



**BOARD OF ADJUSTMENT  
GENERAL APPLICATION FORM**

Department of Planning  
101 East Orange Street  
P.O. Box 429  
Hillsborough, NC 27278  
Phone: (919) 732-1270  
Fax: (919) 644-2390

Website: [www.ci.hillsborough.nc.us](http://www.ci.hillsborough.nc.us)

This application form is required as part of any request to appear before the Board of Adjustment. In addition, specific additional application forms and supporting materials may need to be submitted in conjunction with this form. **It is the applicant's responsibility to insure that application packages are complete and accurate.**

**NOTE: AN INCOMPLETE APPLICATION WILL NOT BE ACCEPTED OR SCHEDULED FOR HEARING**

<b>TYPE OF PERMIT OR RELIEF REQUESTED (✓ or X)</b>	<b>* Additional Specific Application/Material Submittal Required (Contact Planning Staff for Specific Requirements)</b>
<input type="checkbox"/> Special Exception Permit* <input type="checkbox"/> Setback Encroachment-Addition to Nonconforming Structure <input type="checkbox"/> Front Setback Encroachment-Residential <input type="checkbox"/> Exceed Required Height Limit <input type="checkbox"/> Exceed Required Height Limit-Additions	<input type="checkbox"/> Appeal/Interpretation* <input type="checkbox"/> Zoning Officer <input type="checkbox"/> Subdivision Exemption Certification <input type="checkbox"/> Minimum Housing Code <input type="checkbox"/> Historic District Commission Decision <input type="checkbox"/> Technical Review Committee Decision
<input type="checkbox"/> Conditional Use-1 Permit	<input type="checkbox"/> Modification to Conditional Use-1 Permit
<input type="checkbox"/> Conditional Use-2 Permit	<input type="checkbox"/> Modification to Conditional Use-2 Permit
<input type="checkbox"/> Variance* <input type="checkbox"/> Zoning <input type="checkbox"/> Zoning-Watershed Protection Requirements <input type="checkbox"/> Flood Damage Prevention Ordinance	<input type="checkbox"/> Change of Use Permit-Nonconforming Use* <input type="checkbox"/> Required # of Parking Spaces Determination <input type="checkbox"/> Use of Alternate Screening

**CONTACT INFORMATION**

\*Applicant(s) \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Property Owner(s) \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Legal Relationship of Applicant to Property Owner \_\_\_\_\_

*\* All correspondence regarding the project will be sent to the applicant. Please indicate any others to receive correspondence (attach additional sheet).*

**PROPERTY INFORMATION**

Continued on Page 2

Tax Map, Block and Lot # 4. \_\_\_\_\_ Parcel Identification # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
*Attach an additional sheet with Tax Map #s and PINs if multiple properties are subject to the request.*

Street Address \_\_\_\_\_ Nearest Cross Street \_\_\_\_\_  
 Location \_\_\_\_\_ side of \_\_\_\_\_ at/between \_\_\_\_\_ and \_\_\_\_\_  
 (N, S, E, W) (Street) (Street) (Street)  
 Subdivision Name \_\_\_\_\_ Section or Phase # \_\_\_\_\_ Lot #(s) \_\_\_\_\_  
 Deed Book # \_\_\_\_\_, Page # \_\_\_\_\_ Plat Book # \_\_\_\_\_, Page # \_\_\_\_\_  
 Lot Size (Acres) \_\_\_\_\_ Lot Size (Square Feet) \_\_\_\_\_  
 Is the lot served by public water?  Y  N Is the lot served by a well?  Y  N  
 Is the lot served by public sewer?  Y  N Is the lot served by a septic tank?  Y  N  
 Are any water features (streams, ponds, lakes, wet areas) located on the property?  Y  N

**DETAILED PROJECT DESCRIPTION**

If Conditional Use Permit-1 or -2 is requested, specify type of use \_\_\_\_\_  
 Project Name \_\_\_\_\_ # of Phases \_\_\_\_\_  
 Project Type:  Residential  Commercial  Industrial  Mixed-use  Other \_\_\_\_\_  
 Amount of Land Disturbance Proposed:  ≤1 Acre  > 1 Acre  
 Total Square Footage of Land Area to be Disturbed \_\_\_\_\_ Square Feet  
 # of Buildings Existing/to Remain \_\_\_\_\_ # of Buildings Proposed \_\_\_\_\_  
 Gross Floor Area of Existing Building(s) \_\_\_\_\_ Square Feet Maximum Height \_\_\_\_\_ Feet  
 Gross Floor Area of Proposed Building(s) \_\_\_\_\_ Square Feet Maximum Height \_\_\_\_\_ Feet  
 Maximum Height of Tallest Proposed Building \_\_\_\_\_ Feet  
 # Parking Spaces Existing \_\_\_\_\_ # Parking Spaces Proposed \_\_\_\_\_ Total # Spaces \_\_\_\_\_  
 % of Lot Covered by All Buildings \_\_\_\_\_ % \_\_\_\_\_ Square Feet  
 Will any hazardous materials be stored or used on site?  Y  N If "Y", provide a listing.  
**On a separate sheet, provide a detailed description of the proposed development/request.**

**AUTHORITY TO FILE APPLICATION**

I hereby agree to conform to all applicable laws and regulations of the Town of Hillsborough, County of Orange, State of North Carolina and the United States (as may be applicable to my request), and certify that the above information and accompanying documents are complete, true and accurate to the best of my knowledge. In addition, I acknowledge that by filing this application, representatives from the Town of Hillsborough Planning Department may enter the subject property for the purpose of investigation and analysis of this request.  
**APPLICATIONS WILL NOT BE ACCEPTED WITHOUT SIGNATURE OF LEGAL OWNER OR OFFICIAL AGENT.**

**Check One:**  
 Ownership  
 Power of Attorney  
 Contract to Purchase  
 Other \_\_\_\_\_

_____	_____
Applicant	Property Owner Date
_____	_____
Date	Property Owner Date

**DEPARTMENTAL USE ONLY**

Date Received \_\_\_\_\_ Application # \_\_\_\_\_  
 Fee \$ \_\_\_\_\_ Receipt # \_\_\_\_\_ Planner \_\_\_\_\_  
 Zoning \_\_\_\_\_ Historic District?  Y  N + Overlay District?  Y  N  
 Vision 2010 Designation \_\_\_\_\_ Land Use Plan Designation \_\_\_\_\_  
 Floodplain on Site?  Y  N Flood Zone \_\_\_\_\_ Flood Map # \_\_\_\_\_  
 Required Setbacks: Front \_\_\_\_\_ Left Side \_\_\_\_\_ Right Side \_\_\_\_\_ Rear \_\_\_\_\_

