



Board of Adjustment Administrative Appeal Application

Town of Navassa
334 Main St., Navassa, NC 28451 : Phone 910.371.2432 : Fax 910.371.0041
www.townofnavassa.org

Case No. _____

Procedure for applicant: Submit application fee of \$300.00 (payable in cash or by check to “Town of Navassa”) and two (2) complete copies of this appeal application with original signatures to the Zoning Administrator. Complete application and fee must be received by 5:00 PM not more than thirty (30) days after the interested party receives notice of the order, requirement, decision, or determination by the Zoning Administrator which is being sought for appeal. All information required shall be complete before an appeal may be considered as having been filed.

Date:		
APPLICANT INFORMATION		
Applicant Name:		
Address:		
City:	State:	Zip:
Phone #:	Fax #:	Mobile #:
OWNERSHIP INFORMATION (if different from applicant)		
Owner Name:		
Address:		
City:	State:	Zip: Phone #:
Legal relationship of applicant to property owner:		
PROPERTY INFORMATION :		
Lot Size:	Parcel Number:	
Area (square feet or Acres):	Zoning District:	
Location of Property:		

Administrative Appeal Application

**APPEAL FROM AN ACTION OF THE ZONING ADMINISTRATOR
BEFORE THE NAVASSA BOARD OF ADJUSTMENT**

I (we) hereby appeal to the Board of Adjustment from the adverse decision of the Zoning Administrator of the Town of Navassa and hereby request an interpretation of the following section(s) of the text of the Ordinance insofar as the map and/or the Ordinance relate to the use of the property.

The decision of the Zoning Administrator is as follows:

The decision concerns the following sections(s) of the text of the Town of Navassa Zoning Ordinance:

The decision is adverse to my interests because:

STATEMENT BY APPLICANT: In the space provided below or attached, present your interpretation of the Ordinance provisions in question and state what reasons you have for believing that your interpretation is the correct one. In addition, state what facts you are prepared to prove to the Board of Adjustment that should lead the Board to conclude that the decision of the Zoning Administrator was erroneous.

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

Signature of Petitioner

Date

STATEMENT BY THE ZONING ADMINISTRATOR:

1. I believe that the Ordinance sections in question should be interpreted as follows:

2. The reasons for the above stated interpretation are as follows:

3. Based upon this interpretation of the ordinance, Petitioner was _____ permit. For the following reasons, and based upon the following facts which the Planning Board is prepared to demonstrate to the Board of Adjustment, the decision should be upheld:

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

Signature of Zoning Administrator

Date