

OFFICE USE ONLY

Application No. _____

Fee Paid _____

Date Submitted _____

**APPLICATION FOR APPEAL TO THE MATHEWS COUNTY
BOARD OF ZONING APPEALS**

I/We, _____

Name

Of _____

Mailing Address

Physical Address (911 Address)

respectfully request that the Board of Zoning Appeals review the decision made on _____
_____, 201_, by the Zoning Administrator.

The following action is requested:

- ___ an interpretation of Section _____ of the zoning ordinance.
- ___ an interpretation of the zoning ordinance map.
- ___ an appeal of an administrative decision.

Description of nature and purpose of appeal:

Date requested for hearing on appeal: _____

Location of property (Give directions from Courthouse including route numbers): _____

Tax Map #: _____ Zoning: _____ Magisterial District: _____

Current use of property (Provide details as to current size and number of uses and structures): _____

Explanation of proposed new expanded or altered use(s) or structure(s) on property: _____

ATTACH SUPPORTING MATERIAL AND INFORMATION SUCH AS A SITE PLAN, SUBDIVISION PLAT, TOPOGRAPHIC MAP, DRAINAGE MAP, UTILITY EASEMENT MAP, ETC. WHICH SHOWS THE CURRENT AND PROPOSED NEW, EXPANDED OR ALTERED USE OF THE PROPERTY OR STRUCTURES THEREON.

What is the Appellant's interest in the property?

- Owner
- Contract purchaser
- Owner's agent
- Other (explain)

List the names and addresses of owners or occupants of all adjacent property or property across a road, highway or railroad right-of-way.

Name

Mailing Address

I/We, the undersigned hereby certify that the information contained on this application/petition is true and correct to the best of my/our knowledge.

Print name of Agent(s)

Agent(s) signature

Address: _____

Date: _____
Phone #: _____

Print name of Owner(s)

Owner(s) signature

Address: _____

Date: _____
Phone #: _____

THIS APPLICATION IS INVALID IF NOT SIGNED BY ALL PROPERTY OWNERS AND THEIR AGENTS.

FOR USE BY BOARD OF ZONING APPEALS

Date of hearing: _____

Dates hearing advertised: _____

Date and amount of fee paid: _____

Decision of the Board of Zoning Appeals: _____

Reasons or basis for decision: _____

1. _____

2. _____

3. _____

4. _____

5. _____

Chairman