



PLANNING & ZONING DEPARTMENT  
 TOWN OF STALLINGS  
 315 STALLINGS ROAD  
 STALLINGS, NC 28104  
 704-821-8557

APPLICATION INFORMATION	
Date Filed:	
Application #:	
Fee Paid:	

# VARIANCE APPLICATION

\*Please reference the Fee Schedule for cost.

Property Information			
Property Owner(s):			
Address/Location:			
Parcel #:			
Applicant Name (if different from owner):			
Phone:		Email:	

**\*Disclaimer:** All zoning applications are public records and by providing the above information, you agree that said information can be released to the public by request.

### Variance Request Description

Section(s) of Ordinance requesting relief from:

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### Owner/Applicant Statement:

I hereby certify that all information provided in this application is accurate to the best of my knowledge, and I acknowledge compliance with all requirements of the Town of Stallings Ordinances.

Signature of Owner:

Date:

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Signature of Applicant:

Date:

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Signature of Zoning Official:

Date:

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## Statement of Justification

Unnecessary hardship would result from the strict application of the ordinance [*Expense if NOT a valid hardship*]:

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The hardship results from conditions that are peculiar to the property such as location, size, or topography:

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The hardship did not result from actions taken by the applicant or the property owner:

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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:

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