

# APPEAL APPLICATION



**PLANNING AND NEIGHBORHOOD SERVICES**  
**PO Box 2430**  
**Indian Trail, NC 28079**  
**Telephone (704) 821-5401**  
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**ONLY COMPLETE APPLICATIONS ACCEPTED**

Processing Fee \$400.00

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Date Received \_\_\_\_\_

# APPEAL APPLICATION



## Submittal Requirements

- Completed Application
- Notarized signatures of applicant and property owner
- Letter of Intent
- Articles of Incorporation, Certificate of Incorporation, Articles of Organization, Corporate Charter, or similar (unless applicant is an individual)
- 1 digital copy of Concept Plan
- Statement of Justification (used to determine if Findings of Fact can be made at public hearing)
- Statement of Appraisal, if necessary
- Fees associated with review

## Timeline/Procedures

- The Board of Adjustment, which hears Appeals, meets on the fourth Thursday every month.
- All of the submittal requirements must be met by the first day of the month before the Appeal is heard. For example, if you wanted to present your case to the Board of Adjustment on the 4<sup>th</sup> Thursday of March, you must complete the submittal requirements by February 1<sup>st</sup>.
- The hearing is Quasi-Judicial in nature, which means there is no deliberation or communication before the hearing, as in a court case. See Section 310.080 of the UDO for more details.
- You must demonstrate to the Board of Adjustment that the official interpretation of the Planning Director is incorrect, and that your interpretation is correct based on facts and evidence alone.

## General Information

Project Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Tax Parcel ID \_\_\_\_\_ Zoning Designation \_\_\_\_\_

Total Acres \_\_\_\_\_ Impervious Area \_\_\_\_\_

Project Description \_\_\_\_\_

## Contact Information – Applicant

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

APPEAL APPLICATION



Contact Information – Property Owner

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Applicant’s Certification

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name/Title \_\_\_\_\_

Signature of Notary Public \_\_\_\_\_ Date \_\_\_\_\_

Notary Seal

Property Owner’s Certification

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name/Title \_\_\_\_\_

Signature of Notary Public \_\_\_\_\_ Date \_\_\_\_\_

Notary Seal

# APPEAL APPLICATION



## TOWN OF INDIAN TRAIL OFFICE USE ONLY

CASE NUMBER: \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_

AMOUNT OF FEE: \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_

RECEIPT #: \_\_\_\_\_

### Project Information

Has work started on the project?	Yes _____	No _____	
If yes, did you obtain a building permit?	Yes _____	No _____	If yes, please attach a copy
Have you received a Notice of Violation for this project?	Yes _____	No _____	If yes, please attach a copy
Has this property been rezoned?	Yes _____	No _____	If yes, Petition Number _____

### Appellant's Statement

I, \_\_\_\_\_ hereby appeal the Board of Adjustment from the following adverse decision of the Town of Indian Trail Planning Director:

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1. What UDO section numbers do you allege that were applied in error? Please list each section, and the requirement.

Item	UDO Section	Requirement
<b>Example</b>	<i>810.140 Landscaping Adjacent to Buildings</i>	<i>3 foot landscape buffer required along facades</i>
<b>A</b>		
<b>B</b>		
<b>C</b>		

APPEAL APPLICATION



2. Please describe why you feel the UDO sections above were applied in error. Explain what you feel the appropriate interpretation would be.

(A) UDO Section \_\_\_\_\_

Lined area for response (A)

(B) UDO Section \_\_\_\_\_

Lined area for response (B)

(C) UDO Section \_\_\_\_\_

Lined area for response (C)