Board of Adjustment Appeal Application

Development Services
102 Town Hall Drive
Leland, NC 28451
P: 910.371.3390
F: 910.371.1073

Fee: $100.00
Fees are subject to change without notice

All pages must be completely filled out before application is accepted. For assistance filling out this application, contact Development Services.

To the Board of Adjustment:

I,_____ do hereby appeal to the Board of Adjustment from the following adverse determination of the Code Enforcement Officer of the Town of Leland. (ATTACH WRITTEN DETERMINATION FROM OFFICER)

_____

_____

_____

_____

_____

PLEASE USE AN ATTACHEMENT IF NECESSARY

Applicant Information

Applicant's Name: _____

Mailing Address:_____ **City/State/Zip:** _____

Phone: _____ **Property Owner:**_____

Alternate phone:_____

I submit this application to request an interpretation of:

Town of Leland zoning map as specified herein ☐

The following section(s) of the Zoning Ordinance ☐

_____

_____

STATEMENT BY THE APPLICANT:
In the space provided below or on the back of this form, write your interpretation of the Zoning Ordinance/Sign Ordinance provision in question and state your reasons for your interpretation. State the facts you are prepared to prove to the Board of Adjustment in support of your interpretation that the determination of the Code Enforcement Officer was erroneous. Attach a copy of correspondence from the Code Enforcement Officer, with the determination that you are appealing.

_____

_____

_____

_____

I certify that all of the information presented in this application is true and correct to the best of my knowledge.

_____ _____

Applicant's Signature **Date**