

APPLICATION FOR ADMINISTRATIVE VARIANCE

Planning Department 108 E. Front Street P.O. Box 65, Lillington, NC 27546

Phone: (910) 893-7525

Fax: (910) 893-2793

Total Fee: 4 400,00 Admin - 2 Date: 10-13-2020	10/0- 200:
Applicant Information Owner of Record: Name: Juan Gallardo Address: 16 Massa In City/State/Zip: Sanford, N.C 27332 E-mail: Phone: 910-584-3806 Applicant: Name: Juan Gallardo Address: 118 Massa In City/State/Zip: Sanford, N.C, 273 E-mail: Phone: 910-584-3806	33.2
Property Description PIN(s): 967-72-6409. 000 Address/SR No.: 116 Massa Ln Directions from Lillington: You take highway 27 Till you get to highway 87 Take a right Than you go dann Deed Book: 3733 Page: 0515 Existing Zoning: RAZOR Plat Book: 202 HS Page: 2143 Township: Inasaulic	take
Reason/Justification for Variance: (attach additional sheets if necessary) Please provide a thorough response to each of the following items. 1. The request involves only one (1) encroachment into one required yard per lot There was an issue with another Surveyed They had is sit the Digitale wide in the Urong site a court of feet of we had to remove the bable wide, To its proper flace	
2. The encroachment is a result of a construction error by the property owner or a person acting on his behalf we hired a surveyor who had us set the Dauble wide in the wrong area, but we hired someone else to correct that error	

3. The encroachment cannot be corrected without substantial hardship and expense to the property own	ier
165, it was some trable, Money Spent various times to make said mobil home twice permits we had to se pay for, surveyors also	
4. The encroachment, if approved, will not substantially interfere with the convenient and enjoyable use adjacent properties and will not pose any substantial danger to the public health and safety The 33.2 feet will not interfere the Acidhors living, It is very spacious	of
Attachments Recorded map of property at scale of not less than one (1) inch = 200 feet	
Signatures The undersigned applicant hereby certifies that, to the hest of his or her knowledge and belief, all information supplied with this application is true and accurate: Uan Gallordo (0.13.20 Property Owner Signature Date Authorized Agent Signature Date	
To be completed by the Zoning Administrator 1. Application and payment received	
2. Review made by Planning Staff Date:	
Action taken by Planning Staff Date:	
4. Notification to Applicant Date:	
Zoning/Subdivision Administrator Date	