

**UNION COUNTY BOARD
OF ADJUSTMENT**

APPEAL

Union County Planning Dept.
500 North Main Street
Suite 70
Monroe, NC 28112

T. 704.283.3565

www.unioncountync.gov

**APPEAL FROM ACTION OF ZONING ADMINISTRATOR AND/OR PETITION FOR AN
INTERPRETATION OF THE ZONING ORDINANCE**

Date Filed: _____

Petition No.: _____

Application Deadline _____

Fee: _____

Applicant Information

Name

Address

City

State

Zip Code

Email

Phone Number

Relationship to Owner

Applicability

The board of adjustment is authorized to hear and decide appeals of any final and binding order, requirement, or determination made by the administrator or any other administrative official in the administration, interpretation or enforcement of this ordinance.



Right to Appeal

Any person who has standing under NCGS 160A-393(d) or the county may appeal a decision to the board of adjustment.

Filing of Appeal

Appeals must be filed within 30 days of the date that a final, binding administrative decision is delivered in writing by personal delivery, electronic mail, or first-class mail to the person requesting it. When first-class mail is used, 3 days must be added to time required for filing the appeal.

To the Union County Board of Adjustment:

I, _____ (print name)
hereby appeal to the Board of Adjustment the following adverse decision of the Zoning Administrator with respect to the hereinafter described property:

Property located at _____
(address)

and shown on the Union County tax map as parcel
number(s) _____

The section(s) of the Development Ordinance which affect this ruling is/are:

Current Zoning: _____



If this is an appeal request, the document* which prompted this application

Notice of Violation

Revocation of
Permit

Other (describe) _____

*** Attach a copy of the document to this application**

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

Appellant name

Representative Name

Appellant Signature

Representative Signature

Date

Date

NO REQUEST FOR AN APPEAL WILL BE CONSIDERED COMPLETE AND PROCESSED UNTIL ALL SECTIONS HAVE RESPONSES, ALL DOCUMENTS AND EXHIBITS ARE ATTACHED, AND THE APPELLANT HAS SIGNED THE APPLICATION FORM.

IF THE APPELLANT IS REPRESENTED BY A DIFFERENT PARTY OR PERSONS PLEASE INCLUDE ALL CONTACT INFORMATION FOR THE REPRESENTATIVE BELOW:

