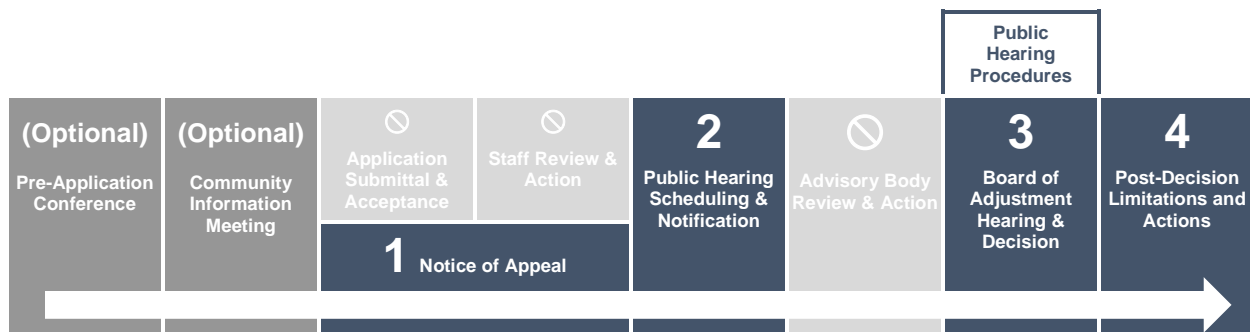


NEW HANOVER COUNTY

DEPARTMENT OF PLANNING & LAND USE
 230 Government Center Drive, Suite 110
 Wilmington, North Carolina 28403
 Telephone (910) 798-7165
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APPEAL OF ADMINISTRATIVE DECISION APPLICATION

This application form must be completed as part of an application to appeal an administrative decision submitted through the county's online COAST portal. The main procedural steps in the submittal and review of applications are outlined in the flowchart below. More specific submittal and review requirements, as well as the standards to be applied in reviewing the application, are set out in Section 10.3.14 of the Unified Development Ordinance.



1. Applicant and Property Owner Information

Applicant/Agent Name	Owner Name (if different from Applicant/Agent)
Company	Company/Owner Name 2
Address	Address
City, State, Zip	City, State, Zip
Phone	Phone
Email	Email

2. Subject Property Information

Address/Location	Parcel Identification Number(s)
Total Parcel(s) Acreage	Existing Zoning and Use(s)

3. Appeal Narrative

Action being appealed: Decision or Interpretation Notice of Violation

Date of decision/violation being appealed:

In the below space, please provide a narrative of the application including any evidence that proves the decision should be reversed or modified by the Zoning Board of Adjustment (attach additional pages if necessary).

Staff will use the following checklist to determine the completeness of your application. Please verify all of the listed items are included and confirm by initialing under "Applicant Initial". Applications determined to be incomplete must be corrected in order to be processed for further review.

Application Checklist

Applicant Initial

- This application form, completed and signed _____
- Application fee: \$400 _____
- Any supporting documentation _____
- One hard copy of ALL documents. Additional hard copies may be required by staff depending on the size of the document/site plan _____
- One digital PDF copy of ALL documents. _____

4. Acknowledgement and Signatures

By my signature below, I understand and accept all of the conditions, limitations, and obligations of the appeal for which I am applying. I understand that I have the burden of proving why the decision being appealed should be reversed or modified. I certify that this application is complete and that all information presented in this application is accurate to the best of my knowledge, information, and belief.

If applicable, I also appoint the applicant/agent as listed on this application to represent me and make decisions on my behalf regarding this application during the review process. The applicant/agent is hereby authorized on my behalf to:

1. Submit an application including all required supplemental information and materials;
2. Appear at public hearings to give representation and comments; and
3. Act on my behalf without limitations with regard to any and all things directly or indirectly connected with or arising out of this application.

Signature of Property Owner(s)

Print Name(s)

Signature of Applicant/Agent

Print Name

Note: This form must be signed by the owner(s) of record. If there are multiple property owners, a signature is required for each owner of record.

The property owner(s) or their attorney must be present for the case at the public hearing.