



**Board of Adjustment  
Application to Appeal Administrative Decision**

**APPLICATION FEE**

No filing fee is required for an appeal of administrative .

**APPLICATION INSTRUCTIONS**

It is recommended that the applicant speak with Planning and Zoning Department staff prior to submitting the application. Contact staff at (336) 626-1201 ext. 292 to ensure application requirements are satisfied.

The application must be filed with the City Clerk no more than 30 days after written or constructive notice of the decision being appealed. A properly filed application normally will be heard at least 30 days after filing (see below.)

**MEETING SCHEDULE\***

<b><i>Filing Date</i></b>	<b><i>BOA Meeting*</i></b>
December 9, 2016	January 9, 2017
January 6, 2017	February 6, 2017
February 3, 2017	March 6, 2017
March 3, 2017	April 3, 2017
March 31, 2017	May 1, 2017
May 5, 2017	June 5, 2017
June 9, 2017	July 10, 2017
July 7, 2017	August 7, 2017
August 11, 2017	September 11, 2017
September 1, 2017	October 2, 2017
October 6, 2017	November 6, 2017
November 3, 2017	December 4, 2017

*\*Dates are tentative and subject to change check with staff to verify meeting dates.*

<b>STAFF USE</b>		
<b>Received by:</b> _____	<b>Date:</b> _____	<b>Case Number:</b> _____

**APPLICANT INFORMATION**

Applicant \_\_\_\_\_ Applicant's Phone # \_\_\_\_\_

Applicant's Address \_\_\_\_\_  
\_\_\_\_\_

Applicant's Email \_\_\_\_\_

**PROPERTY INFORMATION** *(If Applicable)*

Property Owner's Name \_\_\_\_\_

Location of Property \_\_\_\_\_

Property Size (ac. or s.f.) \_\_\_\_\_

Randolph County Property Identification Number (PIN#) \_\_\_\_\_

Current Zoning District \_\_\_\_\_

Date Property Title Acquired \_\_\_\_\_ Deed Book \_\_\_\_\_ Page \_\_\_\_\_

Subdivision \_\_\_\_\_ Section \_\_\_\_\_ Lot # \_\_\_\_\_

Plat Book \_\_\_\_\_ Page \_\_\_\_\_

**APPLICANT AND AGENT SIGNATURES**

It is understood by the undersigned that while this application will be carefully reviewed and considered, the burden of proof rests with the applicant.

Name of Agent (if any)  
\_\_\_\_\_

Name of Applicant or Owner  
\_\_\_\_\_

Agent's Address  
\_\_\_\_\_  
\_\_\_\_\_

Applicant or Owner's Address  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number  
\_\_\_\_\_

Telephone Number  
\_\_\_\_\_

Agent Signature  
\_\_\_\_\_

Applicant or Owner Signature  
\_\_\_\_\_

**STATEMENT BY APPELLANT/APPLICANT:**

In the space provided below and/or on with an additional attachment(s), please state the facts and line of argument that you believe support your appeal. In providing this information, please state the precise action that you would like to see taken by the Board of Adjustment.

(This area contains multiple horizontal lines for writing the statement.)

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 Applicant