Appendix O

Application Packet for Appeals

Appeals from an action of the Historic District Commission, Zoning Officer, Housing Inspector, or Technical Review Committee are appealed to the Board of Adjustment.

Appeals from an action of the Board of Adjustment shall be heard by the Orange County Superior Court and must be filed with the court in the time prescribed in NCGS 160A-388(e2).

This packet is only for appeals made to the Board of Adjustment; contact the court for the application process for appeals made to the Orange County Superior Court.

Deadlines

Appeals must be made within thirty (30) days of the filing of the decision in the office of the Planning Director or the delivery of the notice required in Section 3.11 of the Unified Development Ordinance, whichever is later.

Fee Schedule

There is no fee for appeals made to the Board of Adjustment.

Submittal Requirements

- ☐ Complete application
- ☐ Statement describing specifically what is being appealed and what errors the appellant believes were made.

NOTE: Appeals of Historic District Commission decisions are based solely on the record of the case (minutes, application materials, etc.). The Board of Adjustment cannot consider new evidence unless the new evidence documents a procedural error by the Historic District Commission. Please be specific in describing the error or errors so the Board of Adjustment can fully consider your request.

APPLICATION FOR

Appeal to the Board of Adjustment

Planning Department
101 E. Orange Street / P.O. Box 429
Hillsborough, NC 27278
Phone: (919) 732-1270, Ext. 73, Fax: (919) 644-2390
Website: www.ci.hillsborough.nc.us

Property Address: _____

PIN #: _____ Zoning: _____ Lot Size (acres or sq. ft.): _____

Applicant Name:

_____

Mailing Address:

_____ Phone: _____

City, State, Zip: _____ E-mail: _____

Legal Relationship of Applicant to Property Owner_____

Note: If the Applicant is not the Property Owner, the attached Owner's Authorization for Agent form must be completed.

Property Owner Name:

_____

Mailing Address:

_____ Phone: _____

City, State, Zip:

_____ E-mail: _____

Appeal Information

Appeal of an action of the:

☐ Zoning Officer ☐ Housing Inspector ☐ Technical Review Committee ☐ Historic District Commission

Adverse decision:

_____

Date of decision: _____

STATEMENT BY APPELLANT: The grounds for this appeal are as hereinafter set forth: (In the space provided below, or on a separate sheet of paper, present your reasons for believing the decision, determination, or order is erroneous.)

_____

_____

_____

_____

_____

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

_____ _____

Signature of Applicant Date