



**ZONING APPEAL APPLICATION
BOARD OF ADJUSTMENT
TOWN OF NAGS HEAD, NORTH CAROLINA**

Application No. _____ Date _____

Application Fee \$200.00 Receipt No. _____

THE BOARD OF ADJUSTMENT MAY HEAR AND DECIDE APPEALS WHERE IT IS ALLEGED THERE IS AN ERROR IN ANY ORDER, REQUIREMENT, DECISION OR DETERMINATION MADE BY AN ADMINISTRATIVE OFFICIAL IN THE ENFORCEMENT OF THE ZONING ORDINANCE. THE BOARD ALSO HAS THE AUTHORITY TO INTERPRET THE ZONING MAP AND DECIDE QUESTIONS ON LOT LINES AND DISTRICT BOUNDARY LINES. ADDITIONAL PAGES MAY BE ATTACHED TO ANSWER ANY QUESTIONS IN THE APPLICATION OR TO PROVIDE ANY SUPPLEMENTAL INFORMATION.

Application Request: Appeal of Administrative Decision ____
Interpretation of Zoning Map ____

1. Applicant Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Telephone _____

2. Property Owner Name (If different from Applicant) _____

Mailing Address _____

City _____ State _____ Zip Code _____

Telephone _____

3. Property (If decision being appealed is specific to a particular property):

Street Address _____

Tax Parcel Identification Number _____

Subdivision Name _____ Section# _____ Lot# _____

Zoning District Classification _____

Current Use of Property _____

8. If you are not the property owner, or if the decision was not issued to you, explain how you are a person aggrieved by the decision.

9. If appeal is property specific list the names and addresses of all abutting property owners and the owners of property immediately across the street from the property affected. The list shall be current according to the most recent tax listing abstract as filed in the office of the Dare County Tax Supervisor.

10. Are any attachments being submitted with this application? Yes ___ No ___
If yes, please identify attachments and number of pages.

FILING OF APPLICATION

Variance and appeal applications are filed with the Nags Head Department of Planning & Development located at the Town of Nags Municipal Complex, 5401 South Croatan Highway, Nags Head, NC. Applications may be filed in person at the Department Monday through Friday during normal office hours or may be mailed to the Department at PO Box 99, Nags Head, NC 27959. Appeal applications must be filed with both the Board **and** the administrative officer from whom the appeal is taken within **30 days** of the date of the decision being appealed. Appeal applications not in the physical possession of the Board and the administrative officer at their offices at the Department of Planning & Development within the prescribed 30 day deadline, for any reason, will be deemed late. In order for an application to be considered complete all questions and information requested in the application must be answered and provided. Applications must have original notarized signatures of the applicant and must be accompanied by the required application fee. Applications found to be incomplete will not be accepted and will be returned to the applicant.

SCHEDULING OF APPLICATION

Applications submitted by the monthly filing deadline will be placed on the following month's Board agenda. The monthly filing deadline and Board meeting dates for the year are listed in the "Planning and Development Submittal Dates" published annually. You may view these dates on-line at www.townofnagshead.net or receive a copy by contacting the Department at (252) 441-7016.

HEARING OF APPLICATION

The Board of Adjustment is a quasi-judicial body consisting of five members. The Board's regular meeting date is the second Thursday of each month at 9:00 a.m. Their meeting is held in the Board Room located at the Town of Nags Head Municipal Complex. At the meeting the Board will hear testimony and receive evidence from the applicant, town staff and other interested parties. Board members cannot discuss any case with any interested parties or persons prior to the public hearing of the case. Any person who testifies at the hearing must be sworn in and any written or physical evidence presented to the Board will be retained by the Board.

BOARD DECISION

An affirmative 4/5 majority vote of the Board is required to grant a variance or appeal. Shortly after the meeting an Order will be prepared and signed by the Board Chairman stating the Board's decision and findings. This Order will be filed with the Town Clerk and delivered to the applicant by registered mail. Decisions of the Board may be appealed by any aggrieved party to Superior Court within 30 days from the filing of the Board's Order.

ADDITIONAL INFORMATION

Persons seeking additional information or assistance concerning variances or appeal applications should contact the Zoning Administrator at the Nags Head Department of Planning & Development at (252)441-7016.

CERTIFICATION

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

Signature of Property Owner/Aggrieved Party

Date

STATE OF _____, COUNTY OF _____

On this _____ day of _____, 20_____

_____ personally appeared before me and is known to me to be the person who signed the foregoing instrument and he/she acknowledged that he/she signed the same and being duly sworn by me, made oath that the statements in the foregoing instrument are true.

Signature of Notary Public _____

My Commission expires _____, 20_____

CERTIFICATION BY APPLICANT OTHER THAN PROPERTY OWNER OR AGGRIEVED PARTY

I _____ (your name) file this application on the behalf of _____ (property owner name).

I am the _____(attorney, contractor, etc.) for the property owner in this matter and file this application with the full knowledge and consent of the property owner. I certify that the information filed by me in this application is accurate to the best of my knowledge, information, and belief.

Signature

Date

STATE OF _____, COUNTY OF _____

On this _____ day of _____, 20_____

_____ personally appeared before me and is known to me to be the person who signed the foregoing instrument and he/she acknowledged that he/she signed the same and being duly sworn by me, made oath that the statements in the foregoing instrument are true.

Signature of Notary Public _____

My Commission expires _____, 20_____