



LEWISVILLE PLANNING DEPARTMENT

6510 Shallowford Road | P.O. Box 547

Lewisville, NC 27023-0547

Voice 336-945-5558 | FAX 336-945-5531

VARIANCE APPLICATION

****No change in permitted uses is allowed by granting a Variance***

Application Date _____

Property Address _____

Tax PIN(s) _____

Existing Zoning _____

UDO Sections _____

Acreage _____

Utilities (circle) Public / Well Sewer / Septic

REQUEST _____

Attach Supporting Documents Separately

Owner(s) _____

Mailing Address _____

Telephone _____ email _____

Applicant(s) (if different) _____

Mailing Address _____

Telephone _____ email _____

Owner Signature

Applicant Signature

Staff Signature

File# _____

Fee Paid _____



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In the following spaces, in your own words, please describe the facts that demonstrate to the Zoning Board of Adjustment that this application meets the required findings for a Variance, as described in the Lewisville Unified Development Ordinance (UDO).

1. Unnecessary hardship would result from the strict application of the UDO regulations. It is not 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 personal circumstances, as well as hardships resulting from conditions that common to the neighborhood or the general public, may not be the basis for granting a variance. A variance may be granted when necessary and appropriate to make a reasonable accommodation under the Federal Fair Housing Act for a person with a disability.

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 is not a self-created hardship.

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

File# _____

Fee Paid _____