



## PLANNING & INSPECTIONS DEPARTMENT

Post Office Box 10, Atlantic Beach, NC 28512

(252) 726-4456

Fax (252) 726-7043

Dear Variance Applicant,

We appreciate your interest in development in the Town of Atlantic Beach.

A variance application must be submitted 30 days prior to the Board of Adjustment meeting at which you wish for it to be heard. This is to allow adequate time to organize information for review by the Planning Board and to meet all state requirements in regards to advertising and sign posting properties.

All fees must be paid when the application is submitted. For the most current fee schedule, please consult Town Hall or [www.atlanticbeach-nc.com](http://www.atlanticbeach-nc.com). A current schedule of meetings is posted here as well. These fees contribute to covering the costs associated with the state required mailings, copies, newspaper advertising and sign postings.

The purpose of a variance from the Unified Development Ordinance is to afford a safety valve so that carrying the strict letter of the UDO may not cause unnecessary hardship to particular property owners, but the necessity of observing the spirit of the UDO in maintaining public welfare and safety persists even where the variance is granted.

The Board of Adjustment advises that variances may be granted only upon the applicant demonstrating to the Board exceptional hardship upon the applicant if the variance is not granted. It is not enough to simply allege hardship or simply to say hardship is one of the grounds on which the variance is being sought. There must be a showing of facts to clearly indicate that the hardship is involved in a case and the extent of the hardship. The applicant or their appointed agent has the burden of demonstrating hardship and the extent thereof.

The basic principle for the Board of Adjustment is that it must not vary the ordinance. Its function is to interpret and apply what the governing body has written, not vary the legislative pronouncement to fit its own ideas. Its decision must be in accord with what the Board believes to be the actual meaning and intent of the ordinance. A variance, if granted shall comply as nearly as possible in every aspect with the spirit, intent and purpose of the UDO.

A vote of 4/5 is needed in order for the variance to be granted.

Best Regards,

Town of Atlantic Beach Planning & Zoning Department



**TOWN OF ATLANTIC BEACH PLANNING & ZONING DEPARTMENT**  
125 WEST FORT MACON ROAD ATLANTIC BEACH, NC 28512

<u>CASE NUMBER:</u>  
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**VARIANCE APPLICATION**

*A variance application will follow the development review process as outlined in Article 4 of the Unified Development Ordinance, adopted on August 24, 2009.*

**Date of Application:** \_\_\_\_\_  
**Applicant's Name:** \_\_\_\_\_  
**Applicant's Address:** \_\_\_\_\_  
**Applicant's Telephone:** \_\_\_\_\_  
**Applicant's E-mail:** \_\_\_\_\_

**Owner's Name:** \_\_\_\_\_  
**Owner's Address:** \_\_\_\_\_  
**Owner's Telephone:** \_\_\_\_\_

**Variance Address:** \_\_\_\_\_  
**PIN Number:** \_\_\_\_\_  
**Deed Book and Page:** \_\_\_\_\_

**Please describe parcel:**

**Zoning District:** \_\_\_\_\_  
**Flood Zone:** \_\_\_\_\_  
**Lot Size (sq. ft.):** \_\_\_\_\_  
**Through/Corner Lot:** \_\_\_\_\_  
**Setbacks:** \_\_\_\_\_  
**Existing Use:** \_\_\_\_\_  
**Proposed Use:** \_\_\_\_\_

**What section of the Unified Development Ordinance are you requesting a variance from? (Staff will attach a copy.)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**On a separate sheet, please provide a detailed description of what you are requesting.**

The Board of Adjustment will use the following answers to guide the evaluation of your proposed request. A variance may be granted by the Board of Adjustment if it concludes that, by granting the variance, the following findings are supported by the Board of Adjustment decision.

**Please answer with a yes or no and provide the facts you believe support your answer:**

**The variance does not result in the extension of a nonconforming situation or authorize the initiation of a nonconforming use of land.**

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**If the applicant complies strictly with the provisions of the Ordinance, he/she will suffer substantial hardship.**

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**The hardship relates to the applicant's land, rather than personal circumstances – such as shape, size, unusual characteristics, etc.**

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**The hardship of which the applicant complains or will suffer is one that is suffered only by the applicant rather than by all neighbors or the general public.**

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**The hardship is not a result of the applicant's own actions.**

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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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*I certify that the information provided in this Variance Application is true and accurate and if approved will be in conformance with the Town of Atlantic Beach Unified Development Ordinance and any additional conditions imposed by the Town of Atlantic Beach Board of Adjustment.*

Applicant (Owner or Agent): \_\_\_\_\_ Date: \_\_\_\_\_

Note: The UDO Administrator may request additional attachments to provide to the appointed board for review. The Board of Adjustment may impose additional conditions on your variance request.

**FOR STAFF USE**

Application meeting date:

Application received:

Date signs posted:

Date letters mailed:

Date of BOA meeting:

Date of Decision by BOA:



**Town of Atlantic Beach Planning & Inspections Department**  
125 West Fort Macon Road \* Atlantic Beach \* NC \* 28512

**APPOINTMENT OF AGENCY LETTER**

**Date of Application:** \_\_\_\_\_

**Case Number:** \_\_\_\_\_

**Type of Request:**    Map Amendment    Conditional Use    Variance    Other

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I, \_\_\_\_\_, owner of property located in the Town of Atlantic Beach, at  
(name)  
\_\_\_\_\_ recorded in Carteret County Deed Book \_\_\_\_\_,  
(street address)  
pages \_\_\_\_\_, and having parcel identification number (PIN#)  
of \_\_\_\_\_, do hereby appoint as my representing  
agent \_\_\_\_\_ to represent me in the application/petition indicated above  
(Agent's Name)  
and authorize him/her to act as my agent in all matters formal and informal relating to the Town  
of Atlantic Beach procedures for such requested actions. I authorize him/her to receive and  
submit all official correspondence with the understanding, however, that as the owner of the  
property I must sign any and all affidavits and statements that may be required for approvals of  
the request.

**Property Owner Information**

**Authorized Agent Information**

**Name:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

\_\_\_\_\_  
(Property Owner Signature)

\_\_\_\_\_  
(Authorized Agent Signature)

**Date:** \_\_\_\_\_

**Date:** \_\_\_\_\_