

BOARD OF ADJUSTMENT APPEAL APPLICATION



102 Town Hall Drive, Leland, NC 28451
www.townofleland.com
FEE: \$500.00

Planning and Inspections Department
Phone 910-371-3390 Fax 910-371-1158

To the Board of Adjustment

I, _____ do hereby appeal to the Board of Adjustment from the following adverse determination of the Town of Leland. (Attach written determination)

Please use an attachment if necessary

Applicant Information

Name: _____

Mailing Address: _____ City/State/Zip: _____

Phone: _____ Alt. Phone: _____ Email: _____

Property Owner: _____

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 Official was erroneous. Attach a copy of correspondence from the Official, 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 _____