

CITY HALL • 801 WEST AVENUE NW • PO BOX 958 • LENOIR, NC 28645

Please use this form to file appeals concerning any interpretation of the zoning ordinance by the Planning Department or any decision or order of the minimum housing inspector. For questions about this application form, please contact the Planning Department at 828.310.8442. **The concurring vote of 5 of the 6 members of the Board of Adjustment is necessary to reverse any Planning Department decision.** A week prior to the BOA meeting, your request will be advertised in the News-Topic and courtesy notices will be mailed to the owners of property within 100 ft. of the subject property.

**Submittal Checklist:**

**Appeal Form**

**Copy of written interpretation that is being appealed**

- This may include an email, notice of violation letter, order from the housing inspector order, etc.

**Statement by Appellant:**

- Attach to this form a statement presenting your interpretation of the zoning map and/or zoning or housing ordinance as it relates to your appeal, and state what reasons you have for believing that your interpretation is correct.

**Other Supporting Evidence**

**Appeal Related To:**

Property Address: \_\_\_\_\_ NC PIN: \_\_\_\_\_

Zoning District: \_\_\_\_\_ Use of property: \_\_\_\_\_

Interpretation/Order being appealed (cite specific sections when applicable): \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

**Appellant Information:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship of Appellant to Property:  
 Owner      Tenant      Agent      Other

**Appellant's Signature:** \_\_\_\_\_

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

**OFFICIAL USE ONLY:**

Case Number: \_\_\_\_\_ Received : \_\_\_\_\_ Advertised on: \_\_\_\_\_ BOA meeting: \_\_\_\_\_

Action by the BOA : \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_