



**Board of Adjustment  
Application to Appeal Administrative Decision**

**APPLICATION FEE**

No filing fee is required for an appeal of an administrative decision.

**APPLICATION INSTRUCTIONS**

It is recommended that the applicant speak with Planning and Zoning Department staff prior to submitting the application. Contact staff at (336) 626-1201 ext. 292 to ensure application requirements are satisfied.

The application must be filed with the City Clerk no more than 30 days after written or constructive notice of the decision being appealed. A properly filed application normally will be heard at least 30 days after filing (see below.)

**MEETING SCHEDULE\***

<b><i>Filing Date</i></b>	<b><i>BOA Meeting*</i></b>
December 7, 2018	Monday, January 7, 2019
January 4, 2019	Monday, February 4, 2019
February 1, 2019	Monday, March 4, 2019
March 1, 2019	Monday, April 1, 2019
April 5, 2019	Monday, May 6, 2019
May 3, 2018	Monday, June 3, 2019
June 7, 2019	Monday, July 8, 2019
July 5, 2019	Monday, August 5, 2019
August 9, 2019	Tuesday, September 9, 2019
September 6, 2019	Monday, October 7, 2019
October 4, 2019	Monday, November 4, 2019
November 1, 2019	Monday, December 2, 2019

*\*Dates are tentative and subject to change check with staff to verify meeting dates.*

<b>STAFF USE</b>		
<b>Received by:</b> _____	<b>Date:</b> _____	<b>Case Number:</b> _____

**APPLICANT INFORMATION**

Applicant \_\_\_\_\_ Applicant's Phone # \_\_\_\_\_

Applicant's Address \_\_\_\_\_

\_\_\_\_\_

Applicant's Email \_\_\_\_\_

**PROPERTY INFORMATION** *(If Applicable)*

Property Owner's Name \_\_\_\_\_

Location of Property \_\_\_\_\_

Property Size (ac. or s.f.) \_\_\_\_\_

Randolph County Property Identification Number (PIN#) \_\_\_\_\_

Current Zoning District \_\_\_\_\_

Date Property Title Acquired \_\_\_\_\_ Deed Book \_\_\_\_\_ Page \_\_\_\_\_

Subdivision \_\_\_\_\_ Section \_\_\_\_\_ Lot # \_\_\_\_\_

Plat Book \_\_\_\_\_ Page \_\_\_\_\_

**APPLICANT AND AGENT SIGNATURES**

It is understood by the undersigned that while this application will be carefully reviewed and considered, the burden of proof rests with the applicant.

Name of Agent (if any)

Name of Applicant or Owner

\_\_\_\_\_

\_\_\_\_\_

Agent's Address

Applicant or Owner's Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone Number

Telephone Number

\_\_\_\_\_

\_\_\_\_\_

Agent Signature

Applicant or Owner Signature

\_\_\_\_\_

\_\_\_\_\_

