

APPEAL APPLICATION



PLANNING AND NEIGHBORHOOD SERVICES
PO Box 2430
Indian Trail, NC 28079
Telephone (704) 821-5401
Fax (704) 821-9045

ONLY COMPLETE APPLICATIONS ACCEPTED

Processing Fee \$300.00

Property Owner Notification Fee \$100

****A TECHNOLOGY FEE, 10% OF ALL ASSOCIATED FEES, WILL BE APPLIED TO THE TOTAL FEE.**



APPEAL APPLICATION

Date Received _____

Submittal Requirements

- Completed Application
- Notarized signatures of applicant and property owner
- Letter of Intent
- Articles of Incorporation, Certificate of Incorporation, Articles of Organization, Corporate Charter, or similar (unless applicant is an individual)
- 8 copies of Concept Plan
- Statement of Justification (used to determine if Findings of Fact can be made at public hearing)
- Statement of Appraisal, if necessary
- Fees associated with review
- ****A TECHNOLOGY FEE, 10% OF ALL ASSOCIATED FEES, WILL BE APPLIED TO THE TOTAL FEE.**

Timeline/Procedures

- The Board of Adjustment, which hears Appeals, meets on the fourth Thursday every month.
- All of the submittal requirements must be met by the first day of the month before the Appeal is heard. For example, if you wanted to present your case to the Board of Adjustment on the 4th Thursday of March, you must complete the submittal requirements by February 1st.
- The hearing is Quasi-Judicial in nature, which means there is no deliberation or communication before the hearing, as in a court case. See Section 310.080 of the UDO for more details.
- You must demonstrate to the Board of Adjustment that the official interpretation of the Planning Director is incorrect, and that your interpretation is correct based on facts and evidence alone.

General Information

Project Address _____

City _____ State _____ Zip _____

Tax Parcel ID _____ Zoning Designation _____

Total Acres _____ Impervious Area _____

Project Description _____

Contact Information – Applicant

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

APPEAL APPLICATION



Contact Information – Property Owner

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

Applicant’s Certification

Signature _____ Date _____

Printed Name/Title _____

Signature of Notary Public _____ Date _____

Notary Seal

Property Owner’s Certification

Signature _____ Date _____

Printed Name/Title _____

Signature of Notary Public _____ Date _____

Notary Seal

APPEAL APPLICATION



TOWN OF INDIAN TRAIL OFFICE USE ONLY

CASE NUMBER: _____

DATE RECEIVED: _____

AMOUNT OF FEE: _____

RECEIVED BY: _____

RECEIPT #: _____

Project Information

Has work started on the project?	Yes _____	No _____	
If yes, did you obtain a building permit?	Yes _____	No _____	If yes, please attach a copy
Have you received a Notice of Violation for this project?	Yes _____	No _____	If yes, please attach a copy
Has this property been rezoned?	Yes _____	No _____	If yes, Petition Number _____

Appellant's Statement

I, _____ hereby appeal the Board of Adjustment from the following adverse decision of the Town of Indian Trail Planning Director:

1. What UDO section numbers do you allege that were applied in error? Please list each section, and the requirement.

Item	UDO Section	Requirement
<i>Example</i>	<i>810.140 Landscaping Adjacent to Buildings</i>	<i>3 foot landscape buffer required along facades</i>
A		
B		
C		

2. Please describe why you feel the UDO sections above were applied in error. Explain what you feel the

