CITY OF ASHEBORO
PLANNING & ZONING

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. 2312 to ensure application requirements are satisfied.

The application must be filed with the Clerk to the Board of Adjustment 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*

Filing Date	***BOA Meeting****
Friday, December 5, 2025	Monday, January 5, 2026
Friday, January 2, 2026	Monday, February 2, 2026
Friday, January 30, 2026	Monday, March 2, 2026
Friday, March 6, 2026	Monday, April 6, 2026
Friday, April 3, 2026	Monday, May 4, 2026
Friday, May 1, 2026	Monday, June 1, 2026
Friday, June 5, 2026	Monday, July 6, 2026
Thursday, July 2, 2026	Monday, August 3, 2026
Friday, August 7, 2026	Tuesday, September 8, 2026
Friday, September 4, 2026	Monday, October 5, 2026
Friday, October 2, 2026	Monday, November 2, 2026
Friday, November 6, 2026	Monday, December 7, 2026.

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

STAFF USE

Received by:_____ Date:_____ Case Number:_____

146 N. Church Street, 336-626-1201 ext. 2312 (Telephone), 336-626-1218 (Fax); www.asheboronc.gov

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 _____

APPLICATION 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.

Applicant Signature(s)

_____

_____

If Applicant is not the Property Owner, has Property Owner been notified?

❒ Yes ❒ No

Printed Name of Authorized Signatory (if different from Applicant)

_____

Position/Relationship of Authorized Signatory to Applicant

_____

STATEMENT BY APPLICANT:
In the space provided below and/or on with an additional attachment(s), please state the facts and line of argument that you believe support your appeal. In providing this information, please state the precise action that you would like to see taken by the Board of Adjustment.

I certify that all the information presented by me in this application is accurate to the best of my knowledge, information and belief.

Signature of Applicant