

TOWN OF NEWTON GROVE
Variance Application

PLEASE RETURN TO

Town of Newton Grove
304 W Weeksdale St
PO Box 4
Newton Grove, NC 28366

Phone/Fax: 910-594-0827

Date: _____ Application Number: _____

APPLICANT INFORMATION

Name: _____ Phone Number: _____

Address: _____

Email: _____

OWNER INFORMATION

Name: _____ Phone Number: _____

Address: _____

Email: _____

PROPERTY INFORMATION

Address/Location: _____

Property PIN: _____ Acreage: _____

Zoning District: _____ Town Limits ETJ

PURPOSE OF REQUEST: _____

SIGNATURE: _____ **DATE:** _____

(Applicant/Owner/Authorized Agent)