

**PLANNING AND DEVELOPMENT DEPARTMENT
CITY OF CONOVER**

**BOARD OF ADJUSTMENT
ADMINISTRATIVE APPEAL APPLICATION**



DATE RECEIVED _____ BY _____ CASE # _____ HEARING DATE _____

A Pre-Application meeting, while not required, is suggested prior to filing this application. Call 828-464-1191. Administrative Appeal Fee per the current Schedule of Fees (Due upon application submittal).

Appeals shall follow the rules and procedures set out in N.C. Gen. Stat. 160D-405 and all applicable provisions of the City of Conover Code of Ordinance

A. ADDRESS OF SUBJECT PROPERTY (or related Record Number) _____

B. APPLICANT / OWNER / REPRESENTATIVE INFORMATION

1. Applicant:

Name and Address: _____
Street Address, City, State, Zip Code

Telephone number: (w) _____ (cell) _____ Email: _____

2. Property Owner: If different from applicant.

Name and Address: _____
Street Address, City, State, Zip Code

Telephone number: (w) _____ (cell) _____ Email: _____

3. Attorney's Information: If party/parties have legal representation

Attorney's Firm: _____

Name and Address: _____
Street Address, City, State, Zip Code

Telephone number: (w) _____ (cell) _____ Email: _____

C. PROPERTY INFORMATION

1. Parcel ID Number: _____ 2. Zoning District: _____

3. Existing Use of Property: _____

4. Proposed Use of Property (if different): _____

D. APPEAL

TO THE CITY OF CONOVER BOARD OF ADJUSTMENT:
I/We, _____, hereby declare my/our desire to appeal the order, requirement, decision, or determination described below, which was made by the duly authorized Planning Director or designee of the City of Conover, and request the Board of Adjustment to review, hear and decide same.

F. SIGNATURES

I/We certify that all of the information presented in this application is true and accurate to the best of my/our knowledge and belief.

Applicant and Representative Signature

_____	_____	_____
(Applicant Print Name)	(Applicant Signature)	(Date)
_____	_____	_____
(Applicant Print Name)	(Applicant Signature)	(Date)
_____	_____	_____
(Owner Print Name, if Different from Applicant)	(Applicant Signature, if Different from Applicant)	(Date)
_____	_____	_____
(Representative Print Name)	(Representative Signature)	(Date)

G. DURATION

Any use of property or any construction authorized by a successful administrative appeal shall commence within one (1) year of the date of receipt of the Order of the Board by the applicant, after which the decision shall become void. Such use of property or construction authorized remain subject to obtaining any required permits or other approvals prior to establishing such use or commencing construction.

H. TRANSCRIPT NOTICE

If a verbatim transcript of the Board of Adjustment hearing on this matter is requested, the production of said transcript shall be at the expense of the applicant or representative.

I. APPEAL OF THE DECISION OF THE BOARD OF ADJUSTMENT

Any decision made by the Board of Adjustment may be appealed to Superior Court within thirty (30) days of the date of receipt of the Order of the Board by the applicant.

