



# APPLICATION FOR AN APPEAL

*Official Use Only*

P & Z# \_\_\_\_\_  
 Date Rec'd: \_\_\_\_\_  
 Rec'd By: \_\_\_\_\_  
 Amount Paid: \$ \_\_\_\_\_

Town of Shallotte • PO Box 2287, Shallotte, NC 28459 • 106 Cheers Street, Shallotte, NC 28470 • Phone: (910) 754-4032 • Fax: (910) 754-2740

All applications for an appeal must be complete and accompanied by the application fee of **\$460.00**. The application fee is payable by cash, check, or credit card (*credit cards will incur a small processing fee*). All checks should be made out to the Town of Shallotte. Applicants will also be responsible for any additional cost of public notices, which will be billed at a later time. All fees must be paid in full before a hearing on the item will be scheduled.

The procedures for an appeal are regulated by Article 5 of the Town of Shallotte Unified Development Ordinance (UDO) and by applicable state law. Applications for an appeal of a zoning decision must be submitted to the Town within 30 days of the issuance of the notice of violation.

<b>SECTION 1: APPLICANT INFORMATION</b>			
Applicant Name:			
Mailing Address:			
Phone:	Fax:	Email:	
<b>SECTION 2: PROPERTY OWNER INFORMATION (if different from above)</b>			
Owner Name(s):			
Mailing Address:			
Phone:	Fax:	Email:	
<b>SECTION 3: PROPERTY INFORMATION</b>			
Street Address and/or Description of Location:			
Parcel Tax ID #(s):	Zoning District(s):		
Deed Book/Page(s):	Map Cabinet/Page(s):		
<b>SECTION 4: APPEAL INFORMATION</b>			
What zoning ordinance section numbers do you allege were applied in error? <i>Please list each section, the requirement as interpreted by the Zoning Administrator, and the alleged interpretation. Attach additional sheets as necessary.</i>			
Item	Code Section (e.g. 21-7(A)(1))	Administrative Interpretation (e.g., 25-foot rear setback)	Applicant's Interpretation (e.g., 21-foot rear setback)

**SECTION 4: APPEAL INFORMATION CONT'D**


**SECTION 5: SUPPLEMENTAL INFORMATION REQUIRED**

Each application for an appeal must include:

- An application fee of \$460.00 in cash or check made payable to the Town of Shallotte.
- A complete application, including proposed text amendment language and justification.

**SECTION 6: APPLICANT SIGNATURE**

In filing this application, I hereby certify that I am authorized to submit this application and that all of the information presented in this application is accurate to the best of my knowledge, information, and belief.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Staff Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ZBA Hearing Date: \_\_\_\_\_ Action: \_\_\_\_\_ Staff: \_\_\_\_\_