CITY OF high point.

PLANNING AND DEVELOPMENT DEPARTMENT
CITY OF HIGH POINT

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 336-883-3328

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. Representative: If an attorney, contractor, realtor or other person will represent the applicant, please complete the information below:
Company:

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 HIGH POINT BOARD OF ADJUSTMENT:

I/We, _____, hereby declare my/our desire to appeal the order, requirement, decision or determination described below, which was made by a duly authorized Enforcement Officer of the City of High Point, and request the Board of Adjustment to review, hear and decide same.

_____

_____

_____

_____

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E. APPLICANT'S STATEMENT

In the space provided below, and/or on an attached sheet, discuss your interpretation of the Ordinance or Code provisions in question and present your reasons for believing that your interpretation is correct and the Enforcement Officer erred. Your discussion should be supported by factual evidence, references to other Ordinance or Code provisions that appear to contradict the decision being appealed, citation of the correct regulation if it is your opinion the wrong regulation was applied, definitions of terms as used or applied in the Ordinance or Code, photographs, etc. Your argument must not be based solely on opinion.

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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)
(Applicant Print Name)	(Applicant Signature)	(Date)
(Representative Print Name)	(Representative Signature)	(Date)

G. DURATION

Any use of property or any construction authorized by a successful administrative appeal shall be commenced 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.