



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

**APPLICATION FEE**

No filing fee is required for an appeal of administrative .

**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 4, 2015	January 4, 2016
December 31, 2015	February 1, 2016
February 5, 2016	March 7, 2016
March 4, 2016	April 4, 2016
April 1, 2016	May 2, 2016
May 6, 2016	June 6, 2016
June 10, 2016	July 11, 2016
July 1, 2016	August 1, 2016
August 12, 2016	September 12, 2016
September 2, 2016	October 3, 2016
October 7, 2016	November 7, 2016
November 4, 2016	December 5, 2016

*\*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  
\_\_\_\_\_

