



**City of Havelock**  
 Planning and Inspections Department  
 PO Box 368  
 Havelock, NC 28532  
 (252) 444-6433 FAX (252) 463-7180

OFFICIAL USE ONLY	
Received By:	_____
Date:	_____
Application #:	_____
Fee Paid:	_____
BOA Approval:	_____
Date Approved:	_____

## Variance Request Application

\*This application must be completely filled out.\*

<b>Applicant J :</b> <input type="checkbox"/> <b>Property Owner</b> <input type="checkbox"/> <b>Architect</b> <input type="checkbox"/> <b>Engineer</b>			
Property Owner Information			
Full Name:			
<i>Last</i>	<i>First</i>	<i>Phone Number</i>	
Address:			
<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
Email:			
Architect Information			
Company:			
Full Name:			
<i>Last</i>	<i>First</i>	<i>Phone Number</i>	
Address:			
<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
Email:			
Engineer Information			
Company:			
Full Name:			
<i>Last</i>	<i>First</i>	<i>Phone Number</i>	
Address:			
<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
Email:			
Project Information			
<b>Address of Proposal:</b>		Zoning District: _____	
Description of subject site including lot, block and subdivision and metes and bounds: _____			
List Existing Structures and setbacks: _____			
List Proposed Structures and setbacks: _____			
<b>X</b>	<b>Applicant</b>	<b>Staff</b>	<b>X</b>
	Complete application submitted including site plan and narrative of request		
	Paid fee per current fee schedule		
	Names/mailling addresses of abutting property owners including across street		
	One (1) set of mailing labels for all adjoining property owners		

**DISCLOSURE:** By signing below, I acknowledge that I have included **ALL** applicable information required on the plan in order to be considered "Complete and ready for review." If it is discovered that required information is not included on the plans or I have not provided some required information, I understand that the above referenced project may be deemed "Not ready for review" and may require additional staff time or may be rejected. Additionally, I understand that the City of Havelock reserves the right to request any additional information as necessary. I certify that the above information furnished by me is true and correct and that the applicable requirements of the City will be met.

**Owner/Agent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*\*NOTE: Only ORIGINAL signatures will be accepted. NO photocopies or facsimiles\*\*

<b>**FOR OFFICE USE ONLY**</b>			
Utilities:	Water/Sewer:	Public	Private - Health Dept Permit # _____
Zoning District: _____		Requires Flood Zone Certificate: YES NO Zone: _____	
Requirements: F: _____ S: _____ R: _____ Feet from Side/Rear Property Lines _____ / _____			
APZ: Yes No Zone: _____		Noise Contour: _____ Sound Attenuation* Req'd: Yes No NLR: _____	
Building Official Approval: _____		Date: _____	
Approved by Planning/Zoning Official: _____		Date: _____	



# Havelock Department of Inspections

## Variance Request Adjoining Property Owners List

**List should include abutting property owners and property owners across the street**

Owner: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

Owner: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

Owner: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

Owner: \_\_\_\_\_ Address: \_\_\_\_\_

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Owner: \_\_\_\_\_ Address: \_\_\_\_\_

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Owner: \_\_\_\_\_ Address: \_\_\_\_\_

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Owner: \_\_\_\_\_ Address: \_\_\_\_\_

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Owner: \_\_\_\_\_ Address: \_\_\_\_\_

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Owner: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_