



Appeal Application

OFFICIAL USE ONLY:

UDO Number: _____

Date Filed: _____

Amount Paid: _____

Received By: _____

A notice of appeal shall be taken within 10 days after the date of the decision or order appealed from.

Contact Information

APPLICANT	PROPERTY OWNER
Name: _____	Name: _____
Address: _____	Address: _____
Telephone: _____	Telephone: _____
Fax: _____	Fax: _____
Email: _____	Email: _____
LEGAL RELATIONSHIP OF APPLICANT TO PROPERTY OWNER: _____	

Property Information

Physical Street Address _____

Location: _____

Parcel ID Number(s): _____

Statement of Error, or Improper Decision or Interpretation

I wish to appeal a: Decision or Interpretation Notice of Violation

Date of Decision, Interpretation, or Notice of Violation: _____

Grounds for appeal

On the reverse side of this form, provide written notice of the grounds for your appeal. Please include all related support materials with the application.

The Board of Adjustment is limited to the following determinations in considering the appeal, which shall be based on: (a) Whether the decision maker erred in the interpretation of the Ordinance; and (b) Whether the decision maker erred in determining whether a standard of the Ordinance was met. The Board of Adjustment shall not hear any evidence or make any decision based on hardships or special conditions except as part of an application for a variance. (UDO Section 2.3.5.E)

Appeal of a decision by the Board of Adjustment shall be to District 1 Superior Court by proceedings in the nature of certiorari and in accordance with Section 160A-393 of the North Carolina General Statutes. Petitions for review must be filed with the Clerk of Court within 30 days of the date the decision is filed in the office of appropriate review authority and delivered by personal delivery, electronic mail, or first-class mail to the applicant, landowner, and to any person who has submitted a written request for a copy, prior to the date the decision becomes effective. (UDO Section 2.5.3.G).

Below, provide written notice of the grounds for your appeal.

I, the undersigned, do certify that all of the information presented in this application is accurate to the best of my knowledge, information, and belief. All information submitted and required as part of this application process shall become public record.

Appellant / Applicant

Date

Revised 11/13/2020