APPLICATION FOR VARIANCE

THIS SECTION FOR OFFICE USE			
tion No.	VA 11050	Date	10.7.2013
tion Fee	$	Receipt No.	

ON 1: APPLICANT INFORMATION

nt's	COLEMAN PARKS	Owner's Name:	PARKS Family Fore
nt's s:	214 BARNACLE CIRCLE	Owner's Address:	c/o COLEMAN PARK 214 BARNACLE CI
ate, & Zip	LEXINGTON SC 29072	City, State, & Zip	LEXINGTON SC 29
Number:	803 960 8991	Phone Number:	803 960 899

elationship of nt to land owner: AGENT FOR, BY PURCHASE CONTRACT

ON 2: PROJECT INFORMATION

y Identification r (PIN):	3252-97-7356-000	Total property acreage:	124.69
Classification:	RA	Variance Size:	
e Location & Address	ISLAND CREEK RD - HOLLY SHELTER, AT THE PEN AND NEW HANOVER COUNTY LINE!		
e Variance and t or type requested:	REQUESTING 8 LOTS ON ISLAND CREEK RD, 7 DRIVE		

ON 3: SIGNATURES

nt's Signature	Coleman Parks agent for Parks Family Forestry	Date:	10-4-
's Signature	Coleman Parks	Date:	10-4-

NOTICE TO APPLICANT:

The Board of Adjustment shall review applications for a variance and shall be the approving authority for all requirements.
All applicants seeking a variance shall schedule a pre-application conference with the administrator to discuss the procedures, standards, an regulations required for variance approval.
An application for a variance shall be submitted in accordance with application requirements.
Once the application has been determined complete, the Administrator shall schedule a public hearing and give notice to adjoining/abutting owners and aggrieved parties in the form of applicant supplied #10 envelopes with paid first class postage.
The applicant seeking the variance shall have the burden of presenting evidence sufficient to allow the Board of Adjustment to reach the co set forth below (Findings), as well as the burden of persuasion on those issues.
Applicant must also submit the information described in the Variance Checklist provided below.
Applicant or agent authorized in writing must attend the public hearing.
Once the public hearing has been advertised, the case will be heard unless the applicant withdraws the application or unless the Board of A agrees to table or delay the hearing.

OFFICE USE ONLY

VA Fees $250		Total Fee Calculation $	
nt Method :	Cash : ☐ $_____	Credit Card: ☐ Master Card ☐ Visa	Check: ☑ Check # _____
on received by:		Date:	
on completeness approved by:		Date:	
eduled for public hearing:			