014
March 4, 2014	February 11, 2014
April 1, 2014	March 11, 2014
May 6, 2014	April 15, 2014
June 3, 2014	May 13, 2014
July 1, 2014	June 10, 2014
August 5, 2013	July 15, 2014
*September 9, 2014	August 19, 2014
October 7, 2014	September 16, 2014
November 4, 2014	October 14, 2014
December 2, 2014	November 12, 2014

***Meeting held on second Tuesday of the month due to a holiday on the first Monday.**