



TOWN OF COLUMBUS

Columbus Town Hall • PO Box 146 • Columbus, NC 28722 • 828-894-8236 • Fax 828-894-2797

Variance and Special Use Permit Application

Case #: _____

1. Project Information

Date of Application _____
Location _____ Property Size (acres) _____
Current Zoning _____ Proposed Zoning _____
Tax Parcel Number(s) _____

2. Contact Information

Property Owner _____
Address _____ City, State Zip _____
Telephone _____ Fax _____
Signature _____ Print Name _____ Date _____

Agent (Registered Engineer, Designer, Surveyor, etc.) Must attach Affidavit of owner's permission for this action
Address _____
City, State Zip _____
Telephone _____ Fax _____
Signature _____ Print Name _____ Date _____

3. Information

The following information must be submitted with this application to be deemed complete. Incomplete applications will not be processed.

1. Legal description of the property
2. An accurate survey of the proposed project showing:
 - ❖ All property lines with dimensions
 - ❖ Distance of lot from near intersection
 - ❖ North Arrow
 - ❖ Adjoining streets with right-of-ways and pavement widths
 - ❖ Existing locations of buildings on lots
 - ❖ Zoning classification of all adjoining properties (adjoining properties shall be construed to mean and include properties on the opposite side of any street, stream, railroad, road or highway from the property sought to be rezoned)
3. Special Use Permits must provide a Site Specific Plan per the Town of Columbus Zoning Ordinance, Section 1002.2.

4. Description of Project

Explain the proposed map change(s) and its consistency with Town Plans and surroundings land uses.

Staff Use Only:

Date Application Received: _____

Received By: _____

Fee Paid: \$_____

Zoning Board of Adjustment Public Hearing Decision and Date: _____

Notes: _____
