TOWN OF FLETCHER

APPEAL OF ZONING OFFICIAL'S DECISION

NAME: _____

ADDRESS: _____

TELEPHONE: (_____) _____-_____ **DATE OF APPEAL:** _____/_____/_____

ZONING OFFICIAL: _____ **DATE DECISION ISSUED:** _____/_____/_____

Nature of Appeal (Include Ordinance Section #'s as applicable, attach additional sheets as needed):

_____

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_____

Signature: _____

ANY PARTY TO A CASE TO BE HEARD BY THE ZONING BOARD OF ADJUSTMENT, INCLUDING THE BOARD ITSELF, MAY ELECT TO HAVE AN ATTORNEY PRESENT.

DO NOT WRITE BELOW THIS LINE - For official use only-

Received Date: _____/_____/_____ Date to be heard before ZBA: _____/_____/_____

Received by: _____

Notes _____

_____

_____

4005 Hendersonville Road, Fletcher, NC 28732
(828) 687-3985