



**APPLICATION FOR ADMINISTRATIVE APPROVAL OF AN ERROR IN BUILDING, STRUCTURE, OR SITE FEATURE LOCATION**

I (we) hereby request that the Zoning Administrator approve a reduction in the minimum yard requirements for an error in placement of \_\_\_\_\_

\_\_\_\_\_ (*describe encroachment*) as depicted on drawings dated \_\_\_\_\_ and prepared by \_\_\_\_\_ for property located at \_\_\_\_\_ (*address*) in the \_\_\_\_\_ (*subdivision*) that does not comply with current minimum setback requirements applicable when construction of such building or structure or similar features noted above began. To support this request, please describe in the spaces below the circumstances of the error and the appropriate compliance with the following determining factors:

(a) The error does not exceed ten percent of the minimum yard requirement (*submission of as-built survey required, with location and measurement of the encroachment clearly detailed*)

\_\_\_\_\_

(b) The noncompliance occurred in good faith and through no fault of the property owner, or was the result of an error in the location of the building subsequent to the issuance of a building permit, if such was required.

\_\_\_\_\_

(c) Such reduction will not be detrimental to the use and enjoyment of other property in the immediate vicinity or result in unsafe conditions.

\_\_\_\_\_

(d) To enforce compliance with the minimum yard requirements would cause unreasonable hardship upon the owner

\_\_\_\_\_

(e) The reduction will not result in an increase in density or floor area ratio from that permitted by the applicable zoning district regulations.

\_\_\_\_\_

*In approving such a reduction, the zoning administrator shall allow only a reduction necessary to provide the requested relief and may prescribe such conditions, including, but not limited to, landscaping and screening measures, to mitigate any negative impacts of the reduction.*

CONDITIONS PRESCRIBED BY ZONING ADMINISTRATOR:

\_\_\_\_\_

\_\_\_\_\_

I certify that all of the information presented by me in this application is accurate to the best of my knowledge, information and belief.

\_\_\_\_\_  
Applicant Signature (If other than the Property Owner)

\_\_\_\_\_  
Applicant Name (Please Print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number(s)

**Property Owner Acknowledgement**

\_\_\_\_\_  
Owner 1 (Seal)

\_\_\_\_\_  
Print Owner 1 Name

\_\_\_\_\_  
Owner 2 (Seal)

\_\_\_\_\_  
Print Owner 2 Name

\_\_\_\_\_  
Address of Owner 1

\_\_\_\_\_  
Telephone Number(s)

I, \_\_\_\_\_, a Notary Public of \_\_\_\_\_ County and State of \_\_\_\_\_, certify that the Owner(s) personally appeared before me this day and acknowledged the execution of the foregoing instrument. Witness my hand and official stamp or seal, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

My Commission Expires: \_\_\_\_\_ Notary Public

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

**UPON THE ISSUANCE OF WRITTEN APPROVAL OF THIS REQUEST,  
THE LOCATION OF THE BUILDING OR SITE FEATURE SHALL BE DEEMED LAWFUL.**

*The Error in Location approval may be revoked by the Zoning Administrator upon his/her determination that any misrepresentation has been made on the application.*

**OFFICE USE ONLY**

Zone: \_\_\_\_\_ EBLNO: \_\_\_\_\_

Receipt No.: \_\_\_\_\_ Issued: \_\_\_\_\_

Received By: \_\_\_\_\_ FEE: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_

ZONING ADMINISTRATOR

\_\_\_\_\_

DATE

**Completed application and fee may be mailed to:  
Town of Duck, Planning and Zoning Office, P.O. Box 8369, Duck, NC 27949**