

Application Fee: \$350 (Includes advertisement fee)

Received Date: _____

Initials: _____

BOARD OF ADJUSTMENT REQUEST APPLICATION

For Office Use Only:

Application Number: _____ Date processed: _____
Fee Type: ☐ Cash ☐ Check # _____ ☐ Credit Card Initials: _____

Application is hereby made to the Board of Adjustment of the City of Goldsboro for the following: (Complete the following information):

☐ Variance ☐ Appeal Reasonable Accommodation? Yes ☐ No ☐

Property Address: _____

UDO provision, regulation or policy: _____

If requesting Reasonable Accommodation fill out the following:

The basis for the claim that the applicant is considered disabled or handicapped under federal law:

Explanation of why reasonable accommodation is necessary to make specific property available for the individual:

REASON FOR REQUEST – Explain clearly the reason for the request. Indicate the problem(s) you will experience in complying with the City development regulations. (Attach additional sheets if needed.)

Applicant (Print): _____

Applicant Address: _____ City, State, Zip: _____

Applicant Phone: _____ Applicant Email: _____

Owner (Print): _____

Owner Address: _____ City, State, Zip: _____

Owner Phone: _____ Owner Email: _____

(If owner differs from applicant a Owners Authorization Form is required upon submission)

SIGNATURE REQUIRED

Applicant - Printed

Applicant Signature

Date