Town of Siler City

Office of Planning & Community Development

Appeal of Administrative Decision Application

I, the undersigned, do hereby respectfully make application and petition the Board of Adjustment of the Town of Siler City to appeal a decision by an administrator of the Town of Siler City as hereinafter requested, and in support of this application, the following facts are shown:

Property Address/ Location: _____

Property Tax Parcel Number (5 Digit): _____

Applicant Name: _____

Applicant Mailing Address: _____

Applicant Phone Number: _____

Applicant Email Address: _____

Please submit the following with the application:

1. Application fee: $800.00, Receipt #: _____, Date: _____

2. Please provide the date of the decision or order that is being appealed.

3. Please provide a written notice of appeal specifying the grounds therefore.

4. A copy of the Deed for the property.

Application Deadline

Applications for the next regularly scheduled Board of Adjustment meeting must be submitted to the Town Planner no later than twenty (20) working days prior to the Board of Adjustment regular meeting (2nd of Monday of each month). Application submitted after the deadline shall be heard the month following the next regular meeting.

Timothy Mack
Director | Planning & Community Development
PO Box 769 | 311 N Second Avenue
Siler City, NC 27344-0769

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919-726-8626
www.silercity.org

I, applicant, hereby certify that all of the information, including attachments, contained herein are true and correct to the best of my knowledge and belief. I further certify that I am authorized by the owner to make the foregoing application, and that, before I accept approval the owner shall be made aware of all conditions of approval. I authorize the Town of Siler City to conduct any necessary site inspections.

Applicant Signature: _____ Date: _____

PROPERTY OWNER SIGNATURE

I (We), _____, _____

being the Owner(s) understand that failure to address any item in these requirements may result in the request not meeting the minimum submission requirements and will be returned to me for revision and resubmission at the next regular review cycle.

Property Owner Signature _____ Date _____

Property Owner Signature _____ Date _____

Sworn to and subscribed before me, this the _____ day of _____, 20_____.

Notary Public _____

My Commission Expires:

_____

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