

**Bladen County Planning Department**

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**APPLICATION for HEARING  
BEFORE the BOARD of ADJUSTMENTS**

DATE: \_\_\_\_\_

CASE: \_\_\_\_\_

To the Bladen County Board of Adjustment:

I, the undersigned, do hereby make application for your consideration of my request as hereinafter described:

The property is located on the \_\_\_\_\_ side of \_\_\_\_\_.  
(Street Name)

The address is \_\_\_\_\_ and it is identified as PIN number (s): \_\_\_\_\_,  
Block number (s): \_\_\_\_\_ of Bladen County Tax Map: \_\_\_\_\_. It has  
a frontage of \_\_\_\_\_ feet and contains \_\_\_\_\_ acres. A map of the property, along with a  
description of the property boundaries, is attached to this application.

I hereby request  Administrative Review Appeal and/or  Variance based on Section(s)  
\_\_\_\_\_ of the Bladen County Zoning Ordinance. It is specifically desired  
and requested that \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The following are individuals, firms or corporations owning property adjacent to both sides, the rear, and the property across the street from the property described above:

TAX MAP	BLOCK	PIN	NAME	MAILING ADDRESS

**I certify that all information furnished in this application is accurate to the best of my knowledge.**

PETITIONER: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

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

PROPERTY OWNER: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

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

**\*PROPERTY OWNER'S SIGNATURE IS REQUIRED BEFORE APPLICATION IS ACCEPTED\***

**NOTE:** *If the request is made by a corporation, the names and address of all officers in the corporation must be provided. The applicant or his representative is expected to attend all meetings to answer questions concerning the request. The absence of the applicant is sufficient grounds to warrant a deferral of action by the Board of Adjustment and/or Board of Commissioners.*