



Town of Liberty
P. O. Box 1006
239 South Fayetteville Street
Liberty, North Carolina 27298
(336) 622-4276 phone (336) 622-2665 fax
www.Liberty-NC.com

Date Received _____

Owner Name: _____

Owner Address: _____ Phone: _____

Randolph County PIN: _____

Location of Property: _____

Justification for Variance Request (attach additional sheets if necessary):

The following must be provided with this application:

- 1. List of adjoining property owners with addresses**
- 2. Five (5) Findings of Fact (attach additional pages) (154.047.H.1-5)**
- 3. Payment of non-refundable fee (according to adopted fee schedule)**
- 4. A fully dimensional plat of the property with sufficient information to illustrate the necessity for the variance shall be submitted along with the application.**

I, the undersigned, understand that this application must be filed with the Town by close of business on the day which is not less than twenty (20) days prior to the Board of Adjustment meeting at which it will be considered. NO APPLICATION FOR A VARIANCE REQUEST WILL BE ADVERTISED FOR PUBLIC HEARING UNTIL ALL REQUIRED ITEM(S) HAVE BEEN RECEIVED. It is also understood by the undersigned that while this application will be carefully reviewed and considered, the burden of proving the need for the proposed variance rests solely with the applicant.

Applicant

Date