



**Town of Waxhaw**  
**Development Services Department**  
 1150 N. Broome Street, PO Box 617  
 Waxhaw, NC 28173  
 704-843-2195 (Phone)  
 704-243-3276 (Fax)  
 www.waxhaw.com

Date Received
_____
Received By
_____
Fee
_____

**SUBDIVISION VARIANCE APPLICATION**

Date of Application: \_\_\_\_\_ Case Number: \_\_\_\_\_  
*(to be filled out by staff)*

**Applicant Information**

Applicant Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

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

Property Owner Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Property Owner Mailing Address: \_\_\_\_\_

**Property Information**

Address/Location of Property: \_\_\_\_\_

Tax Parcel Number(s): \_\_\_\_\_

Existing Use of Property: \_\_\_\_\_ Zoning: \_\_\_\_\_

Variance Sought: \_\_\_\_\_

Related Section(s) of Unified Development Ordinance: \_\_\_\_\_

Reason(s) for Seeking Variance (attached additional paper if necessary): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FINDING OF FACTS CHECKLIST**

Please provide an explanation for each finding of fact (below) on which the Planning Board will make a recommendation and the Town Board will make its decision.

There are special circumstances or conditions affecting the property such that the strict application of the provisions of this ordinance would deprive the applicant of reasonable use of his land.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*(Continued on the next page)*

The variance is necessary for the preservation and enjoyment of a substantial property right of the petitioner.

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The circumstances giving rise to the need of the variance are peculiar to the tract in question and are generally not characteristics of other tracts in Waxhaw.

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The granting of the variance will not be detrimental to the public health, welfare and safety.

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The variance will not vary any of the provisions of this Ordinance outside of those contained in Section 18 herein.

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**Requests for variances shall be accompanied by a sketch plan of the area included in the variance request.**

*In the course of evaluating the requested variance, the Administrator, the Planning Board or the Board of Commissioners may request additional information from the applicant.*

**CERTIFICATIONS**

I hereby certify that all of the information provided for this application is, to the best of my knowledge, accurate and complete.

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

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

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Printed Name of Property Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

This application is accepted, and to the best of my knowledge, deemed to be complete.

\_\_\_\_\_  
Signature of Zoning Administrator

\_\_\_\_\_  
Date

**TO BE FILLED OUT BY THE ZONING ADMINISTRATOR**

Sketch Plan Attached:             Yes                       No

Variance "Findings of Facts" Checklist Attached     Yes                       No

Planning Board Meeting Date: \_\_\_\_\_

Recommendation of the Planning Board: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Town Board Meeting Date(s): \_\_\_\_\_

Town Board Decision: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Notices to Applicant and Adjoining Property Owners Mailed On: \_\_\_\_\_