

**APPLICATION FOR APPEAL
County of Edgecombe**



Staff Use Only Date: _____ Case No. _____
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I (We), the undersigned, do hereby make application for an appeal from the final order or decision of the Zoning Administrator as herein described:

1. Describe the final order or decision of the Zoning Administrator which is being appealed:

2. Provide a description (*property address and county tax PIN*) of the applicant's property affected by the appeal:

3. Provide the current zoning classification and a description of the existing use of the property:

4. Specify the grounds upon which the appeal is being filed (*use additional pages if necessary*):

I (We) certify that all information furnished in this application is accurate to the best of my (our) knowledge.

Applicant: _____

Mailing Address: _____

Phone No. _____ Email: _____

Signature: _____ Date: _____

Owner: _____

Mailing Address: _____

Phone No. _____ Email: _____

Signature: _____ Date: _____

Note: *The applicant or applicant's representative must attend the hearing to answer questions concerning the appeal request. Failure to attend the hearing can result in deferral of action by the Board of Adjustment. Please review Section 2.3.2 of the UDO for specific regulations and procedures.*