



APPLICATION FOR APPEAL

Date: _____

APPLICANT: (Person to contact)

PROPERTY OWNER: (If different)

Name(s) _____

Name(s) _____

Address: _____

Address: _____

Tel. _____

Tel. _____

Other Tel. /FAX _____

Other Tel. /FAX _____

Email: _____

Owner Signature: _____

The Board of Adjustment shall hear and decide appeals of decisions of administrative officials charged with enforcement of the zoning ordinance and may hear appeals arising out of any other ordinance that regulates land use or development. As used in this section, the term DECISION includes any final and binding order, requirement, or determination. Any such appeal shall be heard pursuant to all of the following:

Any person who has standing under G.S. 160A-393(d) or the town may appeal a decision to the Board of Adjustment. An appeal is taken by filing a notice of appeal with the Town Clerk.

PROPERTY DESCRIPTION:

Property location: _____

Cherokee County Parcel Identification Number (Tax ID) _____

Zoning District _____

Request an interpretation of the Zoning Map

the following section(s) of the Zoning Code: _____

DESCRIPTION:

Please describe the Zoning Administrator's decision that is being appealed. Please note decision

