

TOWN OF MADISON
120 N. Market Street
Madison, NC 27025
Phone (336) 427-5045 Fax (336) 427-2565

Application for a Variance

Applicant Name _____ Phone _____

Mailing Address _____

Legal Relationship to Property Owner _____

Property Owner Name _____ Phone _____

Mailing Address _____

Street Address of Property _____

Tax PIN _____ Deed Book/Page Number _____

Property Size (in acres or in square feet if less than 1 acre) _____

Current Property Use _____ Zoning District _____

Variance Requested _____

Include with this application a copy of the recorded deed to this property. Include a development plan or plot plan for the property that shows existing and proposed features on the property as they relate to the variance requested.

Signature of Applicant

Application Fee \$250.00 (Payable when application is filed) **Date** _____

Zoning Enforcement Officer Signature _____