City of Whiteville

Planning L. Zoning Department 317 S. Madison St. Whiteville, NC 28472 Phone (910) 640-1380 Fax. (910) 642-4407

Board of Adjustment Application to Appeal Administrative Decision

The application fee of \$200 is required to be paid when submitting the appeal application. The application must be filed with the City Clerk within (30) days after written notice of the decision being appealed. A properly filed application normally will be heard at least (30) days after filing. Applications are placed on the agenda according to the acceptance date.

FOR OFFICE USE ONLY:		
Submittal Date: Case Number:		
Fee Amount: \$200 Method of Payment:	Hearing Date:	
Applicant(s) Information (if different from o	wner):	
Name	,	
Address		
Phone_		
Fax		
Property Owner(s) Information:		
Name		
Address_		
Phone		
Fax		
Property Information:		
Location of property		
Columbus County Property Identification Numb	ber (Pin #)	
Current Zoning District	Property Size (acres or square feet)	
Deed Book Page		

Owner's Authorization for Agent

NOTE: IF THE APPLICANT REQUESTING DEVELOPMENT APPROVALS OR PERMITS FOR A PARTICULAR PIECE OF PROPERTY IS NOT THE ACTUAL OWNER OF THE PROPERTY, THE ACTUAL OWNER MUST COMPLETE THIS FORM. IF THE PERSON WHO IS REQUESTING THE APPLICATION IS THE OWNER, PLEASE DISREGARD THIS FORM.

I am (We are) the owner(s) of the property located	at
I (We) HEREBY AUTHORIZE	TO ACT ON MY/OUR
BEHALF to appear with my consent before the Wh	niteville City Council, Whiteville Zoning Board of
Adjustment, and/or Whiteville Planning Board in o	rder to request approval(s) for development and/or use of
those lands described within the attached application	on, and as described in the attached deed or other such
proof of ownership as may be required, or other act	ion pursuant to one or more of the following:
[] Rezoning Request	[] Administrative Appeal
[] Conditional Use Permit	[] Zoning Variance
[] Text Amendment	
I authorize you to advertise and present this matter any questions, you may contact me at address	in my name as the owner of the property. If there are or by telephone at
BY: Signature of Owner	
Print Name	Telephone Number
Signature of Owner	
Print Name	Telephone Number
County, North Carolina I certify that the following person(s) personally app he or she signed the foregoing document:	beared before me this day, each acknowledging to me that
	of principal(s)
Date:	
	Official Signature of Notary
(Official Seal)	, Notary Public
	Notary's printed or typed name My commission expires:

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