

TOWN OF OCEAN ISLE BEACH



APPEAL/INSTRUCTION
APPLICATION PACKET

APPEAL APPLICATION

TOWN OF OCEAN ISLE BEACH

STATE OF NORTH CAROLINA

CASE NO. _____

DATE _____

Completed Application and fee must be submitted by 4:00 p.m. on the submittal date listed on the Appeal Application Schedule.

Application Fee: \$250.00

<p>Applicant: _____</p> <p>Address: _____</p> <p style="text-align: center;">_____ City State Zip</p> <p>Telephone: _____</p> <p>Fax: _____</p> <p>E-mail: _____</p>	<p>Owner: _____</p> <p>Address: _____</p> <p style="text-align: center;">_____ City State Zip</p> <p>Telephone: _____</p> <p>Fax: _____</p> <p>E-mail: _____</p>
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Legal relationship of applicant to property owner:

Property location:

Street address or intersection

PIN# _____

Lot size: _____

Square feet: _____

Zoning classification: _____

APPEAL APPLICATION

TOWN OF OCEAN ISLE BEACH

STATE OF NORTH CAROLINA

CASE NO. _____

DATE _____

APPEAL FROM AN ACTION OF THE PLANNING AND INSPECTIONS DEPARTMENT AND/OR
PETITION FOR AN INTERPRETATION OF THE ZONING ORDINANCE

TO THE OCEAN ISLE BEACH BOARD OF ADJUSTMENT:

I, _____, hereby appeal to the Board of Adjustment from the following decision from the Planning and Inspections Department:

This adverse decision was made with respect to property located at: _____

I, _____, hereby request an interpretation of:

_____ the Zoning Map

_____ the following section(s) of the text of the ordinance: _____

STATEMENT OF PETITIONER: (In the space provided below, or on separate sheet of paper, present your interpretation of the ordinance provisions in question and state what reasons you have for believing that your interpretation is the correct one. In addition, state what facts you are prepared to prove to the Board of Adjustment that should lead the Board to conclude that the decision of the Planning and Inspections Department was erroneous). _____

APPEAL APPLICATION

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 Petitioner

STATEMENT BY THE PLANNING AND INSPECTIONS DEPARTMENT

(1) The Planning and Inspections Department believes that the Ordinance sections in question should be interpreted as follows: _____

(2) The reasons for the above stated interpretation are as follows: _____

(3) Based upon this interpretation or the ordinance, Petitioner was _____ a permit. For the following reasons, and based upon the following facts which the Planning and Inspections Department is prepared to demonstrate to the Board, that his/her decision should be upheld: _____

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 Agent for the Planning and Inspections Department

Date

APPEAL APPLICATION SCHEDULE

Submittal Date	Review for completeness	Staff reviews application and comments if needed	Board of Adjustment Meeting
January 30, 2017	Jan. 30-Feb. 1, 2017	Jan. 30-Feb. 1, 2017	February 28, 2017
February 27, 2017	Feb. 27-March 1, 2017	Feb. 27-March 1, 2017	March 28, 2017
March 27, 2017	March 27-29, 2017	March 27-29, 2017	April 25, 2017
April 24, 2017	April 24-26, 2017	April 24-26, 2017	May 23, 2017
May 24, 2017	May 24-26, 2017	May 24-26, 2017	June 27, 2017
June 26, 2017	June 26-28, 2017	June 26-28, 2017	July 25, 2017
July 24, 2017	July 24-26, 2017	July 24-26, 2017	August 22, 2017
August 28, 2017	August 28-30, 2017	August 28-30, 2017	September 26, 2017
September 25, 2017	September 25-27, 2017	September 25-27, 2017	October 24, 2017
October 30, 2017	Oct. 30-Nov. 1, 2017	Oct. 30-Nov. 1, 2017	November 28, 2017
November 21, 2017	November 21-23, 2017	November 21-23, 2017	December 20, 2017*
December 20, 2017	December 20-22, 2017	December 20-22, 2017	January 23, 2018

*Date changed due to holiday