

**CITY OF LOWELL
VARIANCE APPLICATION**

SUBMISSION REQUIREMENTS AND INSTRUCTIONS FOR VARIANCE REQUEST

An application for a variance from the Unified Development Ordinance to the Board of Adjustment submitted to the City of Lowell must comply with the requirements and procedures outlined herein.

This packet contains a checklist of general, written and graphic requirements, as well as application submittal forms. The checklist, together with all required information and application forms, must be submitted in **complete and accurate form before the Variance Request will be processed by the Department.**

ALL MEETINGS ARE HELD IN THE CITY OF LOWELL COUNCIL CHAMBERS LOCATED AT 101 W. FIRST STREET, LOWELL, NC 28098 AT 6:00 P.M. DURING THE HEARING YOU WILL BE EXPECTED TO EXPLAIN YOUR REQUEST AND GIVE REASONS AS TO THE NECESSITY FOR A VARIANCE AND PRESENT ANY OTHER WITNESSES TO GIVE TESTIMONY. ANY OTHERS IN ATTENDANCE WILL ALSO BE GIVEN THE OPPORTUNITY TO GIVE TESTIMONY. THE APPLICANT OR A REPRESENTATIVE IS EXPECTED TO BE PRESENT AT THE MEETING. LACK OF REPRESENTATION BY THE APPLICANT MAY RESULT IN THE REQUEST BEING TABLED TO THE NEXT MEETING. HOWEVER, A DECISION COULD BE MADE WITHOUT THE BENEFIT OF THE APPLICANT'S BEING PRESENT.



FOR CITY USE ONLY:

CASE # _____ DATE RECEIVED: _____

ACCEPTED: _____ IF NO, STATE REASON: _____

HEARING DATE: _____ CLOSING DATE: _____

FEE: _____ CHECK# _____ NOTICE DATE: _____ MEDIA: _____

BOA PACKET DATE: _____ AGENDA ITEM# _____ A/V PRESENTATION: _____

BOA ACTION: _____ VOTE: _____

CONDITIONS:



SUBMISSION REQUIREMENTS FOR A VARIANCE

1. GENERAL REQUIREMENTS

Incomplete or inaccurate applications will not be accepted for processing or placement on the agenda.

_____ 1.1 PRE APPLICATION MEETING (DATE: ____/____/____ TIME: _____)

The applicant is to meet with staff to discuss the overall application process before submitting the application packet. Please call (704) 824-3518 for an appointment. Final staff recommendations to the Board of Adjustment about this application will be contained in the staff report.

_____ 1.2 REQUESTED HEARING DATE DATE: ____/ ____/ ____

Prior to submitting the application packet and necessary information, the applicant should revise proposed plans and/or information as advised by the City Manager or his designee. After the closing date, the applicant cannot modify any portion of the information submitted unless specifically requested by staff or the Board of Adjustment. Early submission is recommended to assure placement on the agenda and adequate time for revisions and corrections.

_____ 1.3 APPLICATION FEE (*MAKE CHECK PAYABLE TO THE CITY OF LOWELL*)

A non-refundable fee (as set by the City Council and listed in the current Fee Schedule) to cover the costs of advertising and preparing for the public hearing shall accompany the application. Cancellations must be submitted in writing to the City Manager. There shall be no refund or part thereof once public notice has been given.

2. WRITTEN REQUIREMENTS

_____ 2.1 **PERMIT DENIAL NOTICE/ADMINISTRATORS ORDER (IF APPLICABLE)**

Submit one copy of the notice issued by the City of Lowell.

_____ 2.2 **DESCRIPTION OF REQUEST AND REASONS FOR VARIANCE FORM**

Complete and submit the Description of Request and Reasons for Variance form (provided).

_____ 2.3 **VARIANCE APPLICATION FORM**

Complete and submit the Variance Application form (provided).

_____ 2.4 **APPLICANT'S AFFIDAVIT**

Complete and submit the Affidavit (provided).

_____ 2.5 **CHECKLIST OF REQUIREMENTS**

Submit this checklist fully completed. All items must be included unless waived by the Planning Director.

3. GRAPHIC REQUIREMENTS

_____3.1 **PLOT PLAN**

Submit ten (10) copies of the plot plan drawn to scale, containing the following information:

- __ A. all existing property lines and parcel numbers for each parcel within the subject site and all property within and contiguous to and directly across the street from the exterior boundary of the subject tract, and the name of the owners;
- __ B. the exact boundaries and dimensions of the subject lot (*this must be by actual survey unless waived by the Code Administrator*).
- __ C. existing zoning district boundaries (shown in dashed lines with heavier line weight than property lines) and zoning designations;
- __ D. title, scale and north point (north shall be at the top of the plat);
- __ E. the size and location of all existing and proposed structures;
- __ F. the existing and proposed use of the entire lot and all structures;
- __ G. street names and right-of-way lines with line weight heavier than property lines;
- __ H. stamp and signature of engineer or surveyor (*unless waived by the Code Administrator*).

**Signature of person preparing this checklist
(Applicant or Representative)**

Date Submitted

Printed name of person preparing this checklist

DESCRIPTION OF REQUEST AND REASONS FOR A ZONING VARIANCE

.....
FOR CITY USE ONLY:

CASE# _____ DATE RECEIVED: _____
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THE APPLICANT SHOULD PREPARE DEFINITIVE STATEMENTS REGARDING THE FOLLOWING: (USE ADDITIONAL SHEETS IF NECESSARY)

- 1) Please describe the requested variance.

- 2) Describe how an unnecessary hardship would result from the strict application of the ordinance.

- 3) Describe how 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.

- 4) Does the hardship result from actions taken by the applicant or the property owner? Explain.

- 5) Describe how 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.

PROPERTY OWNER'S AFFIDAVIT

STATE OF NORTH CAROLINA
COUNTY OF GASTON

I (we) _____ hereby certify that we are all of the owners of the property that is the subject of this Variance application. We hereby consent to the Board of Adjustment of the City of Lowell acting on our application. We understand that our application will be considered and processed in accordance with the regulations as set forth by the City of Lowell's Unified Development Ordinance. We agree to accept, fulfill and abide by those regulations and all stipulations and conditions contained in the decision entered by the Board of Adjustment. The statements and attached exhibits are in all respects true and correct to the best of our knowledge and belief.

_____ Signature

_____ Printed Name

_____ Mailing Address

_____ City and State

_____ Phone