



CITY OF WINSTON-SALEM
INSPECTIONS DIVISION
APPLICATION FOR VARIANCE
ZBOA



Office Use:

Date: A/P #: Zoning: Zoning Board:
Block: Lots: PIN:
Zoning Block # Lot # ; ; ;

Applicant Information:

Property Address: City: Zip Code:

Applicant's Name: Phone Number:

Applicant's Association with Property: Email:

Applicant's Address: City: State: Zip Code:
(if different than Property Address)

Explanation for variance:
[Multiple blank lines for text entry]

Applicable UDO Section: Chapter: Article: Section:

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Received by:

Permit Office Staff: Date: Plan Review Staff: Date:

The applicant hereby certifies and agrees as follows: 1) That he/she has read the above information and it is true and correct; 2) If any information supplied by applicant is incorrect or missing, appearance before the Board may be delayed; and 3) Approval by the Board is not guaranteed and refunds are not available.

Signature of Applicant: Date: