

TOWN OF OCEAN ISLE BEACH



oceanisle
B E A C H

**APPEAL/INSTRUCTION
APPLICATION PACKET**

APPEAL APPLICATION

TOWN OF OCEAN ISLE BEACH

STATE OF NORTH CAROLINA

DATE _____

CASE NO. _____

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

Applicant: _____	Owner: _____
Address: _____	Address: _____
_____	_____
Zip City State	Zip City State
Telephone: _____	Telephone: _____
Fax: _____	Fax: _____
E-mail: _____	E-mail: _____

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 25, 2016	Jan. 25 – 27, 2016	Jan. 25 – 27, 2016	February 23, 2016
February 22, 2016	Feb. 22 – 24, 2016	Feb. 22 – 24, 2016	March 22, 2016
March 28, 2016	March 28 – 30, 2016	March 28 – 30, 2016	April 26, 2016
April 25, 2016	April 25 – 27, 2016	April 25 – 27, 2016	May 24, 2016
May 23, 2016	May 23 – 25, 2016	May 23 – 25, 2016	June 28, 2016
June 27, 2016	June 27 – 29, 2016	June 27 – 29, 2016	July 26, 2016
July 25, 2016	July 25 – 27, 2016	July 25 – 27, 2016	August 23, 2016
August 22, 2016	Aug. 22 – 24, 2016	Aug. 22 – 24, 2016	September 27, 2016
September 26, 2016	Sept. 26 – 28, 2016	Sept. 26 – 28, 2016	October 25, 2016
October 24, 2016	Oct. 24 – 26, 2016	Oct. 24 – 26, 2016	November 22, 2016
November 28, 2016	Nov. 28 – 30, 2016	Nov. 28 – 30, 2016	December 19, 2016*
December 26, 2016	Dec. 26 – 28, 2016	Dec. 26 – 28, 2016	January 24, 2017

***Date adjustment due to Town Holiday**