

200

# Variance Request

Town of Oriental  
PO Box 472, 507 Church Street, Oriental, NC 288571  
252-249-0555 FAX 252-249-0208  
Manager@townoforiental.com

Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Property Address: \_\_\_\_\_

Date Land Use Permit Denied: \_\_\_\_\_ Land Use Permit No. \_\_\_\_\_

Project Description: \_\_\_\_\_

Comments: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use: Amount Paid: \$ \_\_\_\_\_ Board of Adjustment Meeting Scheduled for: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_